

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:** February 18, 2020, 9:00 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 January 14, 2020 Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Agriculture – Consumer Equitability Division	1	\$35,989
Department of Public Safety – Division of Investigations	8	\$241,673
<b>Total</b>	<b>9</b>	<b>\$277,662</b>

**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.

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

Pursuant to NRS 333.705, subsection 1, the Office of Traffic Safety requests authority to contract with former employee James Stewart to provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.

**6. Request to Pay a Cash Settlement** (For possible action)

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

**Nevada State Public Charter School Authority**

The Department requests settlement approval in the amount of \$16,051.15 to fully resolve a Petitioner’s Request for Attorney’s Fees and Costs pursuant to Nevada Revised Statute 239.011(2).

**7. Request for Authorization to Amend a Current Contract for a Price Increase** (For possible action)

**Department Of Motor Vehicles – License Plate Factory**

Pursuant to NRS 482 and NAC 706 the Department is required to supply license plates to multiple vehicle types at the time of registration or licensing. The Department is requesting a price increase to the current contract with Irwin Hodson Group LLC, contract number 16035.

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

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

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

**11. 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 December 24, 2019 through January 17, 2020.

**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](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov)

**Agenda Posted at the Following Locations:**

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

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

Governor Steve Sisolak  
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## STATE OF NEVADA BOARD OF EXAMINERS

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Phone: (775) 684-0222 / Fax: (775) 684-0260  
<http://budget.nv.gov/Meetings>

### MEETING MINUTES

**Date and Time:** January 14, 2020, 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, Chairman  
Attorney General Aaron Ford – Via Teleconference  
Secretary of State Barbara Cegavske – in Las Vegas

#### **STAFF PRESENT:**

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

#### **OTHERS PRESENT:**

Bill Quenga, Deputy Director, Department of Corrections, Prison Industries

## 1. Call to Order / Roll Call

**Governor:** Good morning. I'd like to call today's meeting of the State of Nevada, Board of Examiners for Tuesday, January 14, 2020 to order. Could the Clerk please take a roll?

**Clerk:** Good morning, Governor. Governor Sisolak?

**Governor:** Here.

**Clerk:** Secretary of State Cegavske?

**Secretary of State:** I'm here in Las Vegas.

**Clerk:** Attorney General Ford?

**Attorney General:** I'm here, via telephone.

**Clerk:** Thank you. Let the record reflect we do have a quorum.

**Governor:** Thank you, Secretary Cegavske is in Las Vegas and General Ford is joining us by teleconference.

**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:** The next item is *Public Comment*. Anyone wishing to address the Board on any items on the agenda, please step forward, identify yourself for the record and comments will be limited to three minutes.

Hearing and seeing none. I'll close this first public comment section.

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

**Governor:** Item number 3 is *Approval of the December 10, 2019 Minutes*.

**Secretary of State:** I move for approval.

**Governor:** We have a motion for approval, any discussion on the motion?

**Attorney General:** Second.

**Governor:** 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.

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Conservation and Natural Resources – Division of Environmental Protection	3	\$93,639
Department of Corrections – Prison Industries Ranch	1	\$65,000
Department of Corrections – Prison Industries Ranch	2	\$8,511
Department of Wildlife	3	\$94,170
<b>Total</b>	<b>9</b>	<b>\$261,320</b>

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

**Clerk:** Good morning. There are 4 requests for 9 vehicles in this agenda item.

The first item is from the Department of Conservation and Natural Resources, Division of Environmental Protection for 3 replacement vehicles for \$93,639. The vehicles being replaced meet the age or mileage requirements in the State Administrative Manual (SAM) and funding is included in the agency budget for these vehicles.

The second and third requests are from the Department of Corrections, Prison Ranch for 1 used replacement refrigeration vehicle for \$65,000 and two additional replacement vehicles for \$8,511. The vehicles being replaced have met the age and/or mileage requirements in SAM and funding is included in the agency’s budget.

The fourth and final request is from the Department of Wildlife to purchase 3 new vehicles for \$94,170. Funding for these vehicles was approved at the December 2019 meeting of the Interim Finance Committee.

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

**Governor:** Thank you. Do we have any questions about the vehicles?

**Secretary of State:** Governor, are Corrections, Prison Industries Ranch able to find a used truck or do they need a new truck?

**Bill Quenga:** Good morning. We have looked at new vehicles but the cost of the new vehicle would be double, so we found a used vehicle. It's a diesel with only 500,000 miles and it will be long-lasting. We're saving money in our operations.

**Governor:** The State certainly appreciates that, thank you.

**Secretary of State:** Thank you, just wanted to make sure you didn't need a new one.

**Governor:** They're saving us half, so we appreciate it. Every dollar we save is another dollar. Good.

**Secretary of State:** I'll move for approval if there are no other questions.

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

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

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

**Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Nikki Hovden to perform fiscal and administrative duties on a part-time basis to various agencies as needed, through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

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

**Clerk:** Item number 5 includes one request to contract with a former employee pursuant to NRS 333.705(1). This request is from the Department of Administration, Purchasing Division to contract with a former employee to provide fiscal and administrative duties. This individual will be employed by Manpower through MSA Contract #18404 and maybe utilized by any State agency that has a need for these services.

**Governor:** Great, do we have any questions on item number 5? Do I have a motion?

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

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

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

**Department of Corrections – Prison Medical Care**

Pursuant to NRS 332.195, the Department requests approval to utilize an amended State of Nevada – Public Employees' Benefits Program contract with AON Consulting, Inc. to perform a clinical utilization review audit of inmate medical services.

**Governor:** Item number 6, *Request for Approval to Join or Use Other Government's Contract*.

**Clerk:** Item 6 is a request to join or use other governments' contracts. NRS 332.195 allows the State to join or use contracts negotiated with other states or with local governments within or outside the State with the authorization of the contracting vendor. The statute provides that the original contracting government is not liable for the obligations of the government which joins or uses the contract. While these requests are similar to contracts, they use the terms and conditions negotiated by the contracting government with the vendor, which may or may not be the same as the State's terms and conditions and in this case, it is the same.

This request from the Department of Corrections seeks approval to join a Nevada Public Employee Benefits Program contract with AON Consulting to perform an audit of the department's medical review process of inmate medical services. The request is for \$40,460 through June 30, 2020.

Representatives from the agency are available to answer any questions.

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

**Secretary of State:** Governor, I'm just asking for, how is it being funded? Could we have that on the record?

**Clerk:** This was approved in the agency's legislatively approved budget, so the funding is available in the budget now.

**Secretary of State:** So, it was approved in their 2019 budget and that is how they will be paying for this, correct?

**Clerk:** That is correct.

**Secretary of State:** Thank you. I'll move for approval.

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

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

**Department of Public Safety – Dignitary Protection – \$15,500**

Pursuant to NRS 353.268, the Division requests the Board’s recommendation to the Interim Finance Committee for \$15,500 from Contingency Account to cover costs associated with providing dignitary protection to the Governor.

**Governor:** Item number 7, *Request for Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account.*

**Clerk:** This item includes one request for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268. The General Fund Contingency account has an approximate balance of \$26.8 million to cover unanticipated costs for the remainder of the 2019-2021 biennium. If these items are approved, the remaining balance in the account will still be approximately \$26.8 million.

This request is from the Department of Public Safety, Dignitary Protection Detail for \$15,500 to fund costs associated with providing dignitary protection to the Governor and First Lady for the remainder of the fiscal year.

Representatives from the Department of Public Safety are available to answer any questions Members may have.

**Governor:** I will be abstaining on item number 7 since it’s my dignitary protection. Do we have any questions?

**Secretary of State:** No questions but I’ll move for approval.

**Governor:** Any discussion on the motion? We have a motion for approval. All in favor signify by saying aye. I abstain. The motion passes. Thank you.

**8. Approval of Proposed State Administration Manual Changes (For possible action)**

Pursuant to NRS 353.040 the Governor’s Finance Office – Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following section of the State Administrative Manual.

1. SAM Section 1300 – State Vehicles

**Governor:** Item number 8, *Approval of Proposed State Administration Manual Changes.*

**Clerk:** Item 8 seeks approval to revise the State Administrative Manual, Chapter 1300, State Vehicles. This chapter has been revised to reflect changes related to the passage of Senate Bill (SB) 42 of the 2019 Legislative Session. SB 42 repealed the provisions of NRS 486A which related to the use of alternative fuels in certain public fleets of motor vehicles in

counties whose population is 100,000 or more. Additionally, Section 1310 has been moved so that the numbering in this chapter is sequential and Section 1314 has been revised to conform with the repeal of NRS 486A. Are there any questions on this item?

**Governor:** I have no questions. Do we have any questions on the State Administration Manual changes?

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

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

### **9. Approval of Proposed Leases (For possible action)**

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

**Clerk:** There are 5 leases in agenda item 9 for approval by the Board this morning. Do any of the Members have any questions on any of these items?

**Governor:** I do not. Do we have any questions on these items?

**Secretary of State:** No, sir. I'll move for approval.

**Governor:** We have a motion for approval of item number 9. Is there any discussion on the motion? Seeing none, all in favor, signify by saying aye. The motion passes.

### **10. Approval of Proposed Contracts (For possible action)**

**Governor:** Item number 10, *Approval of Proposed Contracts*.

**Clerk:** There are 26 contracts in agenda item 10 for approval by the Board this morning. Do any of the Members have any questions on any of these items?

**Governor:** I will abstain from voting on number 13 of this item, which is a contract for Jobs for Nevada Graduates, as I'm on the National Board.

Do we have any questions?

**Secretary of State:** No questions from Vegas.

**Governor:** Do we have a motion?

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

**Governor:** We have a motion to approve. All in favor signify by saying aye. I abstain from number 13. The motion passes.

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

**Governor:** The next item is number 11, *Approval of Proposed Master Service Agreements*.

**Clerk:** There are 26 contracts in agenda item 11 for approval by the Board this morning. Are there any questions on any of these items?

**Governor:** I don't have any questions. Do we have any questions on the Master Service Agreements?

**Secretary of State:** No, Governor. If I may at this point thank your staff for responding to our questions, thank you very much.

**Governor:** Thank you. I appreciate it. They do a remarkable job in briefing the three of us individually leading up to these meetings and satisfying our questions and it makes it a lot easier for us at meetings.

Do we have a motion?

**Secretary of State:** I'll move for approval.

**Governor:** We have a motion for approval, is there any discussion on the motion? Hearing and seeing none. 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 November 15, 2019 through December 23, 2019.

**Governor:** Item number 12, information item, *Clerk of the Board Contracts*.

**Clerk:** There were 34 contracts under the \$50,000 threshold that were approved by the Clerk between November 15, 2019 and December 23, 2019. This item is informational only. Are there any questions on any of these items?

**Governor:** Do we have any questions on these Clerk of the Board Contracts?

**Secretary of State:** I have none, Governor.

**Governor:** General Ford?

**Attorney General:** No questions.

**Governor:** Thank you.

### **13. 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, Interim Finance Committee (IFC) Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of December 24, 2019.

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

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

TORT Claim Fund	\$ 6,907,427.74
Statutory Contingency Account	\$ 4,678,870.66
Stale Claims Account	\$ 1,412,371.86
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 11,742,236.33
IFC Unrestricted Contingency Fund General Fund	\$ 26,837,604.81
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 54,372,329.00
IFC Restricted Contingency Highway Fund	\$ 2,220,935.00

**Governor:** Item number 13, *Stale Claims Account, Emergency Accounts, Statutory Contingency Accounts.*

**Clerk:** There is one informational report on the available balances in the various contingency accounts managed by the Board of Examiners or the Interim Finance Committee as of December 24, 2019. These accounts will cover various contingencies through the 2019-2021 biennium. I am happy to answer any questions the Board may have on this item.

**Governor:** I do not have any questions on the contingency accounts or their balances, do we have any questions?

**Secretary of State:** None, Governor.

**Attorney General:** No questions.

**Governor:** This 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:** Moving on to item number 14, *Public Comment*. This is the second time set aside for Public Comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have any public comment?

**Secretary of State:** There is none, Governor.

**Governor:** Thank you, I will close public comment.

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

**Governor:** Adjournment. Do I have a motion to adjourn?

**Secretary of State:** Move to adjourn this meeting, Governor.

**Governor:** We have a motion to adjourn. All in favor, signify by saying aye. We are adjourned. Thank you all very much, appreciate it.



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

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

Date: January 14, 2020  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Michele Lynn, 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 AGRICULTURE  
CONSUMER EQUITABILITY DIVISION**

Agenda Item Write-up:

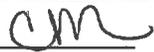
Pursuant to NRS 334.010, the Division requests approval to purchase one new vehicle not to exceed \$35,988.25.

Additional Information:

The Division received vehicle funding of \$41,841 in decision unit E-720 during the 2019 Legislative Session to purchase one new vehicle for increased inspections in southern Nevada.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

STEVE SISOLAK  
Governor

STATE OF NEVADA

JENNIFER OTT  
Director



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**DEPARTMENT OF AGRICULTURE**

405 South 21<sup>st</sup> Street  
Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
Website: <http://www.agri.nv.gov>

November 12, 2019

**MEMORANDUM**

TO: Board of Examiners

FROM: Jennifer Ott, Director – Nevada Department of Agriculture

RE: Approval to Purchase Vehicles – FY20

A handwritten signature in black ink, appearing to read 'Jennifer Ott', is written over the 'FROM' line of the memorandum.

This memorandum will serve to advise that the Division of Consumer Equitability, Budget Account 4551, is requesting approval to purchase one new vehicle. The vehicle was Legislatively approved in the FY20 budget.

Thank you for your consideration



### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	3.2 CAB & CHASSIS; 1 TON; FULL SIZE; REGULAR CAB; 9,700 GVW; (F3E)		
<b>Dealer Name:</b>	FORD COUNTRY		
<b>Delivery Location:</b>	LAS VEGAS		
<b>Vehicle Colors:</b>	Exterior: WHITE	Interior: GRAY	X <input type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 30,966.00	\$30,966.00
TOTAL OPTIONS			\$4,993.00
XLT OPTION	1	\$3,401.00	
SPARE TIRE & WHEEL	1	\$319.00	
RUNNING BOARDS	1	\$320.00	
ADDITIONAL KEY WITH FOB	1	\$285.00	
REARVIEW CAMERA PREP KIT	1	\$381.00	
110V / 400W OUTLET	1	\$159.00	
EXTERIOR BACKUP ALARM	1	\$128.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$35,959.00
DMV Title and DRS Fee's		\$	\$29.25
<b>GRAND TOTAL:</b>			<b>\$35,988.25</b>

<b>Registered Owner:</b>	Agency Name & Address: DEPT. OF AGRICULTURE 2300 E ST. LOUIS AVE. LAS VEGAS, NV 89104
<b>Legal Owner:</b>	Agency Name & Address: DEPT. OF AGRICULTURE 2300 E ST. LOUIS AVE. LAS VEGAS, NV 89104
<b>County Vehicle Based In:</b>	CLARK
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	KIP BLAUER

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

fleet@fordcountrylv.com

DEALER NAME: Ford Country                      Tom Craddock                      702-558-8064

Specify State's Vehicle Item Number: 3.2 Cab & Chassis: 1 Ton; Full Size; SRW; 9700 GVW (page 1)		
Please provide MSRP pricing: \$37,445		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, F-350, 2020, (F3E/F3F)	\$31,466.00	\$30,966.00
State vehicle miles per gallon (MPG) NA exempt		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 6.2L V8 E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Blue Jeans, Race Red, Agate Black, Stone Gray, Oxford White, Magnetic,		
Iconic Silver		
Seats, Cloth: List available colors:		
Medium Earth Gray		
GVW: #10,500	WHEELBASE: 145"	
(When Applicable)	(When Applicable)	



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

Specify State's Vehicle Item Number:3.2 Cab & Chassis: 1 Ton; Full Size; SRW; 9700 GVW (page 3)  
**DEALER NAME:Ford Country Tom Craddock 702-558-8064**  
 fleet@fordcountrylv.com DEDUCT AMOUNT

Transmission Power Takeoff	\$257	\$-
Diesel Manual Reperation	\$251	\$-
Cruise Control	standard	\$-
Diesel Engine (B20)	\$9,551	\$-
Engine Block Heater	\$92	\$-
Four Wheel Drive (4x4)	\$3,386	\$-
Extra Heavy Duty Alternator	\$108	\$-
7.3L 2V DECVT Gas Engine	\$1,551	\$-
Integrated Trailer Brake	\$249	\$-
Additional Key With Fob	\$285	\$-
Limited Slip Differential	\$359	\$-
LT 245/BSW/AT 17" Tires	\$152	\$-
LED Warning Strobes - Amber	\$667	\$-
Power Windows, Locks & Mirrors	standard	\$-
Moulded Black Steps	\$320	\$-
XL Décor Package	\$203	\$-
Daytime Running Lights	\$41	\$-
Radio; AM/FM Stereo, SYNC	standard	\$-
Skid Plate Package	\$91	\$-
Seats, Cloth 40/20/40 Color: Medium Earth Gray		
Extra Heavy Service Suspension	\$115	
Remote Start	\$231	\$-
110V / 400W Outlet	\$159	\$-
Tire, Spare, Full Size	\$323	\$-
Ambulance Prep Package	\$1,108	\$-
Exterior Backup Alarm	\$128	\$-
Extended Cab Option	\$2,385	\$-
Crew Cab Option	\$3,250	
Back Up Camera Kit	\$379	
Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 1.00 per mile.		



MAJOR PRODUCT SUMMARY

The all-new 2020 F-SUPER DUTY® enhances the tough image of the F-Series and continues to meet the needs of both commercial and personal use towing customers.

The following equipment is standard as indicated. Each series includes the standard equipment of the previous series, except where otherwise noted:

MECHANICAL	All XL content, plus:	All XL content, plus:
<ul style="list-style-type: none"> <li>4x4 Steer - Four-wheel Disc Brakes; Anti-lock Brake System (ABS)</li> <li>Electronic Shift-On-the-Fly (ESOF) (4x4 only)</li> <li>Engines           <ul style="list-style-type: none"> <li>6.2L 2 Valve Gas SOHO EFI NA V8 (Flex-Fuel) (F-350)</li> <li>7.3L 2V DEVOT™ NA FFI V8 Gas (F-450/F-550)</li> </ul> </li> <li>Transmission - Ten-Speed Automatic Transmission with Selectable Drive Modes: Normal, Tow/Haul, Eco &amp; Deep Sand/Snow</li> </ul>	<p><b>EXTERIOR</b></p> <ul style="list-style-type: none"> <li>Bumper - front, chrome</li> <li>Grille - two (2) bar, bright chrome</li> <li>Wheels - F-350 SRW - 18" Argent Painted Steel Wheel w/ Painted Hub Cover/Center Ornament</li> </ul> <p><b>INTERIOR/COMFORT</b></p> <ul style="list-style-type: none"> <li>4.2" LCD Productivity Screen in IP Cluster w/ Compass display</li> <li>Auxiliary Radio Input Jack</li> <li>Door-Vin - soft armrest, grab handle, power windowlock switches and reflector front map pockets on Regular Cab and SuperCab; bent and rear map pockets on Crew Cab</li> <li>Floor covering - color-coordinated full carpet</li> <li>Floor mats - color-coordinated carpet</li> <li>Power Equipment Group - 1" row (front-seat) windows w/one-touch up/down, power 2nd row (rear-seat) windows (Super/Crew Cab); power/locks w/door lock switches &amp; accessory delay</li> <li>Seats, Front           <ul style="list-style-type: none"> <li>Front, high-back cloth 40/20/40 split bench - 20% center under-seat storage, w/center armrest, cupholder and storage</li> <li>Four-way adjustable driver/passenger headrests</li> <li>Sun visors - color-coordinated cloth, both driver and passenger w/covered mirrors</li> <li>Window - rear, fixed privacy glass</li> </ul> </li> </ul>	<p><b>EXTERIOR</b></p> <ul style="list-style-type: none"> <li>Fog lamps</li> <li>Grille - two (2) bar, chrome (includes additional chrome inserts)</li> <li>Handles - door, body-color</li> <li>Wheels           <ul style="list-style-type: none"> <li>F-350 SRW - 18" Bright Machine Cast Aluminum w/ Magneto Painted Fostels and Bright Hub Cover/Center Ornament</li> <li>F-450 DRW - 17" Forged Polished Aluminum w/ Bright hub covers/center ornaments</li> <li>F-450/F-550 - 18.5" Forged Polished Aluminum whitetail hub covers/center ornaments</li> </ul> </li> </ul> <p><b>INTERIOR/COMFORT</b></p> <ul style="list-style-type: none"> <li>110V/400W outlet; one (1) dash mounted and one (1) in rear console</li> <li>Air conditioning - Dual-Zone Electronic Automatic Temperature Control (DEATC)</li> <li>Air conditioning vents - painted (black) with chrome ring</li> <li>Instrumentation Center - 6" LCD Productivity Screen with steering wheel-mounted five (5) button control; includes compass and status for Gauge Setup, Trip Computer, Fuel Economy and Towing/Off-Road applications</li> <li>Mirror - rearview, electrochromic self-dimming</li> <li>Power-Adjustable Pedals</li> <li>Seats, Front           <ul style="list-style-type: none"> <li>Leather seating surfaces, 40/20/40</li> <li>10-way power driver &amp; front-passenger seats (six-way power-adjustable back, two-way power recline and two-way power lumbar)</li> </ul> </li> <li>Seats, Rear           <ul style="list-style-type: none"> <li>Arranged with cupholders (Crew Cab)</li> <li>Floor under-seat storage (SuperCab); floor lock-bin and locking (Crew Cab)</li> </ul> </li> <li>Steering wheel - leather-wrapped, color-coordinated</li> <li>Sun visors - color-coordinated cloth; both driver and passenger w/covered illuminated visor vanity mirrors</li> <li>Window - rear, power-tilting with privacy glass and defrost</li> </ul>
<p><b>EXTERIOR</b></p> <ul style="list-style-type: none"> <li>Bumper - front, black painted</li> <li>Foggy wash - front</li> <li>Front License Plate Bracket</li> <li>Fuel Tank           <ul style="list-style-type: none"> <li>28.8 gallon and vlp (F-350 SRW)</li> <li>44 gallon and vlp (F-350 DRW/F-450/F-550)</li> </ul> </li> <li>Glass - color-vented</li> <li>Seat plates - front, color-coordinated</li> <li>Splash Guards/ Mud Flaps - Front (F-450/550 only)</li> <li>Three Click Latch change signal</li> <li>Tow hooks - front (2)</li> <li>Tire/wheel - 7 wide harness w/steering, black cur &amp; labeled</li> <li>Wheels           <ul style="list-style-type: none"> <li>F-350 SRW - 18" Argent Painted Steel wheel w/ Painted Hub Cover/Center Ornament</li> <li>F-350 DRW - 17" Argent Painted Steel (hub covers/center ornaments not included)</li> <li>F-450 &amp; F-550 - 18.5" Argent Painted Steel</li> <li>Manual Locking Hub (ALH)</li> <li>Windshield Wipers - intermittent</li> </ul> </li> </ul> <p><b>INTERIOR/COMFORT</b></p> <ul style="list-style-type: none"> <li>2.3" Productivity Screen in IP Cluster Instrumentation Center - Multi-function touch message center display with ice blue® lighting</li> <li>12V Powerport, auxiliary</li> <li>Air conditioning - single-zone, manual</li> <li>Air conditioning vents - black w/ chrome ring and hub</li> <li>Cable Air Park Brake Filter</li> <li>Door-Vin - armrest/cup holder and reflector</li> <li>Floor covering - black, full length vinyl</li> <li>Mirror - rearview 11.3" day/night</li> <li>Outside Temperature Display</li> <li>Seat - front, HD vinyl, 40/20/40 split bench w/center armrest, cupholder and storage (manual lumbar - driver's side)</li> <li>Steering - power</li> <li>Steering wheel - black urethane with III and telescoping steering wheel column; includes three (3) button message control</li> <li>Sun visors - color-coordinated vinyl, driver w/pocket, passenger w/covered mirror (front with 6 inch webbed)</li> <li>Upper switches - 6 located in Overhead Console</li> <li>Window - Rear, fixed</li> </ul> <p><b>SAFETY/SECURITY</b></p> <ul style="list-style-type: none"> <li>AdvanceTrac® with RSC® (Roll Stability Control)™</li> <li>Belts/Modes® (front safety belt reminder)</li> <li>Driver and passenger frontal airbags; passenger side deactivation switch</li> <li>Headlamps - Class beam (low &amp; high) halogen</li> <li>Lamps - front w/turn/steering - LED</li> <li>Mirrors - manually telescoping two-way fold trailer tow manual glass</li> <li>Safety belt - w/height adjustment (front-outboard seating positions only)</li> <li>Safety Canopy® System (incl. side-impact airbags)</li> <li>Stationary Elevated Idle Control (SEIC)</li> <li>SCB Post-Crash Alert System™</li> <li>Underhood service light</li> </ul> <p><b>DRIVER ASSIST</b></p> <ul style="list-style-type: none"> <li>AutoLamp - Auto On/Off Headlamps</li> <li>Automatic High Beam®</li> <li>FordPass™ Connected 4G Wi-Fi Modem           <ul style="list-style-type: none"> <li>4G LTE Wi-Fi hotspot connect up to 10 devices!</li> <li>Remotely start, lock and unlock vehicle!</li> <li>Schedule specific times to remotely start vehicle!</li> <li>Locate parked vehicle!</li> <li>Check vehicle status!</li> </ul> </li> </ul> <p><i>Note: Ford Telematics™ and Data Services Prep included for Fleet Only. FordPass™ Connected 4G Wi-Fi Modem provides data to support telematics and data services including but not limited to vehicle location, speed, idle time, fuel, vehicle diagnostics and maintenance alerts. Device activates telematics services through Ford or authorized providers. Activate at <a href="http://www.ford.ford.com">www.ford.ford.com</a> or call 833-FORD-FORD or 833-827-3678.</i></p>	<p><b>SAFETY/SECURITY</b></p> <ul style="list-style-type: none"> <li>Advanced Security Pack</li> <li>Mirrors - manually telescoping/folding trailer tow with power/heated glass; heated convex spoiler mirror, integrated clearance lamp/horn signals</li> <li>Mirrors - convex outer outside feature</li> <li>Remote keyless entry</li> <li>SecuriLock® Passive Anti-Theft System (PATS)</li> </ul> <p><b>DRIVER ASSIST</b></p> <ul style="list-style-type: none"> <li>Cruise control (steering wheel-mounted)</li> <li>SYNC® 3           <ul style="list-style-type: none"> <li>Enhanced Voice Recognition Communications and Entertainment System</li> <li>6" LCD Capacitive Touchscreen in Center Stack with Swipe Capability</li> <li>Pinch-to-Zoom capability included with available Voice-Activated Touchscreen Navigation System</li> <li>Apple®</li> <li>911 Assist®</li> <li>Apple CarPlay™ and Android Auto™</li> <li>Smart Charging USB-C Ports - two (2)</li> </ul> </li> </ul> <p><i>Note: SYNC® AppLink™ lets you control some of your favorite compatible mobile apps with your vehicle. It is compatible with select smartphones. Commands may vary by phone and Apple®/Android software.</i></p> <p><b>FUNCTIONAL</b></p> <ul style="list-style-type: none"> <li>Audio - AM/FM stereo MP3 player &amp; five (5) speakers w/ing Cab, seven (7) speakers w/Super/Crew Cabs</li> <li>Bluetooth® Radio®</li> <li><i>Note: Includes a 6-month prepaid subscription. Service is not available in Alaska or Hawaii.</i></li> <li>Trailer Brake Controller</li> </ul>	
<p><b>FUNCTIONAL</b></p> <ul style="list-style-type: none"> <li>Alternator           <ul style="list-style-type: none"> <li>6.2L 2 Valve Gas - 240 AMP</li> <li>7.3L 2V DEVOT™ NA FFI V8 Gas (F-450/F-550) - 337 AMP</li> </ul> </li> <li>Audio - 600 Sound System w/ Bass &amp; Chime - ten (10) speakers and subwoofer*</li> </ul>		

Please see Standard Equipment pages for more details.

\* Includes a complimentary trial subscription of 3 months or 3 gigabytes - whichever comes first. Wireless Service Plan required after trial subscription ends. Visit [ford.com](http://ford.com) to start complimentary trial and sign up for a Wireless Service Plan. Includes Service for one year from the vehicle sale date as recorded by the dealer. Subscriptions to all SiriusXM® services are sold by SiriusXM after trial period. If you decide to continue service after your trial, the subscription plan you choose will automatically renew thereafter and you will be charged according to your chosen payment method at then-current rates. Fees and taxes apply. To cancel you must call SiriusXM at 1-844-839-2348. See SiriusXM Customer Agreement for complete terms at [www.siriusxm.com](http://www.siriusxm.com). All fees and programming subject to change. Sirius, XM and all related marks and logos are trademarks of SiriusXM Radio Inc.

Product Features Availability Features, options and package content subject to change.

\* - New for this model year



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

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

Date: January 17, 2020

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

From: Jim Rodriguez, Executive Branch Budget Officer  
Budget Division

A handwritten signature in black ink, appearing to read "Jim R", positioned to the right of the "From:" field.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – DIVISION OF INVESTIGATIONS**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division requests approval to purchase eight new replacement vehicles, and associated special law enforcement vehicle equipment, for a total not to exceed \$241,673.

Additional Information:

The Division received vehicle funding of \$590,236 in General Funds and \$90,690 in Highway Funds via Assembly Bill 511 of the 2019 Legislative Session for the purchase of 20 total replacement vehicles. The first allotment of 12 vehicles was approved at the November 2019 BOE meeting. This request will complete the agency' 2019-21 replacement vehicle request as approved by the 2019 Legislature.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

**Steve Sisolak**  
*Governor*



**Nevada Department of**  
**Public Safety**  
DEDICATION PRIDE SERVICE

**George Togliatti**  
*Director*

**Sheri Brueggemann**  
*Deputy Director*

**Director's Office**

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

**Memorandum**

**Date:** December 9 2019

**TO:** Natasha Kephart, Budget Analyst III

DPS, Director's Office

**FROM:** Patrick Conmay, Chief

Investigation Division

**SUBJECT:** Request for Approval to Purchase 8 State Vehicles

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Attached are the forms and backup documentation, as required by the Board of Examiner's, to request approval to purchase 8 replacement state vehicles pursuant to NRS 334.010. The total cost of the vehicles is \$241,805.24, to include all build costs and DMV Title fees. The funding for the vehicles was appropriated in AB 511 in the 80<sup>th</sup> Session of Legislation. Purchase of Vehicles is contingent upon BOE approval. If you have any question please contact the Division's Administrative Services Officer, Melissa Carr, at 775-684-7443.

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

<b>Agency Name: Nevada Department of Public Safety, Investigation Division</b>	<b>Budget Account #: 3743</b>
<b>Contact Name: Melissa Carr</b>	<b>Telephone Number: 775-684-7443</b>
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested: 8</b>      <b>Amount of the request: \$241,805.24</b> <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">241,673</span></p> <p><b>Is the requested vehicle(s) new or used: New</b></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b></p> <p><b>Mission of the requested vehicle(s):</b></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b> Yes AB 511</p>	<p><b>If yes, please provide the decision unit number:</b></p> <p><b>If no, please explain how the vehicles will be funded?</b></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> <b>Addition(s)</b>    <input checked="" type="checkbox"/> <b>8 Replacement(s)</b></p>	
<p><b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</b></p> <p>No, law enforcement exception</p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2007 Odometer Reading: 135,138 Type of Vehicle: Pickup Truck</p> <hr/> <p>Vehicle #2 Model Year: 2007 Odometer Reading: 109,580 Type of Vehicle: Pickup Truck</p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p>Yes, these vehicles either exceed 125,000mileage and/or 10 year age threshold.</p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p>	
<p>Agency Appointing Authority</p>	<p align="center">Deputy Chief Title</p>
<p align="right">12-9-19 Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> <b>Approved for Purchase</b>      <input type="checkbox"/> <b>Not Approved for Purchase</b></p>	
<p>Board of Examiners</p>	<p>Date</p>

**Current Vehicle Information:**

**Vehicle #3 Model Year: 2012 Chevrolet Traverse**

**Odometer Reading: 109,580**

**Type of Vehicle: SUV**

**Vehicle #4 Model Year: 2008 Jeep Cherokee**

**Odometer Reading: 128,367**

**Type of Vehicle: SUV**

**Vehicle #5 Model Year: 2008 Dodge Nitro**

**Odometer Reading: 120,196**

**Type of Vehicle: SUV**

**Vehicle #6 Model Year: 2008 Dodge Nitro**

**Odometer Reading: 123,510**

**Type of Vehicle: SUV**

**Vehicle #7 Model Year: 2009 Ford 500**

**Odometer Reading: 107,292**

**Type of Vehicle: Sedan**

**Vehicle #8 Model Year: 2007 Ford Utility Van**

**Odometer Reading: 43,538**

**Type of Vehicle: SUV**

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	VIN – 4T1B11HK8KU825177 Toyota Camry		
<b>Dealer Name:</b>	Reno Toyota		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: Black	Interior: Black	⊗ Cloth Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 20,949.50	\$20,949.50
SPECIFY OPTIONS: (description)			\$
		\$	
Sierra Electronics build (police lighs/equip)	1	\$2,919	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options	1	\$23,868.50	\$
DMV Title and DRS Fee's	1	\$29.25	\$
<b>GRAND TOTAL:</b>			<b>\$20,978.75</b>

<b>Registered Owner:</b>	<b>Agency Name &amp; Address:</b> State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>Legal Owner:</b>	<b>Agency Name &amp; Address:</b> State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>County Vehicle Based In:</b>	Varies
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Lt. Dan Johnson 775-684-7453



# QUOTE

Number JHCQ3837  
Date Aug 15, 2019

**Sold To**  
NEVADA DPS-INVESTIGATION DIVISION  
DAN JOHNSON  
555 WRIGHT WAY  
Carson City, NV 89711  
  
Phone 775-690-6633  
Fax

**Ship To**  
NEVADA DPS-INVESTIGATION DIVISION  
DAN JOHNSON  
555 WRIGHT WAY  
Carson City, NV 89711  
  
Phone 775-690-6633  
Fax

**2019 TOYOTA CAMRY**

Salesperson	Quote Valid	Ship Via	Terms
JOEL H. CHRISTIE	30 DAYS	INSTALLED	NET 30

Line	Qty	Description	Unit Price	Ext. Price
1	1	FUSION PASSENGER INNER BAR	\$375.00	\$375.00
2	1	nERGY 400 SERIES- HANDHELD SIREN	\$350.00	\$350.00
3	1	FUSION SURFACE MOUNT- RED/WHITE- 180 DEGREE FRONT GRILL	\$84.00	\$84.00
4	1	FUSION SURFACE MOUNT- BLUE/WHITE- 180 DEGREE FRONT GRILL	\$84.00	\$84.00
5	2	FUSION SINGLE MOUNT	\$6.00	\$12.00
6	2	FUSION SURFACE MOUNT- RED/BLUE -40 DEGREE INSIDE REAR FACING WINDOW	\$84.00	\$168.00
7	2	FUSION SINGLE MOUNT	\$6.00	\$12.00
8	1	STI-CO- 800MHz COVERT ANTENNA	\$95.00	\$95.00
9	1	INSTALLATION HARDWARE AND WIRING	\$114.00	\$114.00
10	1	VENDOR FREIGHT CHARGES	\$25.00	\$25.00
11	1	LIGHTING CONFIGURATION AND PROGRAMMING	\$100.00	\$100.00
12	1	UNDERCOVER PACKAGE INSTALLATION *CUSTOMER SUPPLIED RADIO, SIREN SPEAKER, WEAPON MOUNT AND ADDITIONAL LIGHTING	\$1,500.00	\$1,500.00

SIERRA ELECTRONICS EMPLOYS CERTIFIED ELECTRONICS TECHNICIANS AND INSTALLERS.

DIRECT QUESTIONS REGARDING THIS QUOTE TO  
JOEL H. CHRISTIE  
OFFICE 800-874-7515  
MOBILE 775-846-0838  
EMAIL joelc@sierraelectronics.com

<b>SubTotal</b>	\$2,919.00
<b>Tax</b>	\$0.00
<b>Shipping</b>	\$0.00
<b>Total</b>	<b>\$2,919.00</b>

# Finance Payment Options

Customer Name Department Of Public Safety Investigatio  
 Address 555 WRIGHT WY  
 City CARSON CITY State NV Zip 89701  
 Email Address

Deal Date 11/18/19 2:32PM  
 Home Phone  
 Work Phone (775) 684-7431  
 Cell Phone

Stock # **DT193197** VIN **4T1B11HK8KU825177**  
 Year 2019 Make Toyota Model Camry Mileage 6

Salesperson Beth Pollard

## Payment Options

## Loan Details

Market Value	\$	25,794.00
Savings	\$	3,033.00
Rebate	\$	2,500.00
Accessories	\$	0.00
<b>Adj. Sale Price</b>	<b>\$</b>	<b>20,261.00</b>
Trade Value (Including Tax Credit)	\$	0.00
<b>Sales Sub Total</b>	<b>\$</b>	<b>20,261.00</b>
Tax	\$	0.00
Doc Fee	\$	499.50
Vehicle Theft Registration	\$	189.00
Other Fees	\$	29.25
Trade Balance	\$	0.00
<b>Net Sales Price</b>	<b>\$</b>	<b>20,978.75</b>
Non Tax Value Adds Balance	\$	0.00
Cash Down	\$	0.00
<b>Amount Financed</b>	<b>\$</b>	<b>20,978.75</b>

<u>Value Adds (included in cost)</u>	<u>Extended Service Contract</u>	
		\$ 0.00
	<u>Gap Protection</u>	
		\$ 0.00
	<u>Maintenance Product</u>	
<b>Value Adds Total</b>		<b>\$ 0.00</b>

<b>Payment Option</b>	<b>Loan/Lease</b>
Desired Payment	\$ _____
Cash Down	\$ _____
<input type="checkbox"/>	_____
	Customer's Signature
<input type="checkbox"/>	_____
	Manager's Signature

O.A.C.

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	VIN – TBD Chevrolet Traverse		
<b>Dealer Name:</b>	Michael Hohl Motors		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Jet Black	⊗ Cloth Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	4	\$ 27,169.37	\$108,677.48
SPECIFY OPTIONS: (description)			\$
		\$	(135.00)  11,676 <del>47,057.08</del> 160,496.00
Discount	4	\$-33.75	
		\$	
		\$	
	2919 x 4 =	\$	
Sierra Electronics Up fitting	4	\$11,909.52	
License Plate Mounting	4 <sup>40</sup> x 4	\$160.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options	4	\$120,612.00	\$
DMV Title and DRS Fee's	4	\$117.00	\$ 117
<b>GRAND TOTAL:</b>	<i>29.25 x 4</i>		\$120,729.00

*120,496*

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>Legal Owner:</b>	Agency Name & Address: State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>County Vehicle Based In:</b>	Varies
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Lt. Dan Johnson 775-684-7453



# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

## CUSTOM EQUIPMENT

CODE	DESCRIPTION	MSRP
JHCQ3858	Sierra Electronics undercover police package	\$2,977.38

## ENGINE

CODE	DESCRIPTION	MSRP
LFY	Engine, 3.6L V6, SIDI, VVT	\$0.00

## TRANSMISSION

CODE	DESCRIPTION	MSRP
M3V	Transmission, 9-speed automatic	\$0.00

## WHEELS

CODE	DESCRIPTION	MSRP
PXJ	Wheels, 18" (45.7 cm) Bright Silver painted aluminum	\$0.00

## TIRES

CODE	DESCRIPTION	MSRP
QO5	Tires, P255/65R18 all-season blackwall	\$0.00

## ADDITIONAL EQUIPMENT - EXTERIOR

CODE	DESCRIPTION	MSRP
VK3	License plate front mounting package	\$40.00

## ADDITIONAL EQUIPMENT - OTHER

CODE	DESCRIPTION	MSRP
R9Y	Fleet Free Maintenance Credit.	(\$33.75)
VQ2	Fleet processing option	\$0.00
<b>Options Total</b>		<b>\$2,983.63</b>

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Data Version: 9589. Data Updated: Nov 15, 2019 10:48:00 PM PST.



## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

### Standard Equipment

#### Mechanical

Engine, 3.6L V6, SIDI, VVT (310 hp [232.0 kW] @ 6800 rpm, 266 lb-ft of torque [361 N-m] @ 2800 rpm) (STD)  
Transmission, 9-speed automatic (STD)  
E10 Fuel capable  
Engine control, stop-start system  
Traction Mode Select  
Axle, 3.49 final drive ratio  
Chassis, All-Wheel Drive System (Included and only available with AWD models.)  
Battery, heavy-duty 600 cold-cranking amps  
Alternator, 170 amps  
GVWR, 6160 lbs. (2800 kg)  
Suspension, Ride and Handling  
Steering, power  
Brakes, 4-wheel antilock, 4-wheel disc, 17" front and rear  
Electric Parking Brake  
Capless fuel fill  
Tool kit, road emergency

#### Exterior

Wheels, 18" (45.7 cm) Bright Silver painted aluminum (STD)  
Tires, P255/65R18 all-season blackwall (STD)  
Wheel, spare, 18" (45.7 cm) steel  
Tire, compact spare, T135/70R18, blackwall  
Moldings, Black bodyside  
Moldings, rocker, Black  
Headlamps, high intensity discharge  
Headlamps, automatic on/off  
Taillamps, LED  
Mirror caps, Black painted  
Mirrors, outside heated power-adjustable, Black, manual-folding  
Glass, deep-tinted

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Data Version: 9689. Data Updated: Nov 15, 2019 10:46:00 PM PST.



## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

### Exterior

Wipers, front intermittent with washers

Wiper, rear intermittent with washer

Door handles, body-color

Fascia, front body-color

Liftgate, rear manual

### Entertainment

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

4G LTE Wi-Fi Hotspot capable (Terms and limitations apply. See onstar.com or dealer for details.)

Active Noise Cancellation

### Interior

Seating, 8-passenger (2-3-3 seating configuration)

Seats, front bucket (STD)

Seat trim, premium cloth

Seats, third row 60/40 split-bench, manual-folding

Head restraints, front, 2-way adjustable

Head restraints, second and third row outboard, 2-way manual-folding

Console, front center with 2 cup holders, covered storage bin with storage and removable tray

USB ports

Floor covering, color-keyed carpeting

Floor mats, color-keyed all rows

Steering wheel, urethane

Steering column, tilt

Steering wheel controls, mounted controls for audio, phone and cruise

Display, 3.5" driver instrument information, monochromatic

Compass display, digital

Windows, power, with driver and front passenger Express-Down

Door locks, power programmable with lockout protection

Keyless Open, includes extended range Remote Keyless Entry with lock/unlock feature

Cruise control, electronic with set and resume speed

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

## Interior

- Remote panic alarm
- Theft-deterrent system, electrical, unauthorized entry
- Air conditioning, tri-zone automatic climate control with individual climate settings for driver, right front passenger and rear seat occupants
- Sensor, humidity and windshield temperature
- Defogger, rear-window electric
- Heater ducts, 2nd row
- Mirror, inside rearview manual day/night
- Umbrella holders, driver and front passenger doors
- Visors, driver and passenger illuminated vanity mirrors, covered
- Lighting, interior with theater dimming, cargo compartment, reading lights for front seats, second row reading lamps integrated into dome light, door-and tailgate-activated switches and illuminated entry and exit feature
- Cup holders, 10 total
- Cargo storage, tray under rear floor
- Chevrolet Connected Access capable (Subject to terms. See onstar.com or dealer for details.)

## Safety-Mechanical

- StabiliTrak, stability control system with traction control

## Safety-Exterior

- Daytime Running Lamps, LED

## Safety-Interior

- Airbags, dual-stage frontal and side-impact for driver and front passenger, driver inboard seat-mounted side-impact and head curtain side-impact and roof-rail side-impact for all rows in outboard seating positions (Always use seat belts and the correct child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)
- Passenger Sensing System sensor indicator inflatable restraint, front passenger/child presence detector (Always use seat belts and the correct child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)
- OnStar and Chevrolet connected services capable (Terms and limitations apply. See onstar.com or dealer for details.)
- Rear Vision Camera
- Door locks, rear child security
- Rear Seat Reminder
- LATCH system (Lower Anchors and Tethers for CHildren), for child restraint seats

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## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

### Safety-Interior

Teen Driver a configurable feature that lets you activate customizable vehicle settings associated with a key fob, to help encourage safe driving behavior. It can limit certain available vehicle features, and it prevents certain safety systems from being turned off. It includes the Buckle-to-Drive feature which prevents the driver from shifting from Park for up to 20 seconds if the driver's seat belt is not buckled. An in-vehicle report card gives you information on driving habits and helps you to continue to coach your new driver

Tire Pressure Monitor, includes Tire Fill Alert (Does not monitor spare.)

Horn, dual-note

### WARRANTY

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

Basic Years: 3

Basic Miles/km: 36,000

Drivetrain Years: 5

Drivetrain Miles/km: 60,000

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

Corrosion Years (Rust-Through): 6

Corrosion Years: 3

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

Corrosion Miles/km: 36,000

Roadside Assistance Years: 5

Roadside Assistance Miles/km: 60,000

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

Maintenance Note: 1 Year/1 Visit

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

## Window Sticker

### SUMMARY

[Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS

MSRP:\$34,900.00

Interior:Jet Black, Premium cloth seat trim

Exterior 1:Summit White

Exterior 2:No color has been selected.

Engine, 3.6L V6, SIDI, VVT

Transmission, 9-speed automatic

### OPTIONS

CODE	MODEL	MSRP
1NV56	[Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS	\$34,900.00
<b>OPTIONS</b>		
1LS	LS Preferred Equipment Group	\$0.00
AR9	Seats, front bucket	\$0.00
FE9	Emissions, Federal requirements	\$0.00
GAZ	Summit White	\$0.00
H1T	Jet Black, Premium cloth seat trim	\$0.00
IOR	Audio system, Chevrolet Infotainment 3 system	\$0.00
LFY	Engine, 3.6L V6, SIDI, VVT	\$0.00
M3V	Transmission, 9-speed automatic	\$0.00
PXJ	Wheels, 18" (45.7 cm) Bright Silver painted aluminum	\$0.00
QO5	Tires, P255/65R18 all-season blackwall	\$0.00
R9Y	Fleet Free Maintenance Credit.	(\$33.75)
VK3	License plate front mounting package	\$40.00
VQ2	Fleet processing option	\$0.00

### CUSTOM EQUIPMENT

JHCQ3858	Sierra Electronics undercover police package	\$2,977.38
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**SUBTOTAL** \$37,883.63

Adjustments Total \$0.00

Destination Charge \$1,195.00

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Traverse (1NV56) AWD 4dr LS w/1LS (✔ Complete)

**TOTAL PRICE**

**\$39,078.63**

## FUEL ECONOMY

Est City:17 MPG

Est Highway:25 MPG

Est Highway Cruising Range:542.50 mi

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## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	VIN – TBD Chevrolet Silverado 1500 4WD Crew Cab		
<b>Dealer Name:</b>	Michael Hohl Motors		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Jet Black	⊗ Cloth Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	\$ 33,365.83	\$100,097.49
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
Sierra Electronics Up fitting	3	\$ Included	
Window Tinting	3	\$ Included	
Toolbox	3	\$ Included	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options	3	\$100,097.49	\$
DMV Title and DRS Fee's	3	\$ Included	\$
<b>GRAND TOTAL:</b>			<b>\$100,097.49</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>Legal Owner:</b>	Agency Name & Address: State of Nevada, Department of Public Safety Investigation Division 107 Jacobsen Way Carson City, NV 89501
<b>County Vehicle Based In:</b>	Varies
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Lt. Dan Johnson 775-684-7453



## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | [terry.rouda@michaelhohl.com](mailto:terry.rouda@michaelhohl.com)

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





# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## Quote Worksheet

	MSRP
Base Price	\$37,900.00
Dest Charge	\$1,595.00
Total Options	\$5,812.38
<b>Subtotal</b>	<b>\$45,307.38</b>
Bid Assistance	(\$10,200.00)
<b>Subtotal Pre-Tax Adjustments</b>	<b>(\$10,200.00)</b>
Less Customer Discount	(\$1,741.55)
<b>Subtotal Discount</b>	<b>(\$1,741.55)</b>
Trade-In	\$0.00
<b>Subtotal Trade-In</b>	<b>\$0.00</b>
<b>Taxable Price</b>	<b>\$33,365.83</b>
Sales Tax	\$0.00
<b>Subtotal Taxes</b>	<b>\$0.00</b>
<b>Subtotal Post-Tax Adjustments</b>	<b>\$0.00</b>
<b>Total Sales Price</b>	<b>\$33,365.83</b>

### Comments:

Quote includes Sierra Electronics undercover police package, tool box, and deep tint all rear windows plus windshield strip. Quote is per unit ordered.

\_\_\_\_\_  
Dealer Signature / Date

\_\_\_\_\_  
Customer Signature / Date

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Data Version: 9707. Data Updated: Nov 18, 2019 10:41:00 PM PST.



# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)  
Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## Selected Model and Options

### MODEL

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

### COLORS

CODE	DESCRIPTION	MSRP
GAN	Silver Ice Metallic	\$0.00

### PREFERRED EQUIPMENT GROUP

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

### ADDITIONAL EQUIPMENT - INTERIOR

CODE	DESCRIPTION	MSRP
A2X	Seat adjuster, driver 10-way power including lumbar	\$290.00
AQQ	Remote Keyless Entry, with 2 transmitters	Inc.
B30	Floor covering, color-keyed carpeting	\$100.00
B32	Floor mats, rubberized vinyl, front	Inc.
B33	Floor mats, rubberized vinyl rear	Inc.
C49	Defogger, rear-window electric	Inc.
K34	Cruise control, electronic	Inc.
KC9	Power outlet, bed mounted, 120-volt	Inc.
KI4	Power outlet, instrument panel, 120-volt	\$225.00

### ADDITIONAL EQUIPMENT - EXTERIOR

CODE	DESCRIPTION	MSRP
AKO	Glass, deep-tinted	Inc.
DLF	Mirrors, outside heated power-adjustable	Inc.
QT5	Tailgate, gate function manual	Inc.
VK3	License plate kit, front	\$0.00

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## ADDITIONAL EQUIPMENT - MECHANICAL

CODE	DESCRIPTION	MSRP
G80	Differential, heavy-duty locking rear	\$395.00

## ADDITIONAL EQUIPMENT - PACKAGE

CODE	DESCRIPTION	MSRP
PCV	WT Convenience Package	\$1,120.00

## ADDITIONAL EQUIPMENT - OTHER

CODE	DESCRIPTION	MSRP
R9Y	Fleet Free Maintenance Credit	(\$45.00)
VQ2	Fleet Processing Option	\$0.00

## SEAT TYPE

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

## GVWR

CODE	DESCRIPTION	MSRP
C5W	GVWR, 7000 lbs. (3175 kg)	\$0.00

## EMISSIONS

CODE	DESCRIPTION	MSRP
FE9	Emissions, Federal requirements	\$0.00

## PAINT

CODE	DESCRIPTION	MSRP
GAN	Silver Ice Metallic	\$0.00

## AXLE

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

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)  
Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## SEAT TRIM

CODE	DESCRIPTION	MSRP
H0U	Jet Black, Cloth seat trim	\$0.00

## RADIO

CODE	DESCRIPTION	MSRP
IOR	Audio system, Chevrolet Infotainment 3 system	\$0.00

## CUSTOM EQUIPMENT

CODE	DESCRIPTION	MSRP
dt	deep tint rear windows and windshield strip	\$225.00
JHCQ3858	Sierra Electronics undercover police package	\$2,977.38
tbflip	flip top tool box	\$525.00

## ENGINE

CODE	DESCRIPTION	MSRP
LV3	Engine, 4.3L EcoTec3 V6	\$0.00

## TRANSMISSION

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

## TIRES

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

## SPARE TIRE

CODE	DESCRIPTION	MSRP
QBR	Tire, spare 255/70R17 all-season, blackwall	\$0.00

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Data Version: 9707. Data Updated: Nov 16, 2019 10:41:00 PM PST.



# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## WHEELS

CODE	DESCRIPTION	MSRP
RD6	Wheels, 17" x 8" (43.2 cm x 20.3 cm) Ultra Silver painted steel	\$0.00
<b>Options Total</b>		<b>\$5,812.38</b>

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## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

### Standard Equipment

#### Mechanical

Durabed, pickup bed

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

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

Rear axle, 3.42 ratio

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

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

Four wheel drive

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

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

Alternator, 170 amps

Frame, fully-boxed, hydroformed front section

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

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

Brake lining wear indicator

Capless Fuel Fill

Exhaust, single outlet

#### Exterior

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

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

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

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

Bumpers, front, Black (semi-gloss)

Bumpers, rear, Black (semi-gloss)

CornerStep, rear bumper

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

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# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## Exterior

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

Grille (Black bars and mesh inserts.)

Headlamps, halogen reflector with halogen Daytime Running Lamps

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

Taillamps, with incandescent tail, stop and reverse lights

Mirrors, outside manual, Black

Glass, solar absorbing, tinted

Door handles, Black

Tailgate and bed rail protection cap, top

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

Tailgate, gate function manual, no EZ Lift

## Entertainment

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

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

Bluetooth for phone, connectivity to vehicle infotainment system

## Interior

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

Seat trim, Vinyl

Seat adjuster, driver 4-way manual

Seat adjuster, passenger 4-way manual

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

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

Steering wheel, urethane

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

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

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## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

### Interior

Driver Information Center, 3.5" diagonal monochromatic display  
Exterior Temperature Display located in radio display  
Rear Seat Reminder (Requires Crew Cab or Double Cab model.)  
Window, power front, drivers express up/down (Standard on Crew Cab and Double Cab models.)  
Window, power front, passenger express down (Standard on Crew Cab and Double Cab models.)  
Windows, power rear, express down (Not available with Regular Cab models.)  
Door locks, power (Standard on Crew Cab and Double Cab models.)  
Power outlet, front auxiliary, 12-volt  
USB port, located on instrument panel  
Air conditioning, single-zone  
Air vents, rear, heating/cooling (Not available on Regular Cab models.)  
Mirror, inside rearview, manual tilt  
Assist handles front A-pillar mounted for driver and passenger, rear B-pillar mounted

### Safety-Mechanical

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

### Safety-Exterior

Daytime Running Lamps with automatic exterior lamp control

### Safety-Interior

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

Rear Vision Camera

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

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

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Data Version: 9707. Data Updated: Nov 18, 2019 10:41:00 PM PST.



## MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)  
Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

### WARRANTY

Warranty Note: <<< Preliminary 2020 Warranty Note >>>  
Basic Years: 3  
Basic Miles/km: 36,000  
Drivetrain Years: 5  
Drivetrain Miles/km: 60,000  
Drivetrain Note: HD Duramax Diesel: 5 Years/100,000 Miles; Qualified Fleet Purchases: 5 Years/100,000 Miles  
Corrosion Years (Rust-Through): 6  
Corrosion Years: 3  
Corrosion Miles/km (Rust-Through): 100,000  
Corrosion Miles/km: 36,000  
Roadside Assistance Years: 5  
Roadside Assistance Miles/km: 60,000  
Roadside Assistance Note: HD Duramax Diesel: 5 Years/100,000 Miles; Qualified Fleet Purchases: 5 Years/100,000 Miles  
Maintenance Note: 1 Year/1 Visit

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

## Window Sticker

### SUMMARY

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

MSRP:\$37,900.00

Interior:Jet Black, Cloth seat trim

Exterior 1:Silver Ice Metallic

Exterior 2:No color has been selected.

Engine, 4.3L EcoTec3 V6

Transmission, 6-speed automatic, electronically controlled

### OPTIONS

CODE	MODEL	MSRP
CK10543	[Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck	\$37,900.00
<b>OPTIONS</b>		
1WT	Work Truck Preferred Equipment Group	\$0.00
A2X	Seat adjuster, driver 10-way power including lumbar	\$290.00
A52	Seats, front 40/20/40 split-bench	\$0.00
AKO	Glass, deep-tinted	Inc.
AQQ	Remote Keyless Entry, with 2 transmitters	Inc.
B30	Floor covering, color-keyed carpeting	\$100.00
B32	Floor mats, rubberized vinyl, front	Inc.
B33	Floor mats, rubberized vinyl rear	Inc.
C49	Defogger, rear-window electric	Inc.
C5W	GVWR, 7000 lbs. (3175 kg)	\$0.00
DLF	Mirrors, outside heated power-adjustable	Inc.
FE9	Emissions, Federal requirements	\$0.00
G80	Differential, heavy-duty locking rear	\$395.00
GAN	Silver Ice Metallic	\$0.00
GU6	Rear axle, 3.42 ratio	\$0.00
H0U	Jet Black, Cloth seat trim	\$0.00

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Data Version: 9707. Data Updated: Nov 18, 2019 10:41:00 PM PST.



# MICHAEL HOHL MOTORS

TERRY ROUDA | 775-770-0753 | terry.rouda@michaelhohl.com

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

Quote: 1500 wt crew for dan johnson WITH SIERRA ELEC

IOR	Audio system, Chevrolet Infotainment 3 system		\$0.00
K34	Cruise control, electronic	Inc.	
KC9	Power outlet, bed mounted, 120-volt	Inc.	
KI4	Power outlet, instrument panel, 120-volt		\$225.00
LV3	Engine, 4.3L EcoTec3 V6		\$0.00
MYC	Transmission, 6-speed automatic, electronically controlled		\$0.00
PCV	WT Convenience Package		\$1,120.00
QBN	Tires, 255/70R17 all-season, blackwall		\$0.00
QBR	Tire, spare 255/70R17 all-season, blackwall		\$0.00
QT5	Tailgate, gate function manual	Inc.	
R9Y	Fleet Free Maintenance Credit		(\$45.00)
RD6	Wheels, 17" x 8" (43.2 cm x 20.3 cm) Ultra Silver painted steel		\$0.00
VK3	License plate kit, front		\$0.00
VQ2	Fleet Processing Option		\$0.00
<b>CUSTOM EQUIPMENT</b>			
JHCQ3858	Sierra Electronics undercover police package		\$2,977.38
dt	deep tint rear windows and windshield strip		\$225.00
tbflip	flip top tool box		\$525.00

---

<b>SUBTOTAL</b>	<b>\$43,712.38</b>
Adjustments Total	\$0.00
Destination Charge	\$1,595.00
<b>TOTAL PRICE</b>	<b>\$45,307.38</b>

## FUEL ECONOMY

Est City:15 MPG

Est Highway:20 MPG

Est Highway Cruising Range:480.00 mi

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Data Version: 9707. Data Updated: Nov 18, 2019 10:41:00 PM PST.

## February 11, 2020 BOE Request

TYPE	BUDGET	BOE REQUESTED
Sedan	\$ 30,230.00	\$ 20,978.75
	\$ 30,230.00	\$ 20,846.51
SUV	\$ 30,230.00	\$ 30,182.25
	\$ 30,230.00	\$ 30,182.25
	\$ 33,098.00	\$ 30,182.25
	\$ 33,098.00	\$ 30,182.25
	\$ 126,656.00	\$ 120,729.00
	\$ 33,404.00	\$ 33,365.83
	\$ 33,404.00	\$ 33,365.83
	\$ 33,414.00	\$ 33,365.83
	\$ 100,222.00	\$ 100,097.49
	<b>BUDGET</b>	<b>BOE REQUESTED</b>
	\$ 257,108.00	\$ 241,673.00

## Vehicle Information - Vehicle Replaced

Ford/500	2009	109658	Carson	Unit 106 Exceeded 100,000 miles and exceeded 10 years of age
Chevy/Traverse	2012	111395	Carson	Unit 154 is expected to exceed 125,000 miles in the biennium
Jeep/Cherokee	2008	129372	Carson	Unit 132 Exceeded 125,000 miles and exceeds 10 years of age
Dodge Nitro	2008	120196	Winnemucca	Unit 124 Exceeded 125,000 miles and exceeds 10 years of age
Dodge Nitro	2008	127923	Vegas	Unit 125 Exceeded 125,000 miles and exceeds 10 years of age
Ford Utility Van	2007	43546	Carson	Unit 45 exceeds 10 years of age
Ford/150	2007	0	Carson	Unit 116 exceeded 125,000 miles and exceeds 10 years of age
Ford/150	2007	111208	Winnemucca	Unit 117 is expected to exceed 125,000 miles in the biennium and exceeds 10 years of age

Steve Sisolak  
Governor

Susan Brown  
Director



Tiffany Greenameyer  
Deputy Director

STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: January 23, 2020  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, 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 PUBLIC SAFETY – OFFICE OF TRAFFIC SAFETY**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with former employee James Stewart to provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.

Additional Information:

Mr. Stewart retired from NHP on December 1, 2019. The Program Administrator and the Program Assistant are the only two full-time employees for the Nevada Rider Motorcycle Safety Program and thus rely on contracted instructors to fulfill the quality assurance service on a part-time basis.

Statutory Authority:

NRS 333.705 (1)

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

Re-delivered  
to G.F.O. 1-23-2020 @B

Steve Sisolak  
Governor



Nevada Department of  
**Public Safety**  
Office of Traffic Safety

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

Amy Davey  
Administrator

107 Jacobsen Way  
Carson City, Nevada 89711-0525  
Telephone (775) 684-7470 Fax (775) 684 7482

MEMORANDUM

DATE: December 2, 2019  
TO: Jim Rodriguez, Executive Branch Budget Officer  
Governor's Finance Office  
THROUGH: Charlene Boegle, Administrative Services Officer  
Department of Public Safety, Director's Office  
FROM: Amy Davey, Administrator  
RE: Item Submission for the November Board of Examiners Agenda

RECEIVED  
JAN 23 2020  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with a former State of Nevada employee, who is collecting PERS, to provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.

The Program Administrator and the Program Assistant are the only two full-time employees for the Nevada Rider Motorcycle Safety Program and thus rely on contracted instructors to fulfill the quality assurance service on a part-time basis.

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

Cc: Natasha Kephart, Budget Analyst, DPS-Director's Office

Steve Sisolak  
Governor



Deonne E. Contine  
Director

Robin Hager  
Deputy Director

Kevin D. Doty  
Administrator

**RECEIVED**  
JAN 23 2020  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

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 Stewart		
Former Employee ID Number:	03924		
Former Job Title:	NHP Trooper		
Former Employee Agency:	Department of Public Safety – Nevada Highway Patrol		
Former Class and Grade:	Class:	13.206	Grade: 39
Former Employment Dates:	From:	November 1, 1994	To: December 1, 2019
Contracting Agency:	Department of Public Safety – Office of Traffic Safety/Nevada Rider Motorcycle Safety Program		

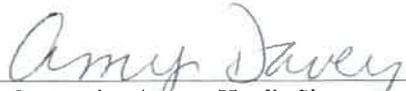
**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

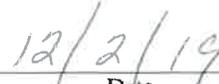
<input checked="" type="checkbox"/>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
<input type="checkbox"/>	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Teach motorcycle safety classes, train new instructors, provide ongoing professional development for existing instructors and to provide quality assurance services at various training sites throughout the State. Mr. Stewart will be contracted through the Marathon Staffing Group.
<b>B</b>	<b>Document former job description.</b> Public Information Officer, Trainer, Firearms Coordinator
<b>C</b>	<b>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?</b> Yes. Mr. Stewart has been working for the motorcycle program for the past 14 years and holds three certifications from the Motorcycle Safety Foundation as an instructor, instructor trainer and Quality Assurance Specialist. Duties for the OTS motorcycle program are unrelated to Mr. Stewart's previous position as an NHP Trooper.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> The Statewide motorcycle program is staffed by two full time employees. All other positions that include instructors, instructor trainers and quality assurance specialists are contracted through the Marathon Staffing Group.

<b>E</b>	<b>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.</b> No.
<b>F</b>	<b>List contractors' hourly rate.</b> This position pays a flat rate for various duties. As an Instructor the rate is \$350 per weekend class, the instructor trainer wage rate is \$250 per day and as a quality assurance specialist the wage is \$125 per ½ day.
<b>G</b>	<b>List the range of comparable State employee rates.</b> No comparable State employee rates are available.
<b>H</b>	<b>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?</b> N/A
<b>I</b>	<b>Document justification for hiring contractor.</b> Mr. Stewart has worked for the motorcycle Program since 2005 and was previously approved by the BOE to contract with DPS/OTS Motorcycle Program on June 7, 2016. The Statewide motorcycle program is staffed by two full time employees. All other positions, to include instructors, instructor trainers and quality assurance specialists are contracted through the Marathon Staffing Group. Mr. Stewart holds specialized certifications from the Motorcycle Safety Foundation which are required to provide the on-going services needed by the Program.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> December 2, 2019 thru December 2, 2021
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> This position is part time on an "as needed" basis. The anticipated number of annual hours is 250.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> No.

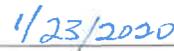
**Comments – Provide any additional comments:**

**Approval for Authorization to Contract with a Former Employee:**

  
Contracting Agency Head's Signature

  
Date

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

Date: January 9, 2020  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Darlene Baughn, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in black ink that reads "Darlene Baughn".

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

**Request to Pay a Cash Payment**

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the state, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

**Nevada State Public Charter School Authority**

Agenda Item Write-up:

The Department requests settlement approval in the amount of \$16,051.15 to fully resolve a Petitioner's Request for Attorney's Fees and Costs Pursuant to Nevada Revised Statute 239.011(2).

Additional Information

Nevada Revised Statute (NRS) 239.0107 requires an agency to respond to a written or oral public record request within five business days. NRS 239.011 allows a requestor to apply to the district court if a public record request is denied, unreasonably delayed or the fee charged is excessive or improper. If the requester prevails, they are entitled to recover their cost and reasonable attorney's fees in the proceeding. This request is due to the State Public Charter School Authority's (SPCSA) inability to produce certain requested public records for the National Coalition for Public School Options (PSO) pursuant to NRS 239.

Between May and September 2018, the PSO requested four separate public records from the SPCSA. While the SPCSA fully complied with three of PSO's four public records requests, in March of 2019 PSO filed a petition with the district court (Case No. 19 OC 00050 1B, Carson City District Court) seeking a writ of mandamus in regard to one of the four public records requests. This public records request sought any and all email communication between the SPCSA and the National Association of Charter School Authorizers ("NACSA"). NACSA is a national association made up of and supporting charter school authorizers, of which the SPCSA is a member.

While the SPCSA has produced over a 1,000-individual correspondence in response to PSO's public records request and has not withheld any documents on the basis of privilege or confidentiality, the district court ultimately granted PSO's writ petition. The district court granted PSO attorneys' fees and costs in the amount of \$16,051.15.

Statutory Authority:

Article 5, Section 21 of the Nevada Constitution

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

**STEVE SISOLAK**  
*Governor*

STATE OF NEVADA

**REBECCA FEIDEN**  
*Executive Director*



**STATE PUBLIC CHARTER SCHOOL AUTHORITY**

1749 North Stewart Street Suite 40  
Carson City, Nevada 89706-2543  
(775) 687 - 9174 · Fax: (775) 687 - 9113

**To:** Susan Brown, Director, Governor's Finance Office

**From:** State Public Charter School Authority

**CC:** Darlene Baughn, Executive Budget Officer, Governor's Finance Office  
Allison Combs, Policy Director, Office of the Governor  
Ryan Herrick, General Counsel, State Public Charter School Authority  
Audra Blackwell, Management Analyst III, State Public Charter School Authority

**Date:** January 9, 2020

**Subject:** Request to be placed on Board of Examiners Agenda

---

The State Public Charter School Authority respectfully requests to be placed on the agenda for the February meeting of the Board of Examiners regarding an order for payment in case number 19 OC 00050 1B in the First Judicial District Court of the State of Nevada in the amount of \$16,051.15. Please find attached the order for payment. Should you have any questions or concerns, please do not hesitate to contact me.

1 Ryan W. Herrick, Esq.  
Nevada Bar No. 7380  
2 STATE PUBLIC CHARTER  
SCHOOL AUTHORITY  
3 1749 North Stewart Street, Suite 40  
Carson City, Nevada 89706  
4 775-687-9159 (phone)  
775-687-9113 (fax)  
5 rherrick@spcsa.nv.gov

6 *Attorney for Respondent*

7 Affirmation pursuant to NRS 239B.030  
8 The undersigned affirms that this  
document does not contain the  
9 personal information of any person

10 **IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**  
11 **IN AND FOR CARSON CITY**

12 NATIONAL COALITION FOR PUBLIC  
13 SCHOOL OPTIONS,

14 Petitioner,

15 vs.

16 NEVADA STATE PUBLIC CHARTER  
SCHOOL AUTHORITY,

17 Respondent.

Case No. 19 OC 00050 1B

Dept. No. 2

19 **~~PROPOSED~~ ORDER GRANTING IN PART AND DENYING IN PART**

20 **PETITIONER'S REQUEST FOR ATTORNEY'S FEES AND COSTS**

21 **PURSUANT TO NEVADA REVISED STATUTE § 239.011(2)**

22 Petitioner National Coalition for Public School Options ("PSO") seeks an award of its  
23 reasonable attorney's fees and costs ("Fees Request") in connection with its successful Petition for Writ  
24 of Mandamus to require Respondent the Nevada State Public Charter School Authority ("SPCSA") to  
25 produce certain public records pursuant to NRS 239. The Court, having considered the Fees Request  
26 and all briefing thereon, **GRANTS IN PART AND DENIES IN PART** Petitioner's Fees Request.

27 ///

28 ///

RECEIVED & FILED

2019 DEC -6 AM 10:46

AUSRAV ROWLATT  
CLERK

BY  DEPUTY

1 **FINDINGS OF FACT**

2 The Court finds as follows:

3 1. On October 31, 2019, the Court granted PSO's Writ of Mandamus in this action.

4 2. In the Order Granting Writ of Mandamus, the Court permitted PSO to "move for its  
5 reasonable attorneys' fees and costs incurred in bringing the Petition, pursuant to Nev. Rev. Stat.  
6 § 239.011(2)."

7 3. PSO submitted its Request for Attorneys' Fees and Costs Pursuant to Nevada Revised  
8 Statute § 239.011(2) on November 9, 2019.

9 4. By its Fees Request, PSO seeks \$73,424.00 in attorney's fees and \$1,378.65 in costs.

10 **CONCLUSIONS OF LAW**

11 Pursuant to NRS 239.011, a party that prevails on an application to the court for an order  
12 "[r]equiring the person who has legal custody or control of the public book or record to provide a copy  
13 to the requester" is "entitled to recover his or her costs and reasonable attorney's fees in the proceeding  
14 from the governmental entity whose officer has custody of the book or record." Pursuant to NRS  
15 239.011(2), PSO requests \$73,424.00 in attorney's fees. This amount is excessive. As explained  
16 below, PSO is entitled to an award of \$14,672.50 in attorney's fees.

17 **I. Legal Standard**

18 "In Nevada, 'the method upon which a reasonable fee is determined is subject to the discretion  
19 of the court,' which 'is tempered only by reason and fairness.'" *Shuette v. Beazer Homes Holdings*  
20 *Corp.*, 121 Nev. 837, 864, 124 P.3d 530, 548-49 (2005) (quoting *Univ. of Nev. v. Tarkanian*, 110 Nev.  
21 581, 594, 591, 879 P.2d 1180, 1188, 1186 (1994)). No one approach is required in determining the  
22 amount of fees to award. *Id.* 121 Nev. at 864, 124 P.3d at 549. A court's "analysis may begin with any  
23 method rationally designed to calculate a reasonable amount, including those based on a 'lodestar'  
24 amount." *Id.* The lodestar amount is calculated by "'multiply[ing] the number of hours reasonably  
25 spent on the case by a reasonable hourly rate.'" *Hsu v. Cty. of Clark*, 123 Nev. 625, 637, 173 P.3d 724,  
26 733 (2007) (quoting *Herbst v. Humana Health Ins. Of Nev., Inc.*, 105 Nev. 586, 590, 781 P.2d 762, 764  
27 (1989)).

28 ///

1           Whichever method a court uses to calculate a reasonable fee, its analysis must include a  
2 consideration of “the requested amount in light of the factors enumerated by this court in *Brunzell v.*  
3 *Golden Gate National Bank.*” *Shuette*, 121 Nev. at 865, 124 P.3d at 549. The *Brunzell* factors are:

4                   (1) the qualities of the advocate: his ability, his training, education,  
5                   experience, professional standing and skill; (2) the character of the work  
6                   to be done: its difficulty, its intricacy, its importance, time and skill  
7                   required, the responsibility imposed and the prominence and character of  
8                   the parties where they affect the importance of the litigation; (3) the work  
                  actually performed by the lawyer: the skill, time and attention given to the  
                  work; (4) the result: whether the attorney was successful and what  
                  benefits were derived.

9 *Brunzell v. Golden Gate Nat'l Bank*, 85 Nev. 345, 349 455 P.2d 31, 33 (1969); *see also* FJDCR 15(13).

## 10 **II. Lodestar Amount**

11           The court applies the lodestar method to calculate PSO's reasonable attorney's fees.  
12 Calculating the lodestar amount requires the Court to determine (1) the number of hours that the  
13 attorneys reasonably spent on the matter; and (2) the reasonable hourly rates for the attorneys. *See Hsu*,  
14 123 Nev. at 637, 173 P.3d at 733. Billing invoices for PSO's counsel, Ballard Spahr LLP (“Ballard  
15 Spahr”), submitted in support of PSO's Fees Request reflects 143.40 hours of work at hourly rates for  
16 attorneys ranging from \$360 to \$710. Neither the number of hours nor the hourly rates claimed by  
17 PSO's counsel are reasonable.

### 18 **A. Reasonable Hours**

19           The 143.40 hours reflected in Ballard Spahr's billing invoices must be reduced to 45.40.  
20 Examination of the descriptions of the work performed by Ballard Spahr shows that PSO seeks to  
21 recover for hours that it is not entitled to.

22           First, many of Ballard Spahr's billing entries relate to work that was not conducted in this  
23 proceeding, as required by NRS 239.011(2). This includes work the Ballard Spahr performed to (1)  
24 communicate with Nevada State officials regarding, inter alia, allegedly improper benefits and  
25 payments to the SPCSA and the SPCSA's failure to produce documents and (2) review documents  
26 produced by the SPCSA. The plain language of NRS 239.011(2) permits recovery of fees for work  
27 performed in this proceeding, i.e., steps taken to obtain court relief. *Cf. Barney v. Mt. Rose Heating &*  
28 *Air Conditioning*, 124 Nev. 821, 827, 192 P.3d 730, 734 (2008) (noting that term “proceedings” in NRS

1 108.237(1) “appears within the statutory lien statutes and clearly refers to steps taken to enforce a  
2 mechanic’s lien in the courts”). Ballard Spahr’s communications with Nevada state officials did not  
3 relate to the steps PSO took to obtain court relief. Similarly, the documents Ballard Spahr reviewed did  
4 not relate to the steps PSO took to obtain court relief; Ballard Spahr would have reviewed the  
5 documents regardless of this litigation given that it requested the documents via a public records  
6 request. Entries for work that did not relate to the steps PSO took to obtain court relief must be  
7 excluded from the calculation of Ballard Spahr’s reasonable hours.

8         Second, many of Ballard Spahr’s billing entries contain inadequate information. PSO “bears the  
9 burden of submitting ‘evidence supporting the hours worked and rates claimed.’” *Fischer v. SJB-P.D.*  
10 *Inc.*, 214 F.3d 1115, 1121 (9th Cir. 2000) (quoting *Hensley*, 461 U.S. at 433 (1983)). While a fee  
11 applicant need not “record in great detail how each minute of [counsel’s] time was expended,” counsel  
12 must at least “identify[] the general subject matter of his time expenditures.” *Id.* (quoting *Hensley*, 461  
13 U.S. at 437 n.12; *Davis v. City & Cty. of San Francisco*, 976 F.2d 1536, 1542 (9th Cir. 1992)). Billing  
14 entries such as “E-mail from Chris Mohrman” and “3 E-mails from Christopher Mohrman; 2 E-mails to  
15 Christopher Mohrman; Conference with Justin Shiroff” do not identify the general subject matter of the  
16 time expenditures and must be excluded.

17         Third, Ballard Spahr spent an excessive amount of time on the Opening Brief. The billing  
18 records reflect 41.5 hours spent on the Opening Brief. The Opening Brief, however, is nine pages long,  
19 cites only four cases, and rephrases or reuses portions of the Petition. The Court therefore determines  
20 that Ballard Spahr’s hours should be reduced for the Opening Brief by 20 hours, to 21.5 hours. The  
21 hours are reduced from the attorney with the lowest hourly rate.

22         The total number of hours that must be excluded based on work not conducted in this  
23 proceeding or work that is inadequately substantiated is 77.90 hours. The total number of hours  
24 reduced for excessive billing on the Opening Brief is 20 hours. Subtracting 77.90 hours and 20 hours  
25 from the total 143.40 hours reflected in Ballard Spahr’s billing invoices yields 45.50 hours reasonably  
26 spent on this proceeding.

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Attorney/Paralegal	Hours	Rate	Amount
Curran	0.60	\$450	\$270.00
Tasca	15.60	\$450	\$7,020.00
Shiroff	10.10	\$250	\$2,645.00
Sakai	18.80	\$250	\$4,700.00
Landis	0.30	\$125	\$37.50
<b>TOTALS</b>	<b>45.40</b>	<b>--</b>	<b>\$14,672.50</b>

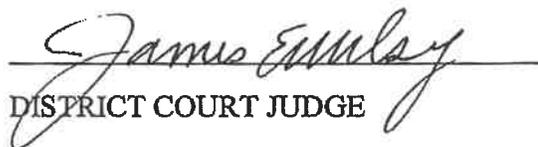
**III. The Brunzell Factors**

The *Brunzell* factors support the reduction of PSO's attorney's fees to \$14,672.50. See *Brunzell*, 85 Nev. at 349, 455 P.2d at 34. The attorney's qualifications and abilities do not justify Ballard Spahr's hourly rates. The work in this proceeding was straightforward and not complex. The actual work for this proceeding is far less than what Ballard Spahr's billing invoices reflect. And while Ballard Spahr obtained a favorable outcome in this proceeding, it was not difficult to do so given that the SCPSA did not oppose PSO's Opening Brief.

Accordingly, the court ORDERS that:

1. The SPCSA pay PSO \$14,672.50 for PSO's attorney's fees and \$1,378.65 for PSO's costs.

DATED December 6, 2019

  
DISTRICT COURT JUDGE



Steve Sisolak  
Governor

Susan Brown  
Director



Tiffany Greenameyer  
Deputy Director

STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: January 23, 2020  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "B. Mackey-Garrison".

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

**DEPARTMENT OF MOTOR VEHICLES – LICENSE PLATE FACTORY**

Agenda Item Write-up:

Pursuant to NRS 482 and NAC 706 the Department of Motor Vehicles is required to supply license plates to multiple vehicle types at the time of registration or licensing. The Department is requesting a price increase to the current contract with Irwin Hodson Group LLC, contract #16035.

Additional Information:

The following language was added to RFP 3117 as Section 11.1.20: Pricing must be held firm for the first four years of the contract. Pricing may be amended every two years thereafter with the approval of the Department of Motor Vehicles (DMV) and the Board of Examiners. Price increases may be allowed after the fourth year of the contract, provided that the changes are mutually agreed upon by both the DMV and the contractor(s) approved by the Board of Examiners and conclusive evidence of a need for the price increase is substantiated by the Producer Price Index, Consumer Price Index or similar pricing guide most relevant to the supply or system. Any price decreases shall be immediately passed along to the State.

Statutory Authority:

NRS 482

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

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

BOE 1/14/20

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: **16035** Amendment Number: **2**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **IRWIN HODSON GROUP LLC**

Agency Code: **810** Contractor Name: **IRWIN HODSON GROUP LLC**

Appropriation Unit: **4712-04** Address: **AIRPORT WAY CORPORATE 12067 NE GLEN WIDING DR # 103**

Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97220-9109**

If "No" please explain: **Not Applicable** Contact/Phone: **Paul Fussner 440/358-9488**

Vendor No.: **PUR0005370**

NV Business ID: **NV20141277070**

To what State Fiscal Year(s) will the contract be charged? **2015-2025**

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 %	X	Fees	100.00 %	license plate fees and special plate fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #3117**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2014**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/30/2025**

Contract term: **10 years and 201 days**

4. Type of contract: **Contract**

Contract description: **Equipment/Sheeting**

5. Purpose of contract:

**This is the second amendment to the original contract which provides application equipment, design equipment and support services necessary to produce finished license plates. This amendment adds an updated fee schedule to the leased equipment schedule.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,484,977.49	\$9,484,977.49	\$9,484,977.49	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$0.00	\$0.00	\$0.00	Exception - Info
3. New maximum contract amount:	\$9,484,977.49			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**According to NRS and NAC chapters 482 & 706 the DMV is required to supply license plates to multiple vehicle types at the time of registration/licensing.**

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 equipment or expertise to perform 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):

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3117, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by and independently appointed evaluation committee.

d. Last bid date: 04/02/2014 Anticipated re-bid date: 10/01/2023

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:

Currently contracted with Department of Motor Vehicles to provide the Sesquicentennial License Plates. Quality of service is satisfactory.

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

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

Not Applicable

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

Other

Foreign Limited Liability Company

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	bmusselm	12/04/2019 16:02:16 PM
Division Approval	bmusselm	12/04/2019 16:02:20 PM
Department Approval	asmit3	12/06/2019 12:42:49 PM
Contract Manager Approval	nlope4	12/12/2019 11:42:30 AM
Budget Analyst Approval	bmacke1	01/15/2020 08:20:01 AM

CETS #:	16035
Solicitation #:	3117

**AMENDMENT # 2**  
**TO CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR**  
 Between the State of Nevada  
 Acting By and Through Its

Agency Name:	Department of Motor Vehicles
Address:	555 Wright Way
City, State, Zip Code:	Carson City, Nevada, 89711
Contact:	Sean McDonald
Phone:	775-684-4934
Fax:	775-684-4692
Email:	smdonald@dmv.nv.gov

Contractor Name:	Irwin Hodson Group, LLC
Address:	12067 NE Glenn Widing Drive, Building #2, Suite 103
City, State, Zip Code:	Portland, Oregon 97220
Contact:	Paul Fusner
Phone:	440-358-9488
Fax:	503-234-1761
Email:	pfussner@wihgroup.com

1. **AMENDMENTS.** For and in consideration of mutual promises and other valuable consideration, all provisions of the original Contract resulting from Request for Proposal #3117 and dated October 14, 2014, attached hereto as Exhibit A, Amendment #1 dated January 13, 2017 attached hereto as Exhibit B, remain in full force and effect with the exception of the following:

A. **Provide a brief explanation for contract amendment.**

Contract amendment increases rates in Attachment A for the System Software charge from \$0.23 to \$0.26 on transactions less (<) than 550,000, the System Software charge from \$0.15 to \$0.16 on transactions greater than (>) 550,000, the Packaging charge from \$0.14 to \$0.15 per package and the Maintenance charge from \$0.16 to \$0.18 per plate.

B. **Current Contract Language:**

4. **INCORPORATED DOCUMENTS.** This Agreement incorporates the following attachments in descending order of constructive precedence; a Lessor's Attachment shall not contradict or supersede any State specifications, terms, or conditions without written evidence of mutual assent to such change appearing in this Agreement:

- |               |                                     |
|---------------|-------------------------------------|
| ATTACHMENT A: | SCHEDULE OF LEASE EQUIPMENT         |
| ATTACHMENT B: | INSURANCE SCHEDULE                  |
| ATTACHMENT C: | STATE SOLICITATION OR RFP #3117 and |
|               | AMENDMENTS #1 and #2                |
| ATTACHMENT F: | CONTRACT CLARIFICATION              |
| ATTACHMENT D: | LESSOR'S RESPONSE to RFP #3117      |
| ATTACHMENT E: | SERVICE AGREEMENT                   |

*DL*

CETS #:	16035
Solicitation #:	3117

C. Amended Contract Language:

4. **INCORPORATED DOCUMENTS.** This Agreement incorporates the following attachments in descending order of constructive precedence; a Lessor's Attachment shall not contradict or supersede any State specifications, terms, or conditions without written evidence of mutual assent to such change appearing in this Agreement:

ATTACHMENT G:	REVISED SCHEDULE OF LEASE EQUIPMENT
ATTACHMENT A:	SCHEDULE OF LEASE EQUIPMENT
ATTACHMENT B:	INSURANCE SCHEDULE
ATTACHMENT C:	STATE SOLICITATION OR RFP #3117 and
	AMENDMENTS #1 and #2
ATTACHMENT F:	CONTRACT CLARIFICATION
ATTACHMENT D:	LESSOR'S RESPONSE to RFP #3117
ATTACHMENT E:	SERVICE AGREEMENT

2. **INCORPORATED DOCUMENTS.** Exhibit A (original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.
3. **REQUIRED APPROVAL.** This amendment to the original Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

CETS #:	16035
Solicitation #:	3117

Lawrence Nov 12, 2019 President  
 Independent Contractor's Signature Date Independent Contractor's Title

Angela Smith 12-6-19 Administrator  
 State of Nevada Authorized Signature Date Title

\_\_\_\_\_  
 State of Nevada Authorized Signature Date Title

\_\_\_\_\_  
 State of Nevada Authorized Signature Date Title

APPROVED BY BOARD OF EXAMINERS

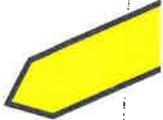
\_\_\_\_\_  
 Signature - Board of Examiners

On: \_\_\_\_\_  
 Date

Approved as to form by:

[Signature]  
 Deputy Attorney General for Attorney General

On: 11-20-19  
 Date



## ATTACHMENT G

EQUIPMENT	LEASED PRICE FOR LENGTH OF CONTRACT
Blanking Line	1,121,801.18
Decoiler/Straightner (1)	Included in above
Applicator (1)	Included in above
Press (1)	Included in above
	Blanking Dies
	Included in above
Digital Embossers (2)	1,853,732.02
	Required Dies
	Included in Digital Embosser above
Dry Roll Coat Machines (5)	472,378.59
Packing System (1)	299,717.87
DLP Printer (1)	697,466.82
Office Computer and Server (1)	5,000.00
DLP Room Computer and Scanner (1)	Included in DLP Printer above
Shipping Department Computer (1)	5,000.00
Manual Presses (2)	185,800.51
Manual Press Tooling for Passenger Plates (12")	Included in cost above
Manual Press Tooling of M/C Plates (7")	Included in cost above
Manual Press Spare Parts	Included in cost above
Manual Press Tooling for NV Stacked Characters	10,704.21
Special Debossed Font for Debossed Alpha-numeric	21,408.42
Plate Setup/Equipment Movers/Riggers, Etc.	299,717.87
System Software Charge \$0.26/Transaction < 550,000 Transactions (Estimated 547,500 transactions per year =\$142,350) Billed on actual volumes	1,423,500.00
System Software Charge \$0.16 Transaction > 550,000 Transactions Billed on actual volumes	TBD
Packaging \$0.15 / packaging per plate (Estimated 547,500 packages per year = \$82,125.00) Billed on actual volumes	821,250
Maintenance Contract \$0.18 / Plate (Estimated 1,075,000 per year = \$193,500.00) Billed on actual volumes	1,935,000
	8,152,477.49

# **ATTACHMENT A**

## **Schedule of Leased Equipment**

## ATTACHMENT A

EQUIPMENT	LEASED PRICE FOR LENGTH OF CONTRACT
Blanking Line	1,121,801.18
Decoiler/Straightner (1)	Included in above
Applicator (1)	Included in above
Press (1)	Included in above
	Blanking Dies
	Included in above
Digital Embossers (2)	1,853,732.02
	Required Dies
	Included in Digital Embosser above
Dry Roll Coat Machines (5)	472,378.59
Packing System (1)	299,717.87
DLP Printer (1)	697,466.82
Office Computer and Server (1)	5,000.00
DLP Room Computer and Scanner (1)	Included in DLP Printer above
Shipping Department Computer (1)	5,000.00
Manual Presses (2)	185,800.51
Manual Press Tooling for Passenger Plates (12")	Included in cost above
Manual Press Tooling of M/C Plates (7")	Included in cost above
Manual Press Spare Parts	Included in cost above
Manual Press Tooling for NV Stacked Characters	10,704.21
Special Debossed Font for Debossed Alpha-numeric	21,408.42
Plate Setup/Equipment Movers/Riggers, Etc.	299,717.87
System Software Charge \$0.23/Transaction < 550,000 Transactions (Estimated 547,500 transactions per year =\$125,925.00) Billed on actual volumes	1,259,250.00
System Software Charge \$0.15/Transaction > 550,000 Transactions Billed on actual volumes	TBD
Packaging \$0.28 / Package (Estimated 547,500 packages peryear = \$153,300.00) Billed on actual volumes	1,533,000.00
Maintenance Contract \$0.16 / Plate (Estimated 1,075,000 per year = 172,000.00) Billed on actual volumes	1,720,000.00
	9,484,977.49

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION CHILD AND FAMILY SERVICES	AUGUSTA PARK 8, LLC	\$886,847
		This is a relocation lease with tenant improvements.	
	<b>Term of Lease:</b>	<b>03/01/2020</b> – <b>02/28/2027</b>	<b>Located in Henderson</b>
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF HEALTH CARE FINANCE AND POLICY	SIERRA MEDICAL COMPLEX, LP	\$2,535,419
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>05/01/2021</b> – <b>04/30/2025</b>	<b>Located in Carson City</b>

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:	LA 1/9/20
Reviewed by:	FOW 1/14/2020
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Child and Family Services  
 1350 South Jones Boulevard, Suite 230  
 Las Vegas, Nevada 89146  
 Rick Rassier  
 T: 702.486.4335 F: 702.486.6057 E: rrassier@dchs.nv.gov

Remarks: Lessor to demo, frame & drywall new offices, doors & hardware, install 1-way mirror, security window in reception, remove shower & install child urinal, HVAC in IT room, cabinet & sink, electrical & 5 additional data drops.

Exceptions/Special notes:

2. Name of Lessor: Augusta Park 8, LLC

3. Address of Lessor: c/o Virtus Commercial  
 1333 North Buffalo Drive, Suite 120  
 Las Vegas, Nevada 89128

4. Property contact: Rob Hatrak  
 T: 702.787.0123 F: 702.463.0123 E: rhatrak@virtusco.com

5. Address of Lease property: 1485 West Warm Springs Road, Suite 109  
 Henderson, Nevada 89014

a. Square Footage:  Rentable  
 Usable 5,948

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ -	2	\$ -	March 1, 2020 - April 30, 2020	\$0.00	\$0.00	\$0.00
\$ 10,527.96	10	\$ 105,279.60	May 1, 2020 - February 28, 2021	\$0.22	\$1.55	\$1.77
0% \$ 10,527.96	12	\$ 126,335.52	March 1, 2021 - February 28, 2022	\$0.22	\$1.55	\$1.77
2% \$ 10,765.88	12	\$ 129,190.56	March 1, 2022 - February 28, 2023	\$0.22	\$1.59	\$1.81
0% \$ 10,765.88	12	\$ 129,190.56	March 1, 2023 - February 29, 2024	\$0.22	\$1.59	\$1.81
2% \$ 10,944.32	12	\$ 131,331.84	March 1, 2024 - February 28, 2025	\$0.22	\$1.62	\$1.84
0% \$ 10,944.32	12	\$ 131,331.84	March 1, 2025 - February 28, 2026	\$0.22	\$1.62	\$1.84
2% \$ 11,182.24	12	\$ 134,186.88	March 1, 2026 - February 28, 2027	\$0.22	\$1.66	\$1.88

Increase %

c. Total Lease Consideration: 84 \$ 886,846.80

d. Total Improvement Cost: \$ 107,634.00

e. Option to renew:  Yes  No 365 Renewal terms: One, five (5) Year Term

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

g. Term: Seven (7) Years

h. Pass-thrus/CAM/Taxes:  Landlord  Tenant

i. Utilities:  Landlord  Tenant

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

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average: \$2.19

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 3646

6. Purpose of the lease: To house the ~~Division of Child and Family Services~~ Southern Nevada Child and Adolescent Services and Day Treatment Program

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities
- A relocation
- A new location
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$5,430.00 Furnishings: \$0.00 Data/Phones: \$12,000.00

RECEIVED

JAN - 9 2020

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 Base / E-220

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

Mandi Davis 12/6/19  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20061400550</u>	Exp:	<u>1/31/2020</u>	25
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *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>Pending</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Shad Patrick 12/10/19  
Authorized Signature Date

Public Works Division

//  
For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	LA 1/13/20
Reviewed by:	SSW 1/13/2020
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  
Ronda Miller  
T: (775) 684-3704 F: (775) 684-3762 ronda.miller@dncfp.nv.gov

Remarks: Leasing Services negotiated an additional four years to the term.

Exceptions/Special notes:

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 NMendoza@selectpropmgt.com

5. Address of Lease property: 1000 East William Street, Suites 102, 110, 111, 114, 118, 200, 209  
1050 East William Street, Suites 403, 405A, 415, 435  
1100 East William Street, Suite 101  
Carson City, Nevada 89701

a. Square Footage:  Rentable  
 Usable 35,811

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
Increase %	\$ 51,925.95	12	\$ 623,111.40	May 1, 2021 - April 30, 2022	\$0.00	\$0.00	\$1.45
0%	\$ 51,925.95	12	\$ 623,111.40	May 1, 2022 - April 30, 2023	\$0.00	\$0.00	\$1.45
3%	\$ 53,716.50	12	\$ 644,598.00	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$1.50
0%	\$ 53,716.50	12	\$ 644,598.00	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$1.50

c. Total Lease Consideration: 48 \$ 2,535,418.80

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) Identical Term

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

g. Term: Additional Four (4) Years

h. Pass-thrus/CAM/Taxes:  Landlord  Tenant

i. Utilities:  Landlord  Tenant

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

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average: \$1.46

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 3158

6. This lease constitutes:
- An extension of an existing lease
  - An addition to current facilities
  - A relocation
  - A new location
  - Remodeling only
  - Other

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

**RECEIVED**

JAN 13 2020

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 X Dec Unit N/A

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

C49257

Cody H. Hurney for 12/20/19  
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>	13
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

Wally Patuch 1/13/20  
Authorized Signature Date

Public Works Division

WPS  
BA For Board of Examiners  YES  NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	GENERAL	\$100,000	
	Contract Description:	This is a new interlocal contract to provide expert analysis and evaluation of seismic risk at the proposed Yucca Mountain high level nuclear waste repository.				
		Term of Contract:	Upon Approval - 02/28/2024	Contract # 22750		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	KNIT	BONDS 92% OTHER: 8%	\$987,660	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the College of Southern Nevada - Health and Sciences Building CIP project, to include design construction and bid documents as well as construction administration services for the design and construction of a 73,000 square foot Health and Sciences building: CIP Project No. 19-C28; SPWD Contract No. 112945.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22766		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON -EXEC	ARCHITECTS + LLC	BONDS	\$6,900	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Wells Conservation Camp - Domestic Water Pump House Replacement CIP project: CIP Project 17-M33; SPWD Contract No. 111893. This amendment increases the maximum amount from \$47,550 to \$54,450 due to additional design services needed for the domestic water pump system.				
		Term of Contract:	04/04/2018 - 06/30/2022	Contract # 19908		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	ARCHITECTS + LLC	GENERAL	\$213,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Division of Forestry Advance Planning - Elko Heavy Equipment Shop & Renovation CIP project, to include design through construction documents for a new heavy equipment repair and fabrication shop: CIP Project No. 19-P08; SPWD Contract No. 113234.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22710			
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE	GENERAL	\$65,750	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Western Nevada College - Advance Planning Marlette Hall Renovation CIP project, to include design through construction documents to reconfigure the lecture hall from a 120 seat tiered auditorium style classroom with fixed seating to a less dense and more collaborative teaching classroom with 50 to 60 seats and more flexible student seating units: CIP Project No. 19-P71; SPWD Contract No.113238.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22715			
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	BLAKELY JOHNSON & GHUSN, INC. DBA BJB ARCHITECTURE & ENGINEERING	GENERAL 92% OTHER: 8%	\$310,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Great Basin College - Welding Lab Expansion Advance Planning CIP project, to include design through construction documents for a new 4,000 square foot welding lab addition and renovation of the existing welding shop: CIP Project No. 19-P70; SPWD Contract No.113233.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22709			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	GENERAL	\$1,048,064	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Advance Planning Domestic Water and Sanitary Sewer System CIP project, to include design, construction and bid documents as well as construction administration services for the replacement of the facilities' domestic water and sanitary sewer system: CIP Project No. 19-P04; SPWD Contract No. 113183.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22707		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	LG ARCHITECTS, INC. DBA LGA	GENERAL	\$90,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Spring Mountain Ranch State Park - Advance Planning - Exterior Envelope Protection CIP project, to include planning through programming for an architectural and engineering evaluation of 16 historic buildings at the park: CIP Project No. 19-P10; SPWD Contract No. 113184.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22760		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PAUL CAVIN ARCHITECT, LLC	GENERAL	\$57,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Child & Adolescent Services (NNCAS) - Americans with Disabilities Act (ADA) Upgrades CIP project, to include design construction and bid documents as well as construction administration services for the Administration Building and Residence 1 restroom and breakroom ADA mods and the replacement of the exterior sidewalks between all three of the buildings at the NNCAS facility: CIP Project No. 19-S02-3; SPWD Contract No.113202.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22700		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	BONDS	\$69,824	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Marlette Lake - Generator Replacement & Pump System Modifications CIP project, to include design construction and bid documents for the replacement of the small utility generator, transfer switch, pump motor drive and generator controls for the Marlette Lake Water System: CIP Project No. 19-M21; SPWD Contract No.113240.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22718			
11.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	SRI INTERNATIONAL	GENERAL	\$150,000	Sole Source
	Contract Description:	This is a new contract to provide coordination and development of a new statewide economic development plan.				
	Term of Contract:	Upon Approval - 06/30/2020	Contract # 22741			
12.	130	DEPARTMENT OF TAXATION - MARIJUANA REGULATION AND CONTROL ACCOUNT	ACCELA, INC.	FEE: LICENSE	\$299,664	
	Contract Description:	This is the first amendment to the original contract which provides a case management and enforcement database application to track registration, audits, investigations, complaint handling, hearing and legal actions in one system. This amendment increases the maximum amount from \$772,017 to \$1,071,681 and extends the termination date from May 31, 2022 to June 23, 2022 in order to add 18 user licenses and 1,000 time and material hours to address requests gathered during requirements sessions.				
	Term of Contract:	05/14/2019 - 06/23/2022	Contract # 21743			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - DATA COMMUNICATIONS AND NETWORK ENGINEERING	KEY GOVERNMENT FINANCE, INC.	FEE: USER	\$1,347,478	Sole Source
	Contract Description:	This is a new contract to provide a payment plan for equipment maintenance coverage for all Cisco enterprise equipment utilized by the Division.				
		Term of Contract:	Upon Approval - 03/31/2024	Contract # 22729		
14.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	U.S. FEDERAL BUREAU OF INVESTIGATION	OTHER: REVENUE	\$58,214	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing rack space at Prospect Peak, Cave Mountain, Montezuma Mountain and Sober Peak and channel rent from Prospect Peak and Cave Mountain to Reno.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22698		
15.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY	EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES	GENERAL 30% FEDERAL 70%	\$298,346	
	Contract Description:	This is a new contract to provide Learning Express Library online test preparation and skills building resources for school age and adult learners. These computerized web accessible databases create a bridge between the library and the classroom by providing students with current resources.				
		Term of Contract:	01/01/2020 - 06/30/2023	Contract # 22745		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
16.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES	GENERAL 30% FEDERAL 70%	\$366,750		
		Contract Description:	This is a new contract to provide online content on history, government, social studies and geography. These computerized, web-accessible databases create a bridge between the library and classroom by providing 6 <sup>th</sup> grade through 12 <sup>th</sup> grade students with current and informative research and/or resources. They offer online access to full text content and are oriented to the needs of users; provide content standard searching and lesson planning; help instructors explore resources available in libraries; expand classroom activities with current multimedia content, primary source documents, and links to educational websites.				
		Term of Contract:	01/01/2020 - 06/30/2023	Contract # 22744			
17.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	TEACHINGBOOKS. NET, LLC	FEDERAL	\$160,850		
		Contract Description:	This is a new contract to provide online resources and guides that help students in grades pre-K to 12 better connect with and understand the books that they are reading. This program includes supplemental learning tools which coincide with the reading, such as video and audio clips, read-alongs, story maps, lesson plans, discussion guides, and vocabulary lists.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22770			
18.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	WORLD BOOK, INC.	GENERAL	\$299,082		
		Contract Description:	This is a new contract to provide online interactive, multimedia resources for students in pre-K through high school to build reading fluency, comprehension and phonics skills. This includes full-text and graphical databases for all Nevada K-12 school libraries, academic libraries, public libraries and remote use by all Nevada residents.				
		Term of Contract:	01/01/2020 - 06/30/2023	Contract # 22747			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY	PALCO, INC.	GENERAL 81% FEDERAL 19%	\$5,460,000	
	Contract Description:	This is a new contract to provide ongoing fiscal management services for children whose families/guardians choose to direct their own services and support through the state-funded, self-directed program and to veterans who qualify for the veteran-directed home and community-based services.				
	Term of Contract:	04/01/2020 - 03/31/2024	Contract # 22663			
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CARSON CITY REGIONAL TRANSPORTATION COMMISSION	OTHER: INTER – GOVERNMENTAL TRANSFER	\$102,410	Exempt
	Contract Description:	This is the first amendment to the original interlocal revenue agreement which provides support of paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment extends the termination date from June 30, 2020 to June 30, 2024 and increases the maximum amount from \$50,519 to \$152,929 due to the continued need for these services and updates Attachment A - Scope of Work.				
	Term of Contract:	07/01/2016 - 06/30/2024	Contract # 17958			
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY	OTHER: INTER – GOVERNMENTAL TRANSFER	\$4,969,880	Exempt
	Contract Description:	This is the second amendment to the original interlocal revenue agreement which provides support of paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment extends the termination date from June 30, 2020 to June 30, 2024, increases the maximum amount from \$2,133,132 to \$7,103,012 due to the continued need for these services and updates Attachment A - Scope of Work.				
	Term of Contract:	07/01/2016 - 06/30/2024	Contract # 17957			

# 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 - ADMINISTRATION	CLARK COUNTY SCHOOL DISTRICT	FEDERAL	\$10,630,774	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides the federal portion of reimbursements for Medicaid administrative claiming. This amendment extends the termination date from June 30, 2020 to June 30, 2024 and increases the maximum amount from \$8,000,000 to \$18,630,774 due to the continued need for these services.				
	Term of Contract:	07/01/2016 - 06/30/2024	Contract # 18160			
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF NORTH LAS VEGAS	OTHER: CITY 36% FEDERAL 64%	\$16,640,340	
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation to Medicaid recipients and provide annual reporting.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 22584			
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	GENERAL 36% FEDERAL 64%	\$1,879,069	
	Contract Description:	This is a new interlocal agreement to provide ongoing initial and recertification assessments for paratransit services for eligible Medicaid recipients residing in southern Nevada.				
	Term of Contract:	07/01/2018 - 06/30/2020	Contract # 22521			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL	MORRISON MANAGEMENT SPECIALISTS, INC.	GENERAL	\$5,764,756	
	Contract Description:	This is the second amendment to the original contract which provides ongoing food management services to Northern Nevada Adult Mental Health Services, Lake's Crossing Center and Northern Nevada Child and Adolescent Services facilities located on the northern health campus as well as the Southern Nevada Adult Mental Health Services, Division of Child and Family Services and Aging and Disability Services Division on the southern health campus in Las Vegas. This amendment extends the termination date from March 1, 2020 to February 28, 2022 and increases the maximum amount from \$6,767,738.35 to \$12,532,494.23 due to the continued need for these services.				
	Term of Contract:	03/01/2018 - 02/28/2022	Contract # 19616			
26.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	EIDE BAILLY, RENO	FEDERAL	\$84,000	Professional Service
	Contract Description:	This is a new contract to provide grant auditing services for the Food and Nutrition Programs.				
	Term of Contract:	Upon Approval - 06/30/2020	Contract # 22545			
27.	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 ongoing Day Reporting Center services for select offenders.				
	Term of Contract:	02/11/2020 - 12/31/2024	Contract # 22578			
28.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	NATIONAL CENTER FOR STATE COURTS	GENERAL	\$85,192	
	Contract Description:	This is a new contract to provide a Pre-Sentence Investigation Supervisor workload study.				
	Term of Contract:	Upon Approval - 08/31/2020	Contract # 22649			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	ALS GROUP USA, CORPORATION DBA ALS ENVIRONMENTAL	OTHER: WORKER'S COMPENSATION AND SAFETY FUND 71% FEDERAL 29%	\$6,300	
	Contract Description:	This is the first amendment to the original contract which provides a certified analysis of potential exposure to asbestos, mold, silica and other potentially hazardous element exposure. This amendment extends the termination date from February 28, 2020 to February 28, 2021 and increases the maximum amount from \$48,000 to \$54,300 due to the continued need for these services.				
		Term of Contract:	03/23/2018 - 02/28/2021	Contract # 19785		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22750**

Agency Name: <b>NUCLEAR PROJECTS OFFICE</b>	Legal Entity Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNR
Agency Code: <b>012</b>	Contractor Name: <b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNR</b>
Appropriation Unit: <b>1005-10</b>	Address: <b>UNR CONTROLLERS OFFICE MAIL STOP 0294</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89557-0124</b>
If "No" please explain: Not Applicable	Contact/Phone: Sarah Yeats Patrick, M.A. 775-784-4042
	Vendor No.: D35000816
	NV Business ID: Not applicable

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2024**

Contract term: **4 years and 28 days**

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

Contract description: **Seismic analysis**

5. Purpose of contract:

**This is a new interlocal agreement to provide expert analysis and evaluation of seismic risk at the proposed Yucca Mountain high level nuclear waste repository.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: FY20 - \$30,000 FY21 - \$60,000 FY22 - \$10,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy's activities related to the siting, characterization, and licensing of the proposed Yucca Mountain nuclear waste repository in Southern Nevada and the US Nuclear Regulatory Commission licensing hearing.

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

Not qualified.

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?

**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:

The University of Nevada, Reno has provided satisfactory service to multiple State departments and divisions.

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:

Belinda Evenden, null Ph: 775-687-3744

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	01/10/2020 13:04:53 PM
Division Approval	ddav12	01/16/2020 12:05:51 PM
Department Approval	ddav12	01/16/2020 12:05:54 PM
Contract Manager Approval	ddav12	01/16/2020 12:05:57 PM
Budget Analyst Approval	mtum1	01/16/2020 15:48:12 PM
BOE Agenda Approval	cmurph3	01/17/2020 12:46:56 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: **22766**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>KNIT</b>
Agency Code: <b>082</b>	Contractor Name: <b>KNIT</b>
Appropriation Unit: <b>1510-74</b>	Address: <b>7250 PEAK DR. SUITE 216</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-9029</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-363-2222</b>
	Vendor No.: <b>T29033716</b>
	NV Business ID: <b>NV19851015692</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>92.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>8.00 %</b>

Agency Reference #: 112945

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 College of Southern Nevada - Health and Sciences Building CIP project, to include design construction and bid documents as well as construction administration services for the design and construction of a 73,000 square foot Health and Sciences building: CIP Project No. 19-C28; SPWD Contract No. 112945.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$987,660.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's

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

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:  
Labaj, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:  
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	01/07/2020 12:00:11 PM
Division Approval	lwildes	01/07/2020 12:00:14 PM
Department Approval	lwildes	01/07/2020 12:00:16 PM
Contract Manager Approval	lwildes	01/07/2020 12:00:19 PM
Budget Analyst Approval	jrodrig9	01/20/2020 16:40:57 PM
BOE Agenda Approval	jrodrig9	01/20/2020 16:41:00 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>19908</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC</b>
Appropriation Unit: <b>1550-65</b>	Address: <b>35 MARTIN ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-2825</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: 111893

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2018**  
Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 88 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the Wells Conservation Camp - Domestic Water Pump House Replacement CIP project: CIP Project 17-M33; SPWD Contract No. 111893. This amendment increases the maximum amount from \$47,550 to \$54,450 due to additional design services needed for the domestic water pump system.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$47,550.00	\$47,550.00	\$47,550.00	Yes - Info
2. Amount of current amendment (#1):	\$6,900.00	\$6,900.00	\$54,450.00	Yes - Action
3. New maximum contract amount:	\$54,450.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2017 Agency CIP.

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. 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	lwildes	12/23/2019 08:17:28 AM
Division Approval	lwildes	12/23/2019 08:17:32 AM
Department Approval	lwildes	12/23/2019 08:17:37 AM
Contract Manager Approval	lwildes	12/23/2019 08:17:43 AM
Budget Analyst Approval	jrodrig9	12/29/2019 20:56:00 PM
BOE Agenda Approval	jrodrig9	12/29/2019 20:56:05 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: **22710**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC</b>
Appropriation Unit: <b>1558-67</b>	Address: <b>35 MARTIN ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-2825</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113234

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Division of Forestry Advance Planning - Elko Heavy Equipment Shop & Renovation CIP project, to include design through construction documents for a new heavy equipment repair and fabrication shop: CIP Project No. 19-P08; SPWD Contract No. 113234.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$213,800.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/20/2019 14:17:42 PM
Division Approval	lwildes	12/20/2019 14:17:45 PM
Department Approval	lwildes	12/20/2019 14:17:47 PM
Contract Manager Approval	lwildes	12/20/2019 14:17:50 PM
Budget Analyst Approval	jrodrig9	12/29/2019 21:17:43 PM
BOE Agenda Approval	jrodrig9	12/29/2019 21:18:34 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: **22715**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BERGER HANNAFIN ARCHITECTURE</b>
Agency Code: <b>082</b>	Contractor Name: <b>BERGER HANNAFIN ARCHITECTURE</b>
Appropriation Unit: <b>1558-70</b>	Address: <b>312 WEST 3RD STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-882-6455</b>
	Vendor No.: <b>T29042660</b>
	NV Business ID: <b>NV20101506066</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113238

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Western Nevada College - Advance Planning Marlette Hall Renovation CIP project, to include design through construction documents to reconfigure the lecture hall from a 120 seat tiered auditorium style classroom with fixed seating to a less dense and more collaborative teaching classroom with 50 to 60 seats and more flexible student seating units: CIP Project No. 19-P71; SPWD Contract No.113238.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,750.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's

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

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:

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:

Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/23/2019 12:44:51 PM
Division Approval	lwildes	12/23/2019 12:44:54 PM
Department Approval	lwildes	12/23/2019 12:44:57 PM
Contract Manager Approval	lwildes	12/23/2019 12:45:00 PM
Budget Analyst Approval	jrodrig9	12/29/2019 22:41:47 PM
BOE Agenda Approval	jrodrig9	12/29/2019 22:41:50 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: **22709**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BLAKELY JOHNSON &amp; GHUSN, INC. dba BJB Architecture &amp; Engineering</b>
Agency Code: <b>082</b>	Contractor Name: <b>BLAKELY JOHNSON &amp; GHUSN, INC. dba BJB Architecture &amp; Engineering</b>
Appropriation Unit: <b>1558-69</b>	Address: <b>dba BJB Architecture &amp; Enginee 449 SOUTH VIRGINIA STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-827-1010</b>
	Vendor No.: <b>T80927591</b>
	NV Business ID: <b>NV19921042277</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

<input checked="" type="checkbox"/> General Funds	<b>92.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>8.00 %</b>

Agency Reference #: 113233

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Great Basin College - Welding Lab Expansion Advance Planning CIP project, to include design through construction documents for a new 4,000 square foot welding lab addition and renovation of the existing welding shop: CIP Project No. 19-P70; SPWD Contract No.113233.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$310,000.00**

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's

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:  
Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:  
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/20/2019 13:33:44 PM
Division Approval	lwildes	12/20/2019 13:33:47 PM
Department Approval	lwildes	12/20/2019 13:33:50 PM
Contract Manager Approval	lwildes	12/20/2019 13:33:53 PM
Budget Analyst Approval	jrodrig9	12/29/2019 21:29:07 PM
BOE Agenda Approval	jrodrig9	12/29/2019 21:29:11 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22707**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b>
Appropriation Unit: <b>1558-63</b>	Address: <b>5510 LONGLEY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-851-4788</b>
	Vendor No.: <b>T81102795A</b>
	NV Business ID: <b>NV20011242988</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113183

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Northern Nevada Correctional Center - Advance Planning Domestic Water and Sanitary Sewer System CIP project, to include design, construction and bid documents as well as construction administration services for the replacement of the facilities' domestic water and sanitary sewer system: CIP Project No. 19-P04; SPWD Contract No. 113183.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,048,064.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's

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

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:  
Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/20/2019 12:11:48 PM
Division Approval	lwildes	12/20/2019 12:11:52 PM
Department Approval	lwildes	12/20/2019 12:11:55 PM
Contract Manager Approval	lwildes	12/20/2019 12:11:58 PM
Budget Analyst Approval	jrodrig9	12/29/2019 21:48:14 PM
BOE Agenda Approval	jrodrig9	12/29/2019 21:48:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22760**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>LG ARCHITECTS, INC. DBA LGA</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>LG ARCHITECTS, INC. DBA LGA</b>
Appropriation Unit:	<b>1558-68</b>	Address:	<b>LGA 241 W CHARLESTON BLVD. STE 107</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-263-7111</b>
		Vendor No.:	<b>T27041309</b>
		NV Business ID:	<b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113184

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Spring Mountain Ranch State Park - Advance Planning - Exterior Envelope Protection CIP project, to include planning through programming for an architectural and engineering evaluation of 16 historic buildings at the park: CIP Project No. 19-P10; SPWD Contract No. 113184.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

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's

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:  
Nalley, Kristen, Project Manager Ph: 775-684-4141

20. Contract Status:  
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	01/07/2020 08:25:05 AM
Division Approval	lwildes	01/07/2020 08:25:08 AM
Department Approval	lwildes	01/07/2020 08:25:12 AM
Contract Manager Approval	lwildes	01/07/2020 08:25:15 AM
Budget Analyst Approval	jrodrig9	01/20/2020 16:51:51 PM
BOE Agenda Approval	jrodrig9	01/20/2020 16:51:53 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22700**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1585-54</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>PAUL CAVIN ARCHITECT, LLC</b> Contractor Name: <b>PAUL CAVIN ARCHITECT, LLC</b> Address: <b>1575 Delucchi Lane Suite 120</b> City/State/Zip: <b>RENO, NV 89502</b> Contact/Phone: <b>775-384-6141</b> Vendor No.: <b>T29033842</b> NV Business ID: <b>NV20131182382</b>
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To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113202

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Northern Nevada Child & Adolescent Services (NNCAS) - Americans with Disabilities Act (ADA) Upgrades CIP project, to include design construction and bid documents as well as construction administration services for the Administration Building and Residence 1 restroom and breakroom ADA mods and the replacement of the exterior sidewalks between all three of the buildings at the NNCAS facility: CIP Project No. 19-S02-3; SPWD Contract No.113202.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,400.00**

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's

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Scarborough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/18/2019 12:44:00 PM
Division Approval	lwildes	12/18/2019 12:44:03 PM
Department Approval	lwildes	12/18/2019 12:44:05 PM
Contract Manager Approval	lwildes	12/18/2019 12:44:09 PM
Budget Analyst Approval	jrodrig9	12/29/2019 22:15:58 PM
BOE Agenda Approval	jrodrig9	12/29/2019 22:16:01 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22718**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1590-16</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b> Contractor Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b> Address: <b>FARR WEST CHILTON ENGINEERING 5510 LONGLEY LANE RENO, NV 89511</b> City/State/Zip: <b>RENO, NV 89511</b> Contact/Phone: <b>775-853-7255</b> Vendor No.: <b>T81102795A</b> NV Business ID: <b>NV20011242988</b>
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To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: 113240

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 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 Marlette Lake - Generator Replacement & Pump System Modifications CIP project, to include design construction and bid documents for the replacement of the small utility generator, transfer switch, pump motor drive and generator controls for the Marlette Lake Water System: CIP Project No. 19-M21; SPWD Contract No.113240.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$69,824.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's

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

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:  
Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/24/2019 08:23:38 AM
Division Approval	lwildes	12/24/2019 08:23:42 AM
Department Approval	lwildes	12/24/2019 08:23:51 AM
Contract Manager Approval	lwildes	12/24/2019 08:23:54 AM
Budget Analyst Approval	jrodrig9	12/29/2019 22:27:07 PM
BOE Agenda Approval	jrodrig9	12/29/2019 22:27:09 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22741**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>SRI INTERNATIONAL</b>
Agency Code: <b>102</b>	Contractor Name: <b>SRI INTERNATIONAL</b>
Appropriation Unit: <b>1526-24</b>	Address: <b>333 RAVENSWOOD AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MENLO PARK, CA 94026-2767</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>CAROL FOREMAN 650/859-2000</b>
	Vendor No.: <b>T29040825A</b>
	NV Business ID: <b>NV20021209683</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **149 days**

4. Type of contract: **Contract**

Contract description: **ECON DEV STATE PLAN**

5. Purpose of contract:

**This is a new contract to provide coordination and development of a new statewide economic development plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Payment for services will be made at the rate of \$150,000.00 per Fixed Price

Other basis for payment: Invoices payable upon receipt with completion of deliverables as detailed in Attachment AA - Budget and Payments section

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 231.053, the Executive Director shall develop and periodically revise a State Plan for Economic Development. This contract will provide a new state plan and will replace the current plan which was developed in 2012.

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

The agency does not have the staff needed to develop a new state plan.

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 #: 190702**

**Approval Date: 07/08/2019**

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

N/A

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**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 Secretary of State's Office has contracted with this vendor in state fiscal year 2011 and the work was satisfactory. This agency contracted with this vendor in 2018 and the 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:

Bob Potts, Deputy Director Ph: 775-687-9907

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/06/2020 14:28:27 PM
Division Approval	bvale1	01/06/2020 14:28:30 PM
Department Approval	bvale1	01/06/2020 17:42:58 PM
Contract Manager Approval	bvale1	01/07/2020 14:53:36 PM
Budget Analyst Approval	stillley	01/15/2020 15:07:28 PM
BOE Agenda Approval	lfree1	01/16/2020 10:37:44 AM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

<b>Purchasing Use Only:</b>	
Approval#:	190702

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	<i>Governor's Office of Economic Development (GOED)</i>	
	Contact Name and Title	Phone Number	Email Address
	<i>Bob Potts, Deputy Director</i>	<i>775-687-9907</i>	<i>bpotts@diversifynevada.com</i>
	<i>Bonnie Long, Director of Administration</i>	<i>775-687-9910</i>	<i>blong@diversifynevada.com</i>

<b>Vendor Information:</b>	
Identify Vendor:	<i>SRI International</i>
Contact Name:	<i>Contractual: Carol Foreman Technical: Dr. Roland Stephen</i>
Address:	<i>1100 Wilson Boulevard, Suite 2800, Arlington, VA 22209-2268</i>
Telephone Number:	<i>Carol: 703-247-8626 Dr. Stephen: 703-247-8552</i>
Email Address:	<i>carol.foreman@sri.com roland.stephen@sri.com</i>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>Upon Approval</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>Not to exceed: \$150,000.00</i>

**2** Provide a description of work/services to be performed or commodity/good to be purchased:  
*This is a new contract to develop a new and comprehensive 10-year strategic state plan for Economic Development. This plan will be built on the rigorous economic development assessment of the state recently conducted in SFY19. The plan will begin with convergence of a vision for Nevada and the related mission for GOED. This will be achieved through a high-level, facilitated process that begins with GOED and the Governor's office, and draws in other key stakeholders as needed. The vision will focus on high value economic activity, highly-skilled employment and high quality of life. The mission will focus on technology, small and medium sized business, and workforce, with tasks developed to implement/coordinate/steer policy around those three key components. The plan will also outline measurable milestones, metrics, resources, and outcomes.*

**3** What are the unique features/qualifications required for this service or good that are not available from any other vendor:  
*This vendor was contracted by GOED in SFY19 to conduct a new study for a state-wide economic assessment and growth agenda for Nevada, which will be used when developing the new 10-year state plan. Prior to this, the vendor had been contracted by the Secretary of State's Office in 2011 to conduct the baseline study for a state-wide economic growth agenda for Nevada, which was utilized to develop the original 10-year state plan.*

**4** Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:  
*Contracting with the same vendor leverages their extensive understanding of Nevada's economy soon after completing their rigorous economic development assessment of the state and will be more cohesive as the new study becomes a 2.0 version of the original plan. The agency anticipates receiving another quality study that will be used to move Nevada forward in diversifying and strengthening the state's economy.*  
  
*The vendor possesses the proven expertise, along with their knowledge of the state of Nevada at the local and state level, that will allow them to develop a new thorough and comprehensive state plan.*

<b>5</b>	<b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i> <i>The knowledge gained by the vendor who conducted the updated study will be most beneficial to the state in the form of cost effectiveness, fiscal responsibility, and very importantly will provide the needed continuity and consistency with the development of the state plan by using like methodologies with research and analysis.</i>

<b>6</b>	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany</b>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
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<b>this request.</b>				
a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
<i>Although GOED did not contract with this vendor in the past, the Secretary of State's Office contracted with them in 2011 for the initial economic development study.</i>				
<i>6/14/11</i>	<i>12/31/11</i>	<i>\$200,000</i>	<i>State-wide economic development agenda</i>	<i>Professional Service exemption</i>
<i>8/14/18</i>	<i>12/31/18</i>	<i>\$106,028</i>	<i>Updated state-wide economic development agenda</i>	<i>Professional Service exemption</i>

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>The agency, and the Governor, is hopeful that there will be a new state plan in place prior to the end of the current calendar year. Approval of this request will help the agency to achieve this goal. In addition, utilizing another vendor for these services would require the agency to start from scratch and the initial investment of the first two contracts would be wasted.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>This is the vendor who performed the initial study for the State of Nevada. The State has a significant investment in this original study and will realize a cost savings by continuing with this vendor. Therefore, it is more fiscally responsible to remain with the vendor who conducted and compiled the study that will be utilized for the development of the new state plan.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>There is the possibility that the agency may require subsequent or follow up services from this vendor if the economic development study/report or the state plan were to require additional updates in the future.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

*Bonnie Long*

Agency Representative Initiating Request

Bonnie Long

Print Name of Agency Representative Initiating Request

6/19/19

Date

*[Signature]*

Signature of Agency Head Authorizing Request

Robert D Potts

Print Name of Agency Head Authorizing Request

6/19/19

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

7/8/19

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **21743** Amendment Number: **1**  
 Agency Name: **DEPARTMENT OF TAXATION** Legal Entity Name: **ACCELA, INC.**  
 Agency Code: **130** Contractor Name: **ACCELA, INC.**  
 Appropriation Unit: **4207-26** Address: **2633 Camino Ramon, Ste. 500**  
 Is budget authority available?: **Yes** City/State/Zip: **San Ramon, CA 94583**  
 If "No" please explain: Not Applicable Contact/Phone: Ken Anderson 925-659-3200  
 Vendor No.: T27042840  
 NV Business ID: NV20141641164

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

Agency Reference #: RFP # 13DAT-S478

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**  
 Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/31/2022**  
 Contract term: **3 years and 41 days**

4. Type of contract: **Contract**  
 Contract description: **MCMES - Marijuana**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides a case management and enforcement database application to track registration, audits, investigations, complaint handling, hearing and legal actions in one system. This amendment increases the maximum amount from \$772,017 to \$1,071,681 and extends the termination date from May 31, 2022 to June 23, 2022 in order to add 18 user licenses and 1,000 time and material hours to address requests gathered during requirements sessions.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$772,017.00	\$772,017.00	\$772,017.00	Yes - Action
2. Amount of current amendment (#1):	\$299,664.00	\$299,664.00	\$299,664.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$1,071,681.00 06/23/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division is tasked with regulating the marijuana industry as it specifically relates to taxing, licensure, investigations and regulatory enforcement for the protection of consumers and benefit of the citizens of the State. Of the numerous services the Division provides, the more strenuous on staff include licensure and ownership, complaints, investigations, audits and inspections. Currently all business processes require manual research through a variety of portals/systems, files (both physical and electronic), folders and spreadsheets to gather necessary information. Each computer system/portal provides very limited and specific information.

Currently when customers want to apply, verify status, or pay fees, they must contact the Division via email, phone call, mail or in-person. Responding to these customers requires looking in a variety of electronic and physical locations for information, and in many cases requires confirming information with other Division staff members.

All Division information with regard to registrations, inspections, audits, investigations, complaint handling, hearings and legal action is spread out in a variety of computer systems, electronic files, paper files and spreadsheets. They are not connected and have to be manually reviewed prior to moving forward with assigned tasks. Once the tasks are completed, each system, file and spreadsheet must be manually updated.

The Division expends valuable time and resources when evaluating licensee locations and scheduling activities, resulting in many versions and a lack of accuracy/updates.

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

Immediate implementation is necessary to assist the Division to reliably track licensees or enforcement activities. The current process requires manually pulling information from numerous electronic and paper-based sources. Some current processes also require citizens to conduct in-person visits, emails and phone calls to secure information and statuses, creating an inconvenience to citizens and a drain on already limited staffing resources within the Division. The Division/Department does not have staffing resources available to complete this project in a timeframe that would meet the needs of 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):

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #13DAT-S478, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/31/2019 Anticipated re-bid date: 01/31/2022

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	lhunnewe	01/08/2020 08:22:50 AM
Division Approval	jgiesle2	01/08/2020 16:59:53 PM
Department Approval	jgiesle2	01/08/2020 16:59:56 PM
Contract Manager Approval	jgiesle2	01/13/2020 14:45:56 PM
EITS Approval	tgalluzi	01/13/2020 14:47:02 PM
Budget Analyst Approval	dlenzner	01/14/2020 13:02:09 PM
BOE Agenda Approval	lfree1	01/14/2020 14:44:14 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22729**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>KEY GOVERNMENT FINANCE, INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>KEY GOVERNMENT FINANCE, INC.</b>
Appropriation Unit: <b>1386-26</b>	Address: <b>1000 South McCaslin Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Superior, CO 80027-9437</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Katie Hamilton 720-304-1636</b>
	Vendor No.: <b>T27030832A</b>
	NV Business ID: <b>NV20041685527</b>
To what State Fiscal Year(s) will the contract be charged? <b>2020-2024</b>	

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **4 years and 59 days**

4. Type of contract: **Contract**

Contract description: **Payment Plan CISCO**

5. Purpose of contract:

**This is a new contract to provide a payment plan for equipment maintenance coverage for all Cisco enterprise equipment utilized by the Division.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,347,477.85**

Payment for services will be made at the rate of \$336,869.46 per year

Other basis for payment: FY20 - \$336,869.46 FY21 - \$336,869.46 FY22 - \$336,869.46 FY23 - \$336,869.46

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This agreement allows the State to take advantage of a 0% interest loan over 4 years to ensure maintenance and repair to all enterprise system equipment provided by Cisco.**

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

**State agencies do not provide financial agreements.**

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

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

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

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

**Approval #: 200104**

**Approval Date: 01/15/2020**

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:

EITS is currently contracted with Key Government Finance for a financed Cisco equipment purchase as well as the recently expired financing of our maintenance and repair financing agreement.

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:

Ann Scott, MAIII Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	01/08/2020 09:29:50 AM
Division Approval	ddav12	01/08/2020 09:29:53 AM
Department Approval	ddav12	01/08/2020 09:29:56 AM
Contract Manager Approval	ddav12	01/16/2020 08:07:38 AM
Budget Analyst Approval	cmurph3	01/16/2020 10:02:46 AM
BOE Agenda Approval	cmurph3	01/16/2020 10:08:58 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Peter Long  
Interim 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

<b>Purchasing Use Only:</b>	
Approval#:	200104 CA

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	Enterprise Information Technology Service (EITS)		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Jon Mathews, Network Engineering Mgr.	684-5843	jmathews@admin.nv.gov
		Ann Scott, Management Analyst III	684-5859	annmscott@admin.nv.gov

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Key Government Finance, Inc.
	Contact Name:	Katie Hamilton
	Complete Address:	1000 S. McCarran Blvd., Superior, CO 80027
	Telephone Number:	720-980-3811
	Email Address:	Katie.I.hamilton@key.com

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	02/11/2020	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	User Fees 100%

<b>Purchasing Use Only:</b>	
Approval #:	200104 <i>C</i>

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$1,347,477.85

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>This agreement provides for financial services to cover EITS Cisco Equipment maintenance/repair for a period of four (4) years.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>There currently, does not exist, a contracted financial service for State Agencies to utilize where a substantial discount can be realized if we utilize this financial institution for this proposed project. Also, there is 0% financing with this vendor for the entire life of the agreement.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>ITS term of maintenance coverage with the current Key Government agreement has expired and we need to keep this maintenance and repair coverage in place. The individual cost of replacement of EOL or units that fail would be incomprehensible without this ongoing coverage.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <b><u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</b>				
	b. <b><u>If not</u>, why were alternatives not evaluated?</b>				
	<i>There are no existing financial institution's that will offer the State 0% interest on an overall 4-year loan of \$1 million dollars plus.</i>				

Purchasing Use Only:

Approval #:

200104 @

<p><b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b></p>					Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
<p>a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</p>								
6	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	7/13/2012	6/30/2016	\$853,137.62	Maintenance/Repair coverage	110404			
	06/10/2016	06/30/2019	\$1,527,320	Maintenance/Repair coverage	160505			
			\$					
			\$					

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p>
	<p>For our due diligence to our taxpayers, the option of acquiring on interest paying loan in lieu of this 0% interest loan would not be an option. Also, Key Government Finance is part of Cisco which is why they can offer us a 0% interest free loan.</p>

8	<p>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?</p>
	<p>No financial institution is offering a 0% interest loan for us to cover our maintenance and repair of our Cisco network. This is primarily because Cisco exclusively uses Key Finance to provide the funding.</p>

<p><b>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.</b></p>					Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
9	<p>a. If yes, please provide details regarding future obligations or needs.</p>							
	<p>If EITS is going to continue using Cisco equipment, there may be a need for maintenance to be continued.</p>							

Purchasing Use Only:	
Approval #:	200104 @

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

JON X. MATHEWS \_\_\_\_\_ 1/10/20  
 Print Name of Agency Representative Initiating Request Date

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request

DAVE FRANKS \_\_\_\_\_ 1/10/20  
 Print Name of Agency Head Authorizing Request Date

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

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

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

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

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Approved by:

Kevin D. Doty \_\_\_\_\_ 1/15/2020  
 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: **22698**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>U.S. FEDERAL BUREAU OF INVESTIGATION</b>
Agency Code: <b>180</b>	Contractor Name: <b>U.S. FEDERAL BUREAU OF INVESTIGATION</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1787 WEST LAKE MEAD BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89106</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JACQUELINE NICHOLS 703 985 3051</b>
	Vendor No.: <b>T80489550B</b>
	NV Business ID: <b>NOt Applicable</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **02/2020**

Retroactive? **Yes**

If "Yes", please explain

**The attached Revenue Contract with Federal Bureau of Investigation has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2019.**

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

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing rack space at Prospect Peak, Cave Mountain, Montezuma Mountain and Sober Peak and channel rent from Prospect Peak and Cave Mountain to Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$58,213.76**

Other basis for payment: Rack Rent FY20 \$7,533.76, FY21 \$7,533.76, FY22 \$7,533.76, FY23 \$7,533.76. Channel Rent FY20 \$7,019.68, FY21 \$7,019.68, FY22 \$7,019.68, FY23 \$7,019.68.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

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

Revenue Contract

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Not Applicable

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

We have had ongoing revenue contracts with Federal Bureau of Investigation for many years and other mountain top sites, all satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	12/19/2019 07:06:08 AM
Division Approval	ddav12	12/19/2019 07:06:11 AM
Department Approval	ddav12	12/19/2019 07:06:15 AM
Contract Manager Approval	ascott	12/23/2019 12:37:53 PM
Budget Analyst Approval	cmurph3	01/06/2020 08:54:11 AM
BOE Agenda Approval	cmurph3	01/06/2020 08:57:11 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Peter Long  
Interim Director

Robin Hager  
Deputy Director

David Haws  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Enterprise IT Services Division***  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [it.nv.gov](http://it.nv.gov) | Fax: (775) 687-9097

December 18, 2019

**MEMORANDUM**

**To:** Colleen Murphy, Budget Analyst

**From:** Ann Scott, Management Analyst  
Enterprise Information Technology Services

**Purpose:** **Request BOE retroactively approve for attached Revenue Contract**

The attached Revenue Contract with Federal Bureau of Investigation has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2019.

The agency takes its contract process serious and with the recent closing of the budget and delay of rates being published, we had a delay in processing revenue contracts and anticipate being timelier in the future.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5859 or email to [annmscott@admin.nv.gov](mailto:annmscott@admin.nv.gov).

Sincerely, Ann Scott

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22744**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES</b>
Agency Code: <b>332</b>	Contractor Name: <b>EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES</b>
Appropriation Unit: <b>2891-12</b>	Address: <b>EBSCO INFORMATION SERVICES 10 ESTES STREET IPSWICH, MA 01938</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>IPSWICH, MA 01938</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KEVIN LEFFEW 800-653-2726</b>
	Vendor No.: <b>PUR0004258</b>
	NV Business ID: <b>NV20011454889</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

<input checked="" type="checkbox"/> General Funds	<b>30.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #08DOA-S803 GB**

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 **02/2020**

Retroactive? **Yes**

If "Yes", please explain

**The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public would not be able to access any of the research articles or trusted information sources that come to rely upon. It would be in the best interest of Nevada.**

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

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Educational Database**

5. Purpose of contract:

**This is a new contract to provide online content on history, government, social studies and geography. These computerized, web-accessible databases create a bridge between the library and classroom by providing 6th grade through 12th grade students with current and informative research and/or resources. They offer online access to full text content and are oriented to the needs of users; provide content standard searching and lesson planning; help instructors explore resources available in libraries; expand classroom activities with current multimedia content, primary source documents, and links to educational websites.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$366,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Educational Databases as needed by all schools and libraries

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

This is a specialized service

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

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

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

EBSCO Industries  
Lifelique, Inc.  
World Book, Inc.  
Teaching Books.net

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S803, 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: 09/06/2019 Anticipated re-bid date: 01/01/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

This vendor currently holds a contract for Educational Databases with NSLA. Their work is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Sulin Jones, Librarian 4 Ph: 684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/03/2020 10:06:22 AM
Division Approval	ssands	01/03/2020 10:06:24 AM
Department Approval	ssands	01/03/2020 10:06:27 AM
Contract Manager Approval	ssands	01/03/2020 10:08:21 AM
EITS Approval	daxtel1	01/13/2020 18:06:08 PM
Budget Analyst Approval	mlynn	01/14/2020 08:14:25 AM
BOE Agenda Approval	cmurph3	01/16/2020 11:27:17 AM





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**Nevada State Library, Archives and Public Records**  
100 N. Stewart St. | Carson City, Nevada 89701  
Phone: (775) 684-3313 | TDD: (775) 687-8338 | Fax: (775) 684-3311 | [www.nsla.nv.gov](http://www.nsla.nv.gov)

To: Board of Examiners  
From: Tammy Westergard  
Date: December 16, 2019  
Re: Retroactive start date, Educational Statewide Databases

The Nevada State Library, Archives and Public Records (NSLAPR) has provided high quality, trusted information to Nevada residents through statewide educational databases for nearly 20 years. NSLAPR, working closely with State Purchasing, issued a new database RFP this fall. The evaluators were library professionals, selected from school, academic, and public libraries throughout the state (including UNLV, Clark County Schools, the Nevada Library Cooperative, and Carson City Library). With such a large contract, it was vital that we get every aspect of this educational database RFP correct, that we abide by state purchasing requirements, and that we remain within our budget. Unfortunately, coordination of this far ranging group of evaluators, combined with uncertainty as to how to stay true to the Scope of Work and evaluator recommendations, caused unforeseen delays with the contract negotiations.

The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public wouldn't be able to access any of the research articles or trusted information sources that they've come to rely upon. It would be in the best interest of Nevada residents to ensure continuity and no gap in service.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22745**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>  Agency Code: <b>332</b> Appropriation Unit: <b>2891-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES</b>  Contractor Name: <b>EBSCO INDUSTRIES, INC. DBA EBSCO INFORMATION SERVICES</b>  Address: <b>EBSCO INFORMATION SERVICES 10 ESTES STREET IPSWICH, MA 01938</b>  City/State/Zip: <b>IPSWICH, MA 01938</b>  Contact/Phone: <b>KEVIN LEFFEW 800-653-276</b> Vendor No.: <b>PUR0004258</b> NV Business ID: <b>NV20011454889</b>
---	---

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

<b>X</b>	General Funds	<b>30.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #08DOA-S803 GB**

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 **02/2020**

Retroactive? **Yes**

If "Yes", please explain

**The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public would not be able to access any of the research articles or trusted information sources that come to rely upon. It would be in the best interest of Nevada.**

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

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Educational Database**

5. Purpose of contract:

**This is a new contract to provide Learning Express Library online test preparation and skills building resources for school age and adult learners. These computerized web accessible databases create a bridge between the library and the classroom by providing students with current resources.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$298,346.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Educational Databases as needed by all schools and libraries.

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

This is a specialized service.

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

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

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

EBSCO informational Services  
Lifelique inc.  
World Books.net  
Teaching Books

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 308DOA-S803, 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: 09/06/2019 Anticipated re-bid date: 01/01/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The vendor currently holds a contract for Educational Databases with NSLA. Their work is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Sulin Jones, Librarian 4 Ph: 684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/03/2020 10:06:47 AM
Division Approval	ssands	01/03/2020 10:06:49 AM
Department Approval	ssands	01/03/2020 10:06:51 AM
Contract Manager Approval	ssands	01/03/2020 10:06:53 AM
EITS Approval	daxtel1	01/13/2020 18:06:26 PM
Budget Analyst Approval	mlynn	01/14/2020 09:53:56 AM
BOE Agenda Approval	cmurph3	01/16/2020 11:35:25 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**Nevada State Library, Archives and Public Records**  
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Phone: (775) 684-3313 | TDD: (775) 687-8338 | Fax: (775) 684-3311 | [www.nsla.nv.gov](http://www.nsla.nv.gov)

To: Board of Examiners  
From: Tammy Westergard  
Date: December 16, 2019  
Re: Retroactive start date, Educational Statewide Databases

The Nevada State Library, Archives and Public Records (NSLAPR) has provided high quality, trusted information to Nevada residents through statewide educational databases for nearly 20 years. NSLAPR, working closely with State Purchasing, issued a new database RFP this fall. The evaluators were library professionals, selected from school, academic, and public libraries throughout the state (including UNLV, Clark County Schools, the Nevada Library Cooperative, and Carson City Library). With such a large contract, it was vital that we get every aspect of this educational database RFP correct, that we abide by state purchasing requirements, and that we remain within our budget. Unfortunately, coordination of this far ranging group of evaluators, combined with uncertainty as to how to stay true to the Scope of Work and evaluator recommendations, caused unforeseen delays with the contract negotiations.

The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public wouldn't be able to access any of the research articles or trusted information sources that they've come to rely upon. It would be in the best interest of Nevada residents to ensure continuity and no gap in service.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22770**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>TeachingBooks.net LLC</b>
Agency Code: <b>332</b>	Contractor Name: <b>TeachingBooks.net LLC</b>
Appropriation Unit: <b>2891-12</b>	Address: <b>4510 Regent Street, Suite 2A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Madison, WI 53705</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>608-347-7602</b>
	Vendor No.:
	NV Business ID: <b>NV20201681389</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: **RFP # 08DOA-S803 GB**

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 149 days**

4. Type of contract: **Contract**

Contract description: **Educational Database**

5. Purpose of contract:

**This is a new contract to provide online resources and guides that help students in grades pre-K to 12 better connect with and understand the books that they are reading. This program includes supplemental learning tools which coincide with the reading, such as video and audio clips, read-alongs, story maps, lesson plans, discussion guides, and vocabulary lists.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,850.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Educational Databases as needed by all schools and libraries.**

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

**This is a specialized service.**

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

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

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

Teachingbooks  
World Books, Inc.  
EBSCO  
Lifelique Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP # 08DOA-S803, 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? 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:

Sulin Jones, Librarian 4 Ph: 684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/08/2020 08:38:55 AM
Division Approval	ssands	01/08/2020 08:38:57 AM
Department Approval	ssands	01/08/2020 08:39:00 AM
Contract Manager Approval	ssands	01/08/2020 10:00:35 AM
EITS Approval	daxtel1	01/14/2020 13:56:11 PM
Budget Analyst Approval	mlynn	01/17/2020 13:15:35 PM
BOE Agenda Approval	cmurph3	01/17/2020 13:21:56 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: **22747**

Agency Name:	<b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name:	<b>WORLD BOOK, INC.</b>
Agency Code:	<b>332</b>	Contractor Name:	<b>WORLD BOOK, INC.</b>
Appropriation Unit:	<b>2891-28</b>	Address:	<b>180 N La Salle Street Suite 900</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Chicago, IL 60601</b>
If "No" please explain:	Not Applicable	Contact/Phone:	312-350-0778
		Vendor No.:	T81036850
		NV Business ID:	NV20131101514

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: RFP # 08DOA-S803 GB

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 02/2020

Retroactive? **Yes**

If "Yes", please explain

**The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public would be able to access any of the research articles or trusted information sources that they've come to rely upon. It would be in the best interest of Nevada.**

3. Termination Date: **06/30/2023**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Educational Database**

5. Purpose of contract:

**This is a new contract to provide online interactive, multimedia resources for students in pre-K through high school to build reading fluency, comprehension and phonics skills. This includes full-text and graphical databases for all Nevada K-12 school libraries, academic libraries, public libraries and remote use by all Nevada residents.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$299,082.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Educational Databases as needed by all schools and libraries

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

This is a specialized service.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

World Book Inc.  
Lifelique Inc.  
EBSCO  
Teaching Books.net

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S803, 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: 09/06/2019 Anticipated re-bid date: 01/01/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

This vendor currently holds a contract for Educational Database with NSLA. Their work is satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Sulin Jones, Librarian Ph: 684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	01/03/2020 10:07:22 AM
Division Approval	ssands	01/03/2020 10:07:24 AM
Department Approval	ssands	01/03/2020 10:07:27 AM
Contract Manager Approval	ssands	01/03/2020 10:07:30 AM
EITS Approval	daxtel1	01/13/2020 18:06:40 PM
Budget Analyst Approval	mlynn	01/14/2020 09:05:14 AM
BOE Agenda Approval	cmurph3	01/16/2020 11:25:03 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**Nevada State Library, Archives and Public Records**  
100 N. Stewart St. | Carson City, Nevada 89701  
Phone: (775) 684-3313 | TDD: (775) 687-8338 | Fax: (775) 684-3311 | [www.nsla.nv.gov](http://www.nsla.nv.gov)

To: Board of Examiners  
From: Tammy Westergard  
Date: December 16, 2019  
Re: Retroactive start date, Educational Statewide Databases

The Nevada State Library, Archives and Public Records (NSLAPR) has provided high quality, trusted information to Nevada residents through statewide educational databases for nearly 20 years. NSLAPR, working closely with State Purchasing, issued a new database RFP this fall. The evaluators were library professionals, selected from school, academic, and public libraries throughout the state (including UNLV, Clark County Schools, the Nevada Library Cooperative, and Carson City Library). With such a large contract, it was vital that we get every aspect of this educational database RFP correct, that we abide by state purchasing requirements, and that we remain within our budget. Unfortunately, coordination of this far ranging group of evaluators, combined with uncertainty as to how to stay true to the Scope of Work and evaluator recommendations, caused unforeseen delays with the contract negotiations.

The current educational statewide database contracts expire December 31, 2019. NSLAPR is asking for a retroactive start date of January 1, 2020 for the new contracts in order to ensure that there is not a six-week gap in service. Without a retroactive start date, libraries would have no resources to fill the information gap and the public wouldn't be able to access any of the research articles or trusted information sources that they've come to rely upon. It would be in the best interest of Nevada residents to ensure continuity and no gap in service.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22663**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>PALCO, INC.</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>PALCO, INC.</b>
Appropriation Unit:	<b>3167-11</b>	Address:	<b>17300 Chenal Parkway, Ste. 300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Little Rock, AR 72223</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Alicia Paladino 501/604-9936
		Vendor No.:	T32002687A
		NV Business ID:	NV20131682265
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2024</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
<input checked="" type="checkbox"/> General Funds	<b>81.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>19.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	RFP #44DHHS-S821-AM		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2020**

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Fiscal Intermediary**

5. Purpose of contract:

**This is a new contract to provide ongoing fiscal management services for children whose families/guardians choose to direct their own services and support through the state-funded, self-directed program and to veterans who qualify for the veteran-directed home and community based services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,460,000.00**

Other basis for payment: \$42.00 per member per month payable within 45-60 days of receipt of invoice and upon review and acceptance by agency.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The State requires a fiscal intermediary service to manage the State-Funded, Self-Directed 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 personnel or expertise to provide 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):

Palco, Inc.  
Public Consulting Group, Inc.  
Maximus

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S821, 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: 08/19/2019 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?

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

ADSD, 4/1/14 - current, Satisfactory

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	12/13/2019 11:44:59 AM
Division Approval	dbowma1	12/13/2019 11:45:03 AM
Department Approval	mwinebar	12/16/2019 08:34:03 AM
Contract Manager Approval	ltuttl1	12/16/2019 12:30:27 PM
Budget Analyst Approval	hfield	01/07/2020 14:43:36 PM
BOE Agenda Approval	bwooldri	01/13/2020 09:49:05 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: **17958** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Carson City Regional Transportation Commission**

Agency Code: **403** Contractor Name: **Carson City Regional Transportation Commission**

Appropriation Unit: **3157-00** Address: **3505 Butti Way**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**

If "No" please explain: **Not Applicable** Contact/Phone: **Graham Dollarhide 775-283-7583**

Vendor No.: **T80990941D**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2017-2024**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **8 years and 1 day**

4. Type of contract: **Revenue Contract**  
Contract description: **Paratransit services**

5. Purpose of contract:

**This is the first amendment to the original interlocal revenue agreement which provides support of paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment extends the termination date from June 30, 2020 to June 30, 2024 and increases the maximum amount from \$50,519 to \$152,929 due to the continued need for these services and updates Attachment A - Scope of Work.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,519.00	\$50,519.00	\$50,519.00	Yes - Action
2. Amount of current amendment (#1):	\$102,410.00	\$102,410.00	\$102,410.00	Yes - Action
3. New maximum contract amount:	\$152,929.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal Transit Administration Sec. 37.121 - Requirement for comparable complementary paratransit service. (c) each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route 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 transportation services in place to provide paratransit rides.

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 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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 currently provides the IGT funds for the State and services are satisfactory.

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

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

Not Applicable

15. The contractor is 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	iknigh1	12/11/2019 09:58:35 AM
Division Approval	vmilazz1	12/13/2019 15:32:32 PM
Department Approval	mwinebar	12/20/2019 09:03:24 AM
Contract Manager Approval	cmoriart	12/23/2019 08:59:50 AM
Budget Analyst Approval	laaron	01/07/2020 12:35:33 PM
BOE Agenda Approval	bwooldri	01/09/2020 11:09:16 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17957** Amendment Number: **2**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Regional Transportation Commission of Washoe County**

Agency Code: **403** Contractor Name: **Regional Transportation Commission of Washoe County**

Appropriation Unit: **3157-00** Address: **P.O. Box 30002**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89520**

If "No" please explain: **Not Applicable** Contact/Phone: **David Jickling 775-348-0400**

Vendor No.: **PUR0002452A**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2017-2024**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date: **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **8 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **Paratransit services**

5. Purpose of contract:

**This is the second amendment to the original interlocal revenue agreement which provides support of paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment extends the termination date from June 30, 2020 to June 30, 2024, increases the maximum amount from \$2,133,132 to \$7,103,012 due to the continued need for these services and updates Attachment A - Scope of Work.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,101,838.00	\$1,101,838.00	\$1,101,838.00	Yes - Action
a. Amendment 1:	\$1,031,294.00	\$1,031,294.00	\$1,031,294.00	Yes - Action
2. Amount of current amendment (#2):	\$4,969,880.00	\$4,969,880.00	\$4,969,880.00	Yes - Action
3. New maximum contract amount:	\$7,103,012.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

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 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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 currently provides IGT to support paratransit services for the State and services are satisfactory.

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

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

Not Applicable

15. The contractor is 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	iknigh1	12/17/2019 15:42:13 PM
Division Approval	vmilazz1	12/24/2019 10:18:44 AM
Department Approval	mwinebar	12/30/2019 08:49:37 AM
Contract Manager Approval	cmoriart	12/31/2019 09:16:20 AM
Budget Analyst Approval	laaron	01/02/2020 15:48:03 PM
BOE Agenda Approval	bwooldri	01/09/2020 11:13:04 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18160</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Clark County School District</b>
Agency Code: <b>403</b>	Contractor Name: <b>Clark County School District</b>
Appropriation Unit: <b>3158-24</b>	Address: <b>4190 McLeod Drive</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Las Vegas, NV 89121</b>
If "No" please explain: <b>C49074</b>	Contact/Phone: <b>702-799-5828</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2024**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **8 years and 1 day**

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

Contract description: **Admin Claiming**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides the federal portion of reimbursements for Medicaid administrative claiming. This amendment extends the termination date from June 30, 2020 to June 30, 2024 and increases the maximum amount from \$8,000,000 to \$18,630,774 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:	\$8,000,000.00	\$8,000,000.00	\$8,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$10,630,774.00	\$10,630,774.00	\$10,630,774.00	Yes - Action
3. New maximum contract amount:	\$18,630,774.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under 42 CFR 435.1001 Title XIX administrative services are eligible for reimbursement for individuals within the School District.

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

State agencies are currently providing these services within various agencies. This contract allows for the expansion of these services in a school setting.

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 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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:

Clark County School District has been contracted with the State for several years 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 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	iknigh1	12/03/2019 09:08:38 AM
Division Approval	vmilazz1	12/09/2019 15:06:17 PM
Department Approval	mwinebar	12/20/2019 08:48:08 AM
Contract Manager Approval	cmoriart	12/23/2019 07:31:17 AM
Budget Analyst Approval	laaron	01/02/2020 14:37:13 PM
BOE Agenda Approval	bwooldri	01/10/2020 09:29:37 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: **22584**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	CITY OF NORTH LAS VEGAS
Agency Code:	<b>403</b>	Contractor Name:	<b>CITY OF NORTH LAS VEGAS</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>4040 Losee Rd.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-633-1102
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>64.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>36.00 % City</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 02/2020

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 reimbursement for emergency transportation to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,640,340.00**

Other basis for payment: FY19: \$4,098,201; FY20: \$4,139,183; FY21: \$4,180,575; FY22: \$4,222,381

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Code of Federal Regulations 2 CFR Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants Guidance, and the Title XIX programs. Nevada Medicaid State Plan, Chapter 3.0 and Attachment 4.19-B

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 North Las Vegas 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	iknigh1	12/03/2019 09:10:15 AM
Division Approval	vmilazz1	12/09/2019 15:07:08 PM
Department Approval	mwinebar	12/20/2019 15:15:18 PM
Contract Manager Approval	cmoriart	12/23/2019 15:01:24 PM
Budget Analyst Approval	laaron	12/26/2019 13:02:52 PM
BOE Agenda Approval	bwooldri	12/27/2019 14:47:30 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:** November 5, 2019  
**To:** Lynette Aaron, Executive Branch Budget Officer I  
**Through:** Richard Whitley, Director  
**From:** Vincent Milazzo, DHC FP  
**Re:** City of North Las Vegas/ North Las Vegas Fire Department

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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 CONTRACT

1. Contract Number: **22521**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	REGIONAL TRANSPORTATION COMMISSION of Southern Nevada
Agency Code:	<b>403</b>	Contractor Name:	<b>REGIONAL TRANSPORTATION COMMISSION of Southern Nevada</b>
Appropriation Unit:	<b>3243-14</b>	Address:	<b>600 S. GRAND CENTRAL PKWY. Suite 350</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89106</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Howland 702-676-1783
		Vendor No.:	PUR0002452B
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

<input checked="" type="checkbox"/>	General Funds	<b>36.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>64.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 02/2020

Retroactive? **Yes**

If "Yes", please explain

**This contract was delayed due to not enough time budgeted to write and implement a new contract, unforeseen issues regarding assessment costs and in obtaining approval for cost increases, and due to mandated services being performed while the contract was in negotiations.**

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

Contract term: **2 years**

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

Contract description: **Paratransit Asmt.**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing initial and recertification assessments for paratransit services for eligible Medicaid recipients residing in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,879,068.96**

Other basis for payment: \$83.89 per Level 1 assessment; \$150.41 per Level 2, 3, and 4 assessments; and \$270.00 for Level 5 appeals. FY19: \$893,096.04; FY20: \$985,972.92

#### II. JUSTIFICATION

7. What conditions require that this work be done?

42 CFR 431.53 mandate requires provision of necessary non-emergency transportation to and from medical appointment. Completion of ADA Complementary Paratransit Eligibility evaluations will help assess the Medicaid recipients' ability to use fixed route services.

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

The Regional Transportation Commission is responsible for transportation of its passengers and therefore can assess the applicants' ability to use fixed route 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:

RTC of Southern Nevada has been in contract with the State for several years 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 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	12/09/2019 15:07:35 PM
Division Approval	vmilazz1	12/09/2019 15:07:39 PM
Department Approval	mwinebar	12/20/2019 15:24:42 PM
Contract Manager Approval	ebronde1	12/23/2019 15:20:59 PM
Budget Analyst Approval	laaron	12/26/2019 13:29:24 PM
BOE Agenda Approval	bwooldri	12/27/2019 14:47:51 PM
BOE Final Approval	Pending	



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## MEMORANDUM

**Date:** November 20<sup>th</sup>, 2019  
**To:** Lynnette Aaron, Executive Branch Budget Officer I  
**Through:** Richard Whitley, Director  
**From:** Vincent Milazzo, DHCFP *vm*  
**Re:** RTC of Southern Nevada

---

This contract will be retroactive due to an oversight on the part of DHCFP staff in starting negotiations in a timely manner and was further delayed due to changes to the vendor's process in providing the services negotiated and due to prolonged efforts to identify sufficient documentation to support an increase in the reimbursement rates with the vendor. The DHCFP will be implementing biweekly meetings with the vendor to develop sufficient documentation to support reimbursement rates with the vendor prior to the next contract cycle.

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>19616</b>	Amendment Number: <b>2</b>	
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Morrison Management Specialists, Inc.</b>	Contractor Name: <b>Morrison Management Specialists, Inc.</b>
Agency Code: <b>406</b>	Address: <b>400 Northridge Road, Suite 600</b>	
Appropriation Unit: <b>3162-15</b>	City/State/Zip: <b>Atlanta, GA 30350</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Joyce Kruesopon 714-319-2896</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>PUR0002019A</b>	
	NV Business ID: <b>NV20011302439</b>	

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.

<b>X</b>	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 3487**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2018**  
 Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/01/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Food Service**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing food management services to Northern Nevada Adult Mental Health Services, Lake's Crossing Center and Northern Nevada Child and Adolescent Services facilities located on the northern health campus as well as the Southern Nevada Adult Mental Health Services, Division of Child and Family Services and Aging and Disability Services Division on the southern health campus in Las Vegas. This amendment extends the termination date from March 1, 2020 to February 28, 2022 and increases the maximum amount from \$6,767,738.35 to \$12,532,494.23 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:	\$3,800,000.00	\$3,800,000.00	\$3,800,000.00	Yes - Action
a. Amendment 1:	\$2,967,738.35	\$2,967,738.35	\$2,967,738.35	Yes - Action
2. Amount of current amendment (#2):	\$5,764,755.88	\$5,764,755.88	\$5,764,755.88	Yes - Action
3. New maximum contract amount:	\$12,532,494.23			
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?

In accordance with NAC 449.147; Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast.

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

The agency has neither the staff nor equipment.

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):

Morrison Management Specialists, Inc.  
A'viands  
Supplemental Healthcare  
Trinity Services Group

b. Solicitation Waiver: **Not Applicable**

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

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: 10/03/2017 Anticipated re-bid date: 09/03/2021

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 has provided services 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:

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	11/22/2019 12:33:06 PM
Division Approval	rmorse	11/22/2019 12:33:11 PM
Department Approval	mwinebar	01/06/2020 14:07:59 PM
Contract Manager Approval	rmorse	01/06/2020 15:22:23 PM
Budget Analyst Approval	afrantz	01/08/2020 14:42:02 PM
BOE Agenda Approval	bwooldri	01/10/2020 09:48:35 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22545**

Agency Name: **DEPARTMENT OF AGRICULTURE**  
Agency Code: **550**  
Appropriation Unit: **2691-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Eide Bailly, Reno**  
Contractor Name: **Eide Bailly, Reno**  
Address: **5441 Kietzke Ln., Ste. 150**  
City/State/Zip: **Reno, NV 89511-2094**  
Contact/Phone: **Jason Olson 775-689-9100**  
Vendor No.: **T29026023**  
NV Business ID: **NV20001000409**

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **149 days**

4. Type of contract: **Contract**

Contract description: **Grant Audit**

5. Purpose of contract:

**This is a new contract to provide grant auditing services for the school food and nutrition programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$84,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Forensic accounting/audit services are required to determine what caused shortfall/overages in two grant funded budget accounts.

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

Forensic auditing is outside the scope of performance standards for administrative staff. Staff do not have that 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):

eCivis  
Grant Thornton  
Strategic Progress  
My Office Staff

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 09/25/2019 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:

2015-2019 Dept of Transportation, Industrial Relations, Higher Education Tuition

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

Foreign Limited-Liability 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	01/10/2020 07:47:55 AM
Division Approval	bbel1	01/10/2020 07:47:59 AM
Department Approval	bbel1	01/10/2020 07:48:02 AM
Contract Manager Approval	melli2	01/10/2020 08:01:22 AM
Budget Analyst Approval	mlynn	01/14/2020 10:59:50 AM
BOE Agenda Approval	cmurph3	01/16/2020 11:54:40 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: **22578**

Agency Name: <b>DPS-PAROLE &amp; PROBATION</b>	Legal Entity Name: <b>GEO REENTRY, INC.</b>
Agency Code: <b>652</b>	Contractor Name: <b>GEO REENTRY, INC.</b>
Appropriation Unit: <b>3740-04</b>	Address: <b>4955 Technology Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Boca Raton, FL 33431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rachel Kienzler 619-204-8630</b>
	Vendor No.: <b>T27042372</b>
	NV Business ID: <b>NV20131077743</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2025</b>

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

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

Agency Reference #: **RFP # 65DPS-S838 PSMs Initials HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/11/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **4 years and 325 days**

4. Type of contract: **Contract**

Contract description: **Offender DRC**

5. Purpose of contract:

**This is a new contract to provide ongoing 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):

Sentinel  
Femfol Group Incorporated  
Recovery Monitoring Solutions Corporation

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	01/20/2020 16:16:52 PM
BOE Agenda Approval	jrodrig9	01/20/2020 16:17:01 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22649**

Agency Name: <b>DPS-PAROLE &amp; PROBATION</b>	Legal Entity Name: <b>NATIONAL CENTER FOR STATE COURTS</b>
Agency Code: <b>652</b>	Contractor Name: <b>NATIONAL CENTER FOR STATE COURTS</b>
Appropriation Unit: <b>3740-04</b>	Address: <b>707 17th St. Suite 2900</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Denver, CO 80202</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Laura Klaversma 303-308-4301</b>
	Vendor No.: <b>T80591220B</b>
	NV Business ID: <b>NV20081657587</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2020**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **PSI IV Workload Study**

5. Purpose of contract:

**This is a new contract to provide a Pre-Sentence Investigation Supervisor workload study.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,192.00**

Payment for services will be made at the rate of \$85,192.00 per Study Results

#### II. JUSTIFICATION

7. What conditions require that this work be done?

During the 2019 Legislative Session, the Legislature approved funding for a workload study of Nevada Parole and Probation (NPP) Parole and Probation Specialist IV positions. The study will be used by John Frank Associations (JFA) when preparing NPP's caseload ratios for the 2021-2023 biennial budget.

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

State employees in NPP and other state agencies do not possess the necessary skills to perform this workload study and produce the results in the time frame needed.

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):

National Council for State Courts  
Connors & Associates LLC

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

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

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:

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:

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:

Tami Beauregard, MA II Ph: 775-684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pokeefe	12/04/2019 07:42:13 AM
Division Approval	nkephart	01/07/2020 15:24:24 PM
Department Approval	cboegle	01/07/2020 16:17:49 PM
Contract Manager Approval	cboegle	01/07/2020 16:17:53 PM
Budget Analyst Approval	jrodrig9	01/20/2020 16:04:47 PM
BOE Agenda Approval	jrodrig9	01/20/2020 16:04:51 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: **19785** Amendment Number: **1**

Agency Name: **B&I - INDUSTRIAL RELATIONS DIV** Legal Entity Name: **ALS Group USA, Corporation DBA ALS Environmental**

Agency Code: **742** Contractor Name: **ALS Group USA, Corporation DBA ALS Environmental**

Appropriation Unit: **4682-04** Address: **ALS Environmental  
4388 Glendale-Milford Road**

Is budget authority available?: **Yes** City/State/Zip: **Cincinnati, OH 45242**

If "No" please explain: **Not Applicable** Contact/Phone: **Chris Amidon 513 733 5336**

Vendor No.: **T32006254**

NV Business ID: **NV20181164441**

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>29.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>71.00 % Worker's Compensation and Safety Fund</b>

Agency Reference #: **742**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/23/2018**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 343 days**

4. Type of contract: **Contract**

Contract description: **Laboratory Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides certified analysis of potential exposure to asbestos, mold, silica, and other potential hazardous element exposure. This amendment extends the termination date from February 28, 2020 to February 28, 2021 and increases the maximum amount from \$48,000 to \$54,300 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$6,300.00	\$6,300.00	\$54,300.00	Yes - Action
3. New maximum contract amount:	\$54,300.00			
and/or the termination date of the original contract has changed to:	02/28/2021			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Laboratory analysis of samples taken during inspections/investigation can be the foundation for establishing potential exposure of employees to hazardous working conditions. Before issuing a citation for violative conditions NV OSHA must present evidence of fact.

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

State has no such services

9. Were quotes or proposals solicited? Yes

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

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

Pace Analytical  
EMSL Laboratories, Inc. dba LA testing  
Constitutiona State SRVCS, LLC dba Travelers Industrial Hygiene  
EMLab P&K  
AIS Group USA, Corp. dba ALS Enviornmental  
Silver State Analytical Laboratories, Inc.  
Forensic Analytical Laboratories

b. Solicitation Waiver: **Not Applicable**

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

The chosen contractor was the lowest responsible vendor, carries all the certifications and accreditations requested, and has the ability to provide expedited services.

d. Last bid date: 12/11/2017 Anticipated re-bid date: 11/15/2020

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:

Division of Industrial Relations (DIR); satisfactory rating given Sept 2019.

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

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

Not Applicable

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

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	ljon13	12/27/2019 10:52:49 AM
Division Approval	ljon13	12/27/2019 10:52:56 AM
Department Approval	jhanse4	12/31/2019 11:01:39 AM
Contract Manager Approval	ljon13	12/31/2019 11:51:55 AM
Budget Analyst Approval	stilley	01/22/2020 09:38:12 AM
BOE Agenda Approval	lfree1	01/22/2020 12:19:30 PM

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ONE FOR ALL, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide community based and respite care services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22671		
2.		VARIOUS STATE AGENCIES	AMANDA DEVILLEZ, PSY.D., PLLC	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide psychiatric assessment services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22694		
3.		VARIOUS STATE AGENCIES	COMMUNITY PLACEMENTS OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide supportive living services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22676		
4.		VARIOUS STATE AGENCIES	DEAF CENTERS OF NEVADA	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide social services statewide for people who are deaf, hard of hearing, late-deafened and speech-impaired.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22713		
5.		VARIOUS STATE AGENCIES	HELEN KELLER SERVICES	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide job development services statewide for people with blindness and low vision.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22723		
6.		VARIOUS STATE AGENCIES	HELEN KELLER SERVICES	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide independent living services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22722		
7.		VARIOUS STATE AGENCIES	ON POINT BEHAVIOR, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22763		
8.		VARIOUS STATE AGENCIES	RIVER CITY PETROLEUM, INC.	OTHER: VARIOUS AGENCIES	\$118,500,000	
	Contract Description:	This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as-needed basis for state-owned tanks.				
		Term of Contract:	03/10/2020 - 01/31/2024	Contract # 22771		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.		VARIOUS STATE AGENCIES	THE LIGHT HOUSE OF LOVE	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide various counseling and behavioral health services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 22726			
10.		VARIOUS STATE AGENCIES	UPLUS ACADEMY, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide.				
	Term of Contract:	Upon Approval - 06/30/2022	Contract # 22716			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22671**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>ONE FOR ALL, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>ONE FOR ALL, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6415 S FORT APACHE RD #185-200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS , NV 89148</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ernest Tinnin 702-960-5484</b>
	Vendor No.: <b>T27043161</b>
	NV Business ID: <b>NV20191310957</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

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 **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Service**

5. Purpose of contract:

**This is a new contract to provide community based and respite care 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? **No**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

MSA contract effective 12-10-19; no vendor rating is available as yet.

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	12/10/2019 15:24:47 PM
Division Approval	jthom17	12/10/2019 15:24:51 PM
Department Approval	ldeloach	12/10/2019 16:11:02 PM
Contract Manager Approval	rvradenb	12/11/2019 08:14:48 AM
Budget Analyst Approval	stilley	01/14/2020 16:02:04 PM
BOE Agenda Approval	lfree1	01/15/2020 15:36:52 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: **22694**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Amanda DeVillez, Psy.D., PLLC
Agency Code: <b>MSA</b>	Contractor Name: <b>Amanda DeVillez, Psy.D., PLLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>4030 S. Jones Blvd #30554</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89173</b>
If "No" please explain: Not Applicable	Contact/Phone: Amanda DeVillez 725-867-8303
	Vendor No.: T27043275A
	NV Business ID: NV20191535889

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: 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 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

**This is a new contract to provide psychiatric assessment services statewide.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S107 for Medical & Related based services.

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	12/23/2019 11:06:41 AM
Division Approval	jthom17	12/23/2019 11:06:44 AM
Department Approval	mstar2	12/23/2019 11:15:31 AM
Contract Manager Approval	rvradenb	12/23/2019 11:18:44 AM
Budget Analyst Approval	stilley	01/14/2020 16:11:18 PM
BOE Agenda Approval	lfree1	01/15/2020 15:35:06 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22676**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	COMMUNITY PLACEMENTS OF NEVADA, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>COMMUNITY PLACEMENTS OF NEVADA, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>9065 S. PECOS ROAD, SUITE 270</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>HENDERSON, NV 89704</b>
If "No" please explain:	Not Applicable	Contact/Phone:	SCOTT TILLOTSON 702-277-1755
		Vendor No.:	T29042582
		NV Business ID:	NV20181432880

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: 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 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide supportive living services statewide.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	12/11/2019 14:34:21 PM
Division Approval	jthom17	12/11/2019 14:34:24 PM
Department Approval	ldeloach	12/11/2019 14:40:36 PM
Contract Manager Approval	rvradenb	12/30/2019 09:31:16 AM
Budget Analyst Approval	stilley	01/14/2020 16:05:17 PM
BOE Agenda Approval	lfree1	01/15/2020 15:36:04 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: **22713**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>DEAF CENTERS OF NEVADA</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>DEAF CENTERS OF NEVADA</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8020 W. SAHARA AVE STE 125</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89117</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Obioma Officer 702/363-3323</b>
	Vendor No.: <b>T81093720</b>
	NV Business ID: <b>NV20081252896</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: **S165-TB**

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide social services statewide for people who are deaf, hard of hearing, late-deafened and speech-impaired.**

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. This vendor provides service statewide and is necessary for the state to be able

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development 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	01/02/2020 09:46:54 AM
Division Approval	jthom17	01/02/2020 09:47:19 AM
Department Approval	gdavi6	01/02/2020 10:17:45 AM
Contract Manager Approval	rvradenb	01/02/2020 11:07:04 AM
Budget Analyst Approval	stilley	01/14/2020 17:26:24 PM
BOE Agenda Approval	lfree1	01/15/2020 15:31:49 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22723**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Helen Keller Services
Agency Code: <b>MSA</b>	Contractor Name: <b>Helen Keller Services</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>141 Middle Neck Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sands Point, NY 11050</b>
If "No" please explain: Not Applicable	Contact/Phone: Sharona Youdim 516-833-8325
	Vendor No.: T32008415
	NV Business ID: NV20181183514

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: S165-TB

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 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 for people with blindness and low vision.**

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 vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development 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	01/02/2020 09:54:13 AM
Division Approval	jthom17	01/02/2020 09:54:15 AM
Department Approval	gdavi6	01/02/2020 10:15:42 AM
Contract Manager Approval	rvradenb	01/02/2020 11:07:42 AM
Budget Analyst Approval	stilley	01/14/2020 16:49:09 PM
BOE Agenda Approval	lfree1	01/15/2020 11:30:45 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: **22722**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Helen Keller Services
Agency Code: <b>MSA</b>	Contractor Name: <b>Helen Keller Services</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>141 Middle Neck Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sands Point, NY 11050</b>
If "No" please explain: Not Applicable	Contact/Phone: Sharona Youdim 516-833-8325
	Vendor No.: T32008415
	NV Business ID: NV20181183514

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: 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 02/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide independent living services statewide.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	01/02/2020 09:48:57 AM
Division Approval	jthom17	01/02/2020 09:49:04 AM
Department Approval	gdavi6	01/02/2020 10:16:56 AM
Contract Manager Approval	rvradenb	01/02/2020 11:07:21 AM
Budget Analyst Approval	stilley	01/14/2020 16:44:10 PM
BOE Agenda Approval	lfree1	01/15/2020 11:32:10 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: **22763**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>On Point Behavior, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>On Point Behavior, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3723 Arcturas Court</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks , NV 89436</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Randi Melvin 702-715-8472</b>
	Vendor No.: <b>T32009364</b>
	NV Business ID: <b>NV20191609788</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

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 **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 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: **\$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? **No**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	01/07/2020 11:02:16 AM
Division Approval	jthom17	01/07/2020 11:02:20 AM
Department Approval	ldeloach	01/07/2020 11:07:53 AM
Contract Manager Approval	rvradenb	01/07/2020 11:09:32 AM
Budget Analyst Approval	stilley	01/14/2020 16:29:09 PM
BOE Agenda Approval	lfree1	01/15/2020 11:49:53 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: **22771**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: River City Petroleum, Inc.
Agency Code: <b>MSA</b>	Contractor Name: <b>River City Petroleum, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3775 N Freeway Blvd. Suite 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sacramento , CA 95834-1959</b>
If "No" please explain: Not Applicable	Contact/Phone: Brad Folkins 916-371-4960
	Vendor No.: T29042726
	NV Business ID: NV19861019469

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

Agency Reference #: RFQ 99SWC-S818 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2020**

Anticipated BOE meeting date 03/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2024**

Contract term: **3 years and 327 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel Delivery**

5. Purpose of contract:

**This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as-needed basis for state-owned tanks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$118,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State Agencies have the need for bulk fuel and delivery services.

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

The State does not employ bulk fuel and delivery services for 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):

Rebel Oil  
Thomas Petroleum  
Flyers Energy

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ 99SWC-S818 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 11 Vendors selected by the appointed evaluation committee.

d. Last bid date: 08/19/2013 Anticipated re-bid date: 10/18/2023

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:

River City Petroleum is contracted under the previous RFQ 3064 for Bulk Fuel Purchase and Delivery.

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	01/14/2020 10:27:20 AM
Division Approval	jthom17	01/14/2020 10:27:23 AM
Department Approval	ldeloach	01/14/2020 13:04:56 PM
Contract Manager Approval	nfese1	01/14/2020 13:09:07 PM
Budget Analyst Approval	stilley	01/16/2020 14:34:32 PM
BOE Agenda Approval	lfree1	01/17/2020 08:57:41 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: **22726**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>THE LIGHT HOUSE OF LOVE</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>THE LIGHT HOUSE OF LOVE</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>730 W. CHEYENNE AVE, STE 40</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>LADONNA TAPPLIN 702-633-7923</b>
	Vendor No.: <b>T29042670</b>
	NV Business ID: <b>NV20101341608</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

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 **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Services**

5. Purpose of contract:

**This is a new contract to provide various counseling and behavioral health 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:

**The agency does not have the personnel to perform these services.**

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	01/06/2020 13:25:01 PM
Division Approval	jthom17	01/06/2020 13:25:04 PM
Department Approval	ldeloach	01/06/2020 14:51:31 PM
Contract Manager Approval	rvradenb	01/08/2020 11:13:05 AM
Budget Analyst Approval	stilley	01/14/2020 16:21:27 PM
BOE Agenda Approval	lfree1	01/15/2020 15:34:13 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: **22716**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>UPlus Academy, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>UPlus Academy, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>5575 S. Durango Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89113</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kristine Cortez 702/209-3544</b>
	Vendor No.: <b>T32009294</b>
	NV Business ID: <b>NV20191096666</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

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 **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 149 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Services**

5. Purpose of contract:

**This is a new contract to provide applied behavioral analysis 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? **No**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	01/07/2020 10:29:35 AM
Division Approval	jthom17	01/07/2020 10:29:39 AM
Department Approval	ldeloach	01/07/2020 10:43:34 AM
Contract Manager Approval	rvradenb	01/07/2020 11:09:43 AM
Budget Analyst Approval	stilley	01/14/2020 16:25:37 PM
BOE Agenda Approval	lfree1	01/15/2020 15:16:19 PM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	014	GOVERNOR'S OFFICE - OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	ESTIPONA GROUP ADVERTISING	GENERAL	\$13,500	
	Contract Description:	This is a new contract to provide ongoing website maintenance, updates of media content and weekly site backups. This contract also includes the production of a science, technology, engineering and math video for media and other digital use.				
	Term of Contract:	07/01/2019 - 06/30/2020	Contract # 22684			
2.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	RCG ECONOMICS, LLC	OTHER: TRANSFER FROM COLLEGE ENDOWMENT FUND	\$19,500	
	Contract Description:	This is a new contract to conduct research and prepare a report based upon findings related to public financial aid, scholarships and the estimated net cost of higher education for academically and financially diverse students in Nevada.				
	Term of Contract:	12/30/2019 - 05/30/2020	Contract # 22711			
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JP ENGINEERING, LLC	GENERAL	\$11,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Indian Colony - Gym Fire Alarm Installation CIP Project, to include design construction and bid documents sufficient to support the planning and installation of a new fire alarm and notification system for the gym: CIP Project No. 19-S03-2; SPWD Contract No. 113144.				
	Term of Contract:	12/29/2019 - 06/30/2023	Contract # 22699			
4.	130	DEPARTMENT OF TAXATION - MARIJUANA REGULATION AND CONTROL ACCOUNT	RS CONSULTING SERVICES, LLC	FEE: LICENSE	\$25,000	
	Contract Description:	This is a new contract to provide and develop a website for the Cannabis Control Board - State of Nevada Marijuana Enforcement Division. The contract includes post launch support, staff training and asset delivery of technical and design files related to the new website.				
	Term of Contract:	12/24/2019 - 06/30/2020	Contract # 22688			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	130	DEPARTMENT OF TAXATION - MARIJUANA REGULATION AND CONTROL ACCOUNT	STATE OF NEVADA GAMING CONTROL	FEE: LICENSE	\$46,190	
	Contract Description:	This is a new interlocal agreement that provides one full-time investigator to assist the Department of Taxation, Marijuana Regulation and Control Account (Taxation) in furtherance and within the scope of Taxation's statutory responsibilities pursuant to Chapters 453A and 453D of NRS.				
	Term of Contract:	01/03/2020 - 06/30/2020	Contract # 22739			
6.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - UNITY/SACWIS	PUBLIC CONSULTING GROUP, INC.	GENERAL 47% OTHER: RENT AND NSLP 8% FEDERAL 45%	\$14,291	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing AlloCAP and cost allocation related to Child Welfare and Children's Mental Health Programs on an ad hoc basis. This amendment extends the termination date from December 31, 2019 to June 30, 2020 and increases the maximum amount from \$103,442 to \$117,733 due to the continued need of these services.				
	Term of Contract:	01/01/2019 - 06/30/2020	Contract # 21201			
7.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	DR. JOEL MISHALOW, LTD	GENERAL 35% FEDERAL 65%	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness testimony in a high-profile termination of parental rights trial and the potential of subsequent testimony.				
	Term of Contract:	12/31/2019 - 12/30/2021	Contract # 22628			
8.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	NEVADA YAMAS CONTROLS, INC.	GENERAL	\$17,626	
	Contract Description:	This is a new contract to provide annual preventative maintenance services and minor repairs to the existing temperature control systems at Lovelock Correctional Center.				
	Term of Contract:	01/16/2020 - 12/31/2020	Contract # 22687			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	440	DEPARTMENT OF CORRECTIONS - FLORENCE MCCLURE WOMEN'S CORRECTIONAL CENTER	ENVISE	GENERAL	\$14,485	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides preventative maintenance, minor repairs, updates and/or installation of sequence of operations changes into the existing program data base for Delta Control temperature control systems at Southern Desert Correctional Center, Three Lakes Valley Conservation Camp and Florence McClure Women's Correctional Center. This amendment increases the maximum amount from \$178,800 to \$193,285 due to additional repairs required to properly maintain Delta controllers at Florence McClure Women's Correctional Center.				
		Term of Contract:	10/08/2019 - 09/30/2023	Contract # 22207		
10.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	HITES ENTERPRISES, INC.	OTHER: INMATE WELFARE FUND	\$24,300	
	Contract Description:	This is a new contract to provide ongoing cremation services for inmates incarcerated at the following correctional facilities: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Pioche Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp.				
		Term of Contract:	01/03/2020 - 01/31/2024	Contract # 22645		
11.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	GRANTANALYST.COM, LLC DBA ZOOMGRANTS	FEDERAL	\$21,500	
	Contract Description:	This is a new contract to provide user access to a cloud-based Grants Application and Management System.				
		Term of Contract:	01/13/2020 - 12/31/2021	Contract # 22664		
12.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	OCCUPATIONAL SERVICES, INC.	FEDERAL	\$45,284	
	Contract Description:	This is the first amendment to the contract which provides radiological detection device calibrations and maintenance services at pre-determined locations throughout the state. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$82,969 to \$128,253 due to the continued need for these services.				
		Term of Contract:	05/14/2019 - 06/30/2021	Contract # 21664		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	BEYOND 20/20	FEDERAL	\$31,650	
	Contract Description:	This is the second amendment to the original contract which provides for the development and implementation of a web-based incident-based crime data/statistics collection and reporting system in compliance with Federal National Incident-Based Reporting System guidelines. This amendment extends the contract termination date from December 31, 2019 to June 30, 2020 and increases the maximum amount from \$321,950 to \$353,600 due the continued need for these services and to include additional details for functionality and reporting requirements.				
		Term of Contract:	03/13/2018 - 06/30/2020	Contract # 19709		
14.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	AMBIENT EDGE CONDITIONING & REFRIGERATION, INC.	FEE: SPORTSMEN	\$12,690	
	Contract Description:	This is a new contract to provide quarterly heating, ventilation and air conditioning services at two southern Nevada office locations.				
		Term of Contract:	01/15/2020 - 06/30/2021	Contract # 22674		
15.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CACTUS AND LACE WEDDINGS, LLC	OTHER: REVENUE	\$35,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	01/14/2020 - 02/03/2022	Contract # 22725		
16.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	GOLDEN PAHRUMP NUGGET, LLC DBA NUGGET HOTEL & CASINO	GENERAL	\$18,774	
	Contract Description:	This is a new contract to provide facilities for the biennial Park Academy training activity provided to staff.				
		Term of Contract:	02/03/2020 - 02/07/2020	Contract # 22720		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	H2O ENVIRONMENTAL, INC.	OTHER: UTILITY SURCHARGE	\$27,068	
	Contract Description:	This is a new contract to provide emergency pumping services and disposal of hazardous waste material for Valley of Fire State Park.				
		Term of Contract:	11/19/2019 - 12/04/2019	Contract # 22680		
18.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	THE TIBERTI COMPANY, LLC DBA TIBERTI FENCE	FEE: ADMISSION	\$22,324	
	Contract Description:	This is a new contract to provide fencing at Spring Mountain Ranch State Park to prevent the introduction of invasive species.				
		Term of Contract:	01/14/2020 - 03/25/2020	Contract # 22705		
19.	753	DEPARTMENT OF BUSINESS AND INDUSTRY - ATTORNEY FOR INJURED WORKERS	LEGAL WINGS, INC.	FEE: LICENSING AND ADMINISTRATIVE FEES 13.5% OTHER: WORKER'S COMPENSATION AND SAFETY FUND 86.5%	\$1,554	
	Contract Description:	This is the first amendment to the original contract which provides subpoena and document delivery to and from the Office of Nevada Attorney for Injured Workers, to outside counsel, or filed at the District Court in order to properly represent claimants at the Appeals Office and Supreme Court levels. This amendment increases the maximum amount from \$9,999 to \$11,553 due to the continued need for these services by the Real Estate Division.				
		Term of Contract:	11/01/2018 - 11/01/2021	Contract # 21472		
20.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	SUTTON HAGUE	FEE: LICENSE	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
		Term of Contract:	01/02/2020 - 12/31/2020	Contract # 22669		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22684**

Agency Name: <b>OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY</b>	Legal Entity Name: <b>ESTIPONA GROUP ADVERTISING</b>
Agency Code: <b>014</b>	Contractor Name: <b>ESTIPONA GROUP ADVERTISING</b>
Appropriation Unit: <b>1003-26</b>	Address: <b>&amp; PUBLIC RELATIONS PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-0606</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>EDWARD ESTIPONA 775-786-4445</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

Agency Reference #: **ASD 2833609**

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 **02/2020**

Retroactive? **Yes**

If "Yes", please explain

**The vendor misunderstood direction from OSIT and continued working maintenance on this site without a finalized contract. OSIT is respectfully requesting a retroactive start date to July 1, 2019. See memo attached**

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

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Website Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing website maintenance, updating of media content and weekly site backups. This contract also includes a video shoot for STEM in Las Vegas at an elementary school and a middle school for media and other digital use.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,500.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

OSIT's mission is to increase interest and awareness in STEM educational programs and STEM careers. The STEMHub website provides information about STEM careers and STEM education programs in Nevada and a comprehensive STEM career matchmaker. Information on the website must be updated to ensure accuracy and alignment with in-demand occupational data. Additionally, media content aimed at specific groups(students, parents, teachers, employers, underrepresented groups) will be created to increase awareness and interest in STEM.

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 requisite marketing or web development skills for this project.

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):

Reno Web Designer  
Estipona Group  
Lucky7 Web Design

b. Solicitation Waiver: **Not Applicable**

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

Best cost for the job

d. Last bid date: 12/03/2019 Anticipated re-bid date: 04/30/2020

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?

**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:

OSIT since 2015 service is satisfactory.

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

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

Not Applicable

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

Brian Mitchell, Director Ph: 775-687-0987

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	12/18/2019 15:47:05 PM
Division Approval	ssands	12/18/2019 15:47:09 PM
Department Approval	ssands	12/18/2019 15:47:11 PM
Contract Manager Approval	ssands	01/02/2020 10:53:40 AM
Budget Analyst Approval	cbrekken	01/03/2020 11:53:00 AM



Steve Sisolak  
Governor

STATE OF NEVADA

GOVERNOR'S OFFICE OF  
SCIENCE, INNOVATION &  
TECHNOLOGY

100 North Stewart Street, Suite 220  
Carson City, Nevada 89701  
775-687-0987 Fax: 775-687-0990



Brian L. Mitchell  
Director

**DATE:** December 13, 2019  
**TO:** Catherine Bartlett, GFO  
**FROM:** Brian Mitchell, Director   
**RE:** Contract Retroactive Memo

---

In the past, we have had a contract with our website vendor in which the vendor's programmers have made security and other maintenance updates to the STEMhub website. The contract also covered content changes and expansions. While we determined the scope of the next contract, at the start of the current fiscal year we asked the vendor to put any work on the website on hold. The vendor misunderstood this instruction and their programmers continued to make security and other needed updates to the website outside of the contract period. We've instructed the vendor that in the future, any work should wait until a contract has been signed. However, this contract will need to have a retroactive start date of 07/01/2019.

**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: **22711**

Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>RCG ECONOMICS LLC</b>
Agency Code: <b>051</b>	Contractor Name: <b>RCG ECONOMICS LLC</b>
Appropriation Unit: <b>1092-21</b>	Address: <b>3900 PARADISE RD STE 209</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89169-0933</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>John Restrepo 702/967-3188</b>
	Vendor No.: <b>T32005989</b>
	NV Business ID: <b>NV20101803069</b>
To what State Fiscal Year(s) will the contract be charged? <b>2020</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<input checked="" type="checkbox"/> Other funding <b>100.00 % Transfer from College Endowment Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/30/2019**  
Anticipated BOE meeting date **01/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/30/2020**

Contract term: **151 days**

4. Type of contract: **Contract**

Contract description: **Financial Literacy**

5. Purpose of contract:

**This is a new contract to conduct research and prepare a report based upon findings concerning issues related to public financial aid and scholarships, and the estimated net cost of higher education for academically and financially diverse students in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

Other basis for payment: \$150.00 or \$250.00 per hour depending on personnel assigned to the task

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The College Savings Division is responsible for taking a proactive approach to further financial literacy efforts in Nevada through various programs and initiatives which help promote the importance of higher education for Nevadans.

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

The Treasurer's Office staff does not have the staff resources or expertise to create the report associated with this project.

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):

Guinn Center for Policy Priorities  
RCG Economics  
Applied Analysis

b. Solicitation Waiver: **Not Applicable**

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

Due to a combination of experience, knowledge of higher education funding issues and overall competitiveness of the cost of the project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	12/23/2019 09:08:17 AM
Division Approval	alaw1	12/23/2019 09:08:19 AM
Department Approval	alaw1	12/23/2019 09:08:23 AM
Contract Manager Approval	alaw1	12/23/2019 09:08:26 AM
Budget Analyst Approval	dbaughn	12/27/2019 13:49:31 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: **22699**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JP ENGINEERING, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>JP ENGINEERING, LLC</b>
Appropriation Unit: <b>1585-56</b>	Address: <b>10597 DOUBLE R BLVD. SUITE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8938</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-852-2337</b>
	Vendor No.: <b>T29038896</b>
	NV Business ID: <b>NV20051447455</b>
To what State Fiscal Year(s) will the contract be charged? <b>2020-2023</b>	

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	113144		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2019**Anticipated BOE meeting date **02/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 183 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 Stewart Indian Colony - Gym Fire Alarm Installation CIP Project, to include design construction and bid documents sufficient to support the planning and installation of a new fire alarm and notification system for the gym: CIP Project No. 19-S03-2; SPWD Contract No. 113144.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000.00**

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's**

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Scarborough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	12/18/2019 12:10:11 PM
Division Approval	lwildes	12/18/2019 12:10:14 PM
Department Approval	lwildes	12/18/2019 12:10:17 PM
Contract Manager Approval	lwildes	12/18/2019 12:10:20 PM
Budget Analyst Approval	jrodrig9	12/29/2019 22:54:36 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: **22688**

Agency Name: **DEPARTMENT OF TAXATION**  
 Agency Code: **130**  
 Appropriation Unit: **4207-26**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **RS CONSULTING SERVICES LLC**  
 Contractor Name: **RS CONSULTING SERVICES LLC**  
 Address: **2318 COPPER SPRINGS ROAD**  
 City/State/Zip: **RENO, NV 89521-4234**  
 Contact/Phone: **RAMESH SEGU 775-230-9871**  
 Vendor No.: **T29042266**  
 NV Business ID: **NV20061047362**

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/24/2019**Anticipated BOE meeting date **02/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **188 days**4. Type of contract: **Contract**Contract description: **CCB Website**

5. Purpose of contract:

**This is a new contract to provide and develop a website for the Cannabis Control Board - State of Nevada Marijuana Enforcement Division. The contract includes post launch support, staff training, and asset delivery of technical and design files related to the new website.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$130.00 per Hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Vendors should have had prior experience in developing websites with State of Nevada with tight deadlines.

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

We contacted EITS webgroup to seek help and the current content management system Ektron could not suffice the needs for the scope of the project. The current employees do not have the skills to develop the website so we need help from a vendor who can design and develop a new CCB website.

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):

D4 Advanced Media  
RS Consulting Services  
VisionASP

b. Solicitation Waiver: **Not Applicable**

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

RS Consulting Services responded quickly to our scope of content and has delivered similar projects such as census.nv.gov and www.nevada211.org. Based on their prior projects, this vendor had competencies to deliver this project. Vision ASP responded that they would not be able to meet the deadlines requested and D4AM never responded to our two email requests. Additionally, RS Consulting Services, LLC, has begun networking with various IT consultants already familiar with the State of Nevada. RS Consulting Services, LLC has staff familiar with the State's Integrated Financial System (IFS), Nevada Executive Budget System (NEBS) and the Nevada Employee Timekeeping and Tracking System (NEATS) and has also designed and built several applications for the Department of Transportation (NDOT).

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:

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	lhunnewe	12/16/2019 13:42:19 PM
Division Approval	jgiesle2	12/16/2019 14:35:18 PM
Department Approval	jgiesle2	12/16/2019 14:35:21 PM
Contract Manager Approval	jgiesle2	12/20/2019 14:15:12 PM
EITS Approval	tgalluzi	12/23/2019 14:56:25 PM
Budget Analyst Approval	dlenzner	12/24/2019 15:05:23 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: **22739**

Agency Name: <b>DEPARTMENT OF TAXATION</b>	Legal Entity Name: <b>STATE OF NEVADA GAMING CONTROL</b>
Agency Code: <b>130</b>	Contractor Name: <b>STATE OF NEVADA GAMING CONTROL</b>
Appropriation Unit: <b>4207-04</b>	Address: <b>BOARD/OPERATIONS REVOLVNG FUND</b>
Is budget authority available?: <b>Yes</b>	<b>PO BOX 8003</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CARSON CITY, NV 89706-8003</b>
	Contact/Phone: <b>775/684-7720</b>
	Vendor No.: <b>D61000000A</b>
	NV Business ID: <b>D61000000A</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/03/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **178 days**

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

Contract description: **Investigator Service**

5. Purpose of contract:

**This is a new interlocal agreement that provides one (1) full-time investigator to assist the Department of Taxation, Marijuana Regulation and Control Account (Taxation) in furtherance and within the scope of Taxation's statutory responsibilities pursuant to Chapters 453A and 453D of NRS.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,190.00**

Other basis for payment: Monthly after two pay periods have run. \$37.76 plus benefits per hour for regular time; and \$56.64 per hour for overtime.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department of Taxation Cannabis Compliance Board seeks assistance in reviewing existing processes regarding transfers of interest and changes of ownerships, as well as reviewing and recommendations regarding processes for licensing and approvals. The Board also seeks assistance in compliance program development and investigation practices. Additionally, the Board seeks assistance in coordinating educational and training opportunities with Board staff.

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

State employees within our agency do not have the expertise to perform these functions.

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

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

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

Not Applicable

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

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

Chapters 453A and 453D of NRS define the scope of Taxation's statutory responsibilities.

This vendor was chosen in preference to others because of the expertise the Nevada Gaming Control Board Investigator has that is necessary to perform this work.

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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the 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: 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	lhunnewe	01/02/2020 14:24:34 PM
Division Approval	lhunnewe	01/02/2020 14:56:36 PM
Department Approval	jgrimmer	01/02/2020 14:59:37 PM
Contract Manager Approval	jgrimmer	01/02/2020 15:04:18 PM
Budget Analyst Approval	dlenzner	01/03/2020 11:25:01 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: **21201** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **PUBLIC CONSULTING GROUP, INC.**

Agency Code: **409** Contractor Name: **PUBLIC CONSULTING GROUP, INC.**

Appropriation Unit: **3143-26** Address: **148 State Street, 10th Floor**

Is budget authority available?: **Yes** City/State/Zip: **Boston, MA 02109-2510**

If "No" please explain: **Not Applicable** Contact/Phone: **Justine O'Connor-Petts 919-576-2264**

Vendor No.: **T32000898**

NV Business ID: **NV20021466314**

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

<input checked="" type="checkbox"/>	General Funds	<b>47.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>45.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>8.00 % Rent and NSLP</b>

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 **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

4. Type of contract: **Contract**

Contract description: **AlloCAP/CAP Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing AlloCAP and cost allocation related to Child Welfare and Children's Mental Health Programs on an ad hoc basis. This amendment increases the maximum amount from \$103,442 to \$117,733 and extends the termination date from December 31, 2019 to June 30, 2020.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$103,442.00	\$103,442.00	\$103,442.00	Yes - Action
2. Amount of current amendment (#1):	\$14,291.00	\$14,291.00	\$14,291.00	Yes - Info
3. New maximum contract amount:	\$117,733.00			
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?

DCFS requires a cost allocation system to perform cost allocation activities in compliance with federal regulations to equitably assess costs across multiple funding sources.

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

The State does not have a cost allocation system, thus a vendor is necessary to provide the cost allocation software and support.

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 #: 180303

Approval Date: 03/15/2018

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

Solicitation Waiver 180303 approved by Purchasing Division Administrator on 03/15/18.

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:

DCFS 2013 - present. Services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	12/13/2019 17:24:45 PM
Division Approval	knielsen	12/13/2019 17:25:10 PM
Department Approval	mwinebar	12/30/2019 09:47:43 AM
Contract Manager Approval	sknigge	12/30/2019 10:21:55 AM
Budget Analyst Approval	laaron	12/30/2019 16:31:13 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Mussac Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Hang  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	180303

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Department of Health and Human Services All Divisions	
	Contact Name and Title	Phone Number	Email Address
	Rick Morse, DPBH Contract Manager	775-684-5932	rmorse@health.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	Public Consulting Group, Inc. (PCG)
Contact Name:	Kara Hammer
Address:	148 State Street, 10 <sup>th</sup> Floor, Boston, MA 02109
Telephone Number:	617-426-2026 ext. 1386
Email Address:	khammer@pcgus.com

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

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

<b>Term:</b>					
1e	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	11/1/2018	End Date:	10/31/2023

<b>Funding:</b>		
1f	State Appropriated:	50%
	Federal Funds:	50%
	Grant Funds:	
	Other (Explain):	

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$3,000,000.00

**2** Provide a description of work/services to be performed or commodity/good to be purchased:  
*It is the intention to request a waiver for DHHS and award contracts for each agency within DHHS under the authorization of the department wide waiver. This authorization will allow DHHS to maintain the current AlloCAP system used by all divisions within DHHS and provide consultation for the implementation of a Time and Effort system; consultation for Medicaid billable and reimbursable services and consultation for Cost Allocation Plans. These services also provide DHHS agencies the ability to receive consultation for inquiries on the system and cost allocation plans; receive technical assistance; develop custom reports and assist with single state and/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.*

**3** What are the unique features/qualifications required for this service or good that are not available from any other vendor:  
*PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.*

**4** Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:  
*DHHS divisions began using services of PCG SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG.*  
  
*Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures requires updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.*  
  
*With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed (cost allocation plan amendments).*

**5** Were alternative services or commodities evaluated? Check One. Yes:  No:

a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*

b. *If not, why were alternatives not evaluated?*  
*DHHS wide agencies all use AlloCAP as part of the overall Medicare/Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.*

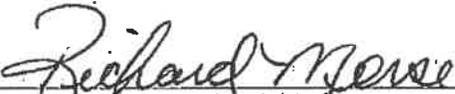
6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>				Yes:	X	No:	
	a. <i>If yes, starting with the most recent contract 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</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	<i>Start and End Dates</i>							
	11/1/14	10/31/18	\$484,483.00	<i>Cost Allocation (DHCFP)</i>	<i>Exempt - Waiver #140807</i>			
	6/11/13	6/30/17	\$254,942.00	<i>Cost Allocation (DPBH)</i>	<i>Informal – original contract amount was \$49,999.</i>			
8/1/16	8/31/16	\$24,843.00	<i>Cost Allocation Training (DPBH)</i>	<i>Informal</i>				
7/1/11	6/30/13	\$9,990.00	<i>Cost Allocation (DPBH) – this contract was pre-web-based computation and was strictly cost allocation consultation.</i>	<i>Exempt - Waiver #110503</i>				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b> <i>The combined usage of this software throughout DHHS would incur sizeable expenditures to State funding if the system were to be replaced. The vendor is in good standing with the Secretary of State's office and DHHS.</i>
---	---

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b> <i>The services of PCG were previously solicited through a Solicitation Waiver #140807.</i>  <b>Recommend the following language:</b> <i>AlloCAP is now being utilized by all DHHS Divisions to ensure standardized methodology of cost allocation for federal grants/entitlements and billings for administration costs to DHCFP for Medicaid Reimbursement. DWSS is in the beginning stages of implementing AlloCAP.</i>
---	---

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>				Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The current web-based system requires annual maintenance and hosting fees.</i>							

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
\_\_\_\_\_  
Agency Representative Initiating Request

Rick Morse, Division Contract Manager (DPBH)  
\_\_\_\_\_  
Print Name of Agency Representative Initiating Request

2/6/18  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV  
\_\_\_\_\_  
Print Name of Agency Head Authorizing Request

2-6-18  
\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
Date

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

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

Signed:

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

3-15-2018  
\_\_\_\_\_  
Date

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22628**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**  
 Agency Code: **409**  
 Appropriation Unit: **3229-13**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Dr. Joel Mishalow LTD**  
 Contractor Name: **Dr. Joel Mishalow LTD**  
 Address: **8540 S. Eastern Ave, Ste. 170**  
 City/State/Zip: **Las Vegas, NV 89123-2855**  
 Contact/Phone: **Dr. Joel Mishalow 702-252-3535**  
 Vendor No.: **T32009100**  
 NV Business ID: **NV19821000776**

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	<b>35.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/31/2019**  
 Anticipated BOE meeting date **01/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide expert witness testimony in a high profile termination of parental rights trial and the potential of subsequent testimony.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$450.00 per Hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This doctor is the expert witness who has been treating the child for over one (1) year. The attorney for this case is requiring the doctor testify. The child has been severely abused and traumatized and the parents have not been rehabilitated such that they can safely care for their children. Therefore a Termination of Parental Rights (TPR) trial is necessary to sever parental rights in order for the Division to finalize adoption for this child.**

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 provide expert testimony in severe abuse cases.**

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 Doctor is the expert witness who has been treating the child for over a year; the attorney for this case is requiring that the doctor testify.

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:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	11/22/2019 14:24:29 PM
Division Approval	knielsen	12/20/2019 15:34:59 PM
Department Approval	mwinebar	12/23/2019 14:53:22 PM
Contract Manager Approval	sknigge	12/31/2019 09:32:05 AM
Budget Analyst Approval	laaron	12/31/2019 09:38:07 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22687**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: Nevada Yamas Controls Inc.
Agency Code: <b>440</b>	Contractor Name: <b>Nevada Yamas Controls Inc.</b>
Appropriation Unit: <b>3759-09</b>	Address: <b>13526 S 110 W</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Draper, UT 84020-9818</b>
If "No" please explain: Not Applicable	Contact/Phone: Kirby Keller, Sales Engineer 775-722-1498
	Vendor No.: T29032379
	NV Business ID: NV20121569583

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

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/16/2020**

Anticipated BOE meeting date 01/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **350 days**

4. Type of contract: **Contract**

Contract description: **Temp. Control Maint.**

5. Purpose of contract:

**This is a new contract to provide annual preventative maintenance services and minor repairs to the existing temperature control systems at Lovelock Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,626.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Temperature control maintenance is required to preserve State property and for the health and safety of staff and inmates.

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

The Department of Corrections does not have the license and/or equipment required to perform this service. No other State agency offers these services.

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

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

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

BCS  
Nevada Yamas Controls Inc.  
Enviser

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:  
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	dbretche	12/16/2019 14:08:31 PM
Division Approval	amonro1	12/18/2019 08:28:37 AM
Department Approval	sewart	12/18/2019 10:13:04 AM
Contract Manager Approval	aroma2	01/14/2020 15:58:42 PM
Budget Analyst Approval	bmacke1	01/16/2020 10:23:32 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22207** Amendment Number: **1**  
 Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **ENVISE**  
 Agency Code: **440** Contractor Name: **ENVISE**  
 Appropriation Unit: **3761-09** Address: **680 PILOT RD STE C**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-9015**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Shane Reed, Account Consultant 702-595-9733**  
 Vendor No.: **T27038306**  
 NV Business ID: **NV20151201704**

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	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 **10/08/2019**

Anticipated BOE meeting date **01/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2023**

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Temp Control Maint.**

5. Purpose of contract:

**This is the first amendment to the original contract to provide preventative maintenance, minor repairs, updates and/or installation of sequence of operations changes into the existing program data base for Delta Control temperature control systems at Southern Desert Correctional Center, Three Lakes Valley Conservation Camp and Florence McClure Women's Correctional Center. This amendment increases the contract amount from \$178,800.00 to \$193,285.00 to provide repairs required to properly maintain Delta controllers at Florence McClure Women's Correctional Center.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$178,800.00	\$178,800.00	\$178,800.00	Yes - Action
2. Amount of current amendment (#1):	\$14,485.00	\$14,485.00	\$14,485.00	Yes - Info
3. New maximum contract amount:	\$193,285.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Temperature control maintenance is required to preserve State property and for the health and safety of staff and inmates. The temperature control systems at these locations are Delta Controls systems. Delta Controls is a highly specialized proprietary temperature control system requiring preventative maintenance, updates and installation of sequence of operations changes into the existing program data base.

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

The Department of Corrections does not have the license and/or equipment required to perform this service. No other State Agency offers 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 #: 190705**

**Approval Date: 07/22/2019**

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

Enviser is the only authorized Delta Controls Partner for Southern Nevada.

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

dbretche

12/30/2019 10:32:02 AM

Division Approval

sewart

12/31/2019 08:15:33 AM

Department Approval	sewart	12/31/2019 08:15:36 AM
Contract Manager Approval	aroma2	01/02/2020 14:21:04 PM
Budget Analyst Approval	bmacke1	01/15/2020 16:19:06 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

<b>Purchasing Use Only:</b>	
Approval#:	190705

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
<b>State Agency:</b>		Nevada Department of Corrections	
<b>1a</b>	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Alicia Roman, Contracts Manager	775-887-3333	aroman@doc.nv.gov

<b>Vendor Information:</b>	
<b>Identify Vendor:</b>	Enviser (FKA Southland Industries DBA ABS Systems)
<b>Contact Name:</b>	Shane Reed, Account Consultant
<b>1b Address:</b>	680 Pilot Road #C, Las Vegas, NV 89119
<b>Telephone Number:</b>	702-595-9733
<b>Email Address:</b>	SReeda@enviser.com

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

<b>Contract Information:</b>				
<b>1d</b>	<b>Is this a new Contract?</b>	Yes	X	No
	<b>Amendment:</b>	#		
	<b>CETS:</b>	#22207		

<b>1e Term:</b>			
<b>One (1) Time Purchase:</b>			
<b>Contract:</b>	<b>Start Date:</b>	BOE Approval 9/19	<b>End Date:</b> 08/31/23

<b>1f Funding:</b>	
<b>State Appropriated:</b>	100.00%
<b>Federal Funds:</b>	
<b>Grant Funds:</b>	
<b>Other (Explain):</b>	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$327,760.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>a. Update and or installation of sequence of operations changes into the existing program data base.</p> <p>b. Assist engineering staff with the troubleshooting and repair of the Delta Controls Building Automation System.</p> <p>c. Backup and review application software databases and verify that such databases are maintained in accordance with recommended operating procedures. A complete back-up of the most recently verified databases will be maintained on-file by Enviser for emergency back-up.</p> <p>d. Update of Operator Workstation software version to the latest release/build compatible with your site, depending on complexity.</p> <p>e. Provide recommendations to the customer regarding modifications to the existing system applications for added energy savings, more efficient operation and further enhanced information and facility management capabilities.</p> <p>f. Check and verify the DDC operations</p>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>Enviser is the authorized Delta Controls Partner for Southern Nevada. ATC-Automated Temperature Controls is the authorized Delta Controls Partner for Northern Nevada. Delta Controls is a highly specialized proprietary temperature control system requiring the preventative maintenance, updates and installation of sequence of operations changes into the existing program data base.</p>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<p>The software for these systems are proprietary. The manufacturer, Delta Controls, has clearly directed that Enviser is the only authorized service partner in southern Nevada.</p>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	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>			
	The software for these systems are proprietary.			

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				

<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
<i>07/01/15</i>	<i>06/30/19</i>	<i>\$337,382.00</i>	<i>Temp Control Maintenance at SNCC, SDCC, HDSP, LCC, TLVCC and FMWCC</i>	<i>RFP # 201508</i>
<i>07/20/11</i>	<i>06/30/15</i>	<i>\$138,129.10</i>	<i>Temp Control Maintenance at SDCC and TLVCC</i>	<i>RFP #201108</i>
		<i>\$</i>		
		<i>\$</i>		
		<i>\$</i>		

<b>7</b>	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	Increased labor costs, downtime, parts costs, energy costs, potential mechanical equipment failure, time to get systems back on line when they fail.

<b>8</b>	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	We reached out to Delta Controls for written documentation regarding authorized parts and service through the State of Nevada to determine alternate sources of parts and service. Please see attached. The past 2 RFPs have only yielded one response and that was for the current vendor.

<b>9</b>	<b>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></b>	Yes:	<input checked="" type="checkbox"/>	No:	
	<b>a. <i>If yes, please provide details regarding future obligations or needs.</i></b> <i>As long as Delta Controls systems are being utilized at our southern Nevada NDOC facilities, Enviser will be required to provide this service.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Alicia Roman  
Agency Representative Initiating Request

Alicia Roman  
Alicia Roman, NDOC Contracts Manager

7/17/19  
Date

John Borrowman  
Signature of Agency Head Authorizing Request

7/17/19

John Borrowman  
John Borrowman, NDOC Deputy Director, Support Services

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:

Kevin D. Doty  
Administrator, Purchasing Division or Designee

7/22/19  
Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22645**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
Agency Code: **440**  
Appropriation Unit: **3763-55**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **HITES ENTERPRISES INC**  
Contractor Name: **HITES ENTERPRISES INC**  
Address: **HITES FUNERAL HOME  
438 W SUNSET RD  
HENDERSON, NV 89011-4145**  
City/State/Zip: **HENDERSON, NV 89011-4145**  
Contact/Phone: **Eric Lee 702/568-1747**  
Vendor No.: **T29011891**  
NV Business ID: **NV19971132472**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/03/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2024**

Contract term: **4 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Inmate Cremation**

5. Purpose of contract:

**This is a new contract to provide ongoing cremation services for inmates incarcerated at the following correctional facilities located in Southern Nevada: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Pioche Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. In the event the family of a deceased inmate declines to claim the body, the department is required to pay for cremation costs.**

6. NEW CONTRACT

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

Other basis for payment: BA 3763, CAT 55, GL 7060 Payment is made upon completion of services and submission of the invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Public Health and NRS require proper disposition of deceased inmates. To ensure the Nevada Department of Corrections is in compliance with NRS 451.400 which requires the unclaimed body of a deceased person be buried at public expense and Administrative Regulation 420 relating to the proper disposition, handling and cremation of deceased inmates.**

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

**Historically, the department has outsourced this service to a vendor with the equipment and required license to perform cremation of a deceased person. No other State agency offers cremation 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?

This contract went out to bid on 5/30/19. No vendors responded to the informal bid for solicitation. Hites was contacted to inquire if they wished to continue contracted services; they indicated that they were still interested. They have provided satisfactory service to the department for the past twelve (12) years.

d. Last bid date: 05/30/2019 Anticipated re-bid date: 07/31/2023

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?

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:

FY08 to current with the Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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	dmartine	12/13/2019 16:23:57 PM
Division Approval	amonro1	12/16/2019 13:09:26 PM
Department Approval	sewart	12/17/2019 11:44:35 AM
Contract Manager Approval	hedmonds	12/30/2019 16:34:02 PM
Budget Analyst Approval	bmacke1	01/03/2020 15:48:41 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22664**

Agency Name: <b>DPS-EMERGENCY MANAGEMENT</b>	Legal Entity Name: <b>GRANTANALYST.COM LLC, DBA ZOOMGRANTS</b>
Agency Code: <b>654</b>	Contractor Name: <b>GRANTANALYST.COM LLC, DBA ZOOMGRANTS</b>
Appropriation Unit: <b>3673-04</b>	Address: <b>44 Cook Street, #100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DENVER, CO 80206</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>866/323-5404</b>
	Vendor No.: <b>T29036965</b>
	NV Business ID: <b>NV20191617343</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 353 days**

4. Type of contract: **Contract**

Contract description: **grants management**

5. Purpose of contract:

**This is a new contract to provide a user access to a cloud-based Grants Application and Management System to be used by division staff and designated grant sub-recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,500.00**

Other basis for payment: based on consideration section of the contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The requested software is a system that assists staff in managing federal funding. Currently, we are using Excel to manage millions of dollars manually. Grant packages are completed using three different types of documents, which include excel, word, and PDF. A software system will allow staff to streamline the process of issuing grants and tracking expenditures. All information will be in a central location and mitigating risks such as manually changes, losing documents or losing track of a process in the many step it takes to issues grants and manages sub-grants. The processes now are administratively burdensome and are to the point that our division cannot seek new opportunities for funding because we do not have the staffing depth to manage the current grants. The software will give us up to date information in real time, and staff will be able to extract information by downloading reports and manually creating a spreadsheet.

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

Currently, state employees are completing this work manually; however we are at our capacity and can no longer manage any additional opportunities. The system will assist with alleviating some of the challenges of working in a manual system and assist with a more accurate, faster picture of the grant process.

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):

ECivis System  
Survey Monkey  
GrantAnalyst.com

b. Solicitation Waiver: **Not Applicable**

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

The chosen system was the best fit and price for DEM.

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:

Kelli Anderson, Grants Manager Ph: 775-687-0321

Judith Lyman, MA I Ph: 775-687-0324

Eric Wilson, ASO I Ph: 775-687-0316

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	12/09/2019 17:15:34 PM
Division Approval	lgallow1	12/18/2019 14:05:52 PM
Department Approval	gmott	12/19/2019 16:07:24 PM
Contract Manager Approval	gmott	12/19/2019 16:07:28 PM
Budget Analyst Approval	jrodrig9	01/13/2020 11:54:10 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **21664** Amendment Number: **1**

Agency Name: **DPS-EMERGENCY MANAGEMENT** Legal Entity Name: **OCCUPATIONAL SERVICES, INC.**

Agency Code: **654** Contractor Name: **OCCUPATIONAL SERVICES, INC.**

Appropriation Unit: **3673-69** Address: **6397 NANCY RIDGE DR.**

Is budget authority available?: **Yes** City/State/Zip: **SAN DIEGO, CA 92121**

If "No" please explain: **Not Applicable** Contact/Phone: **858-558-6736**

Vendor No.: **T29009668**

NV Business ID: **NV20191404790**

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 48 days**

4. Type of contract: **Contract**

Contract description: **calibrations**

5. Purpose of contract:

**This is the first amendment to the contract to provide radiological detection device calibrations and maintenance services at pre-determined locations throughout the state. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$82,969 to \$128,253 due the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$82,969.00	\$82,969.00	\$82,969.00	Yes - Action
2. Amount of current amendment (#1):	\$45,284.00	\$45,284.00	\$45,284.00	Yes - Info
3. New maximum contract amount:	\$128,253.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Division of Emergency Management receives funding to purchase radiological detection devices and to provide for the annual device calibrations. The Division transfers the devices to local jurisdictions for radiological detection and monitoring as well as facilitates the required annual calibrations to ensure accuracy.

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

The Division is currently in the process of identifying staff & obtaining training, applying for the required licensing, purchasing necessary equipment and securing the radiological sources to perform the required calibrations. This contract will provide for the required calibrations while the Division's program and procedures are implemented.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Occupational Services Inc was the only vendor that submitted a proposal to perform the work. All the other vendors solicited submitted a 'no bid' or there was no notification received.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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	jlun1	12/10/2019 08:50:29 AM
Division Approval	lgallow1	12/18/2019 14:05:40 PM

Department Approval  
Contract Manager Approval  
Budget Analyst Approval

gmott  
gmott  
jrodrig9

12/19/2019.16:33:02 PM  
12/19/2019 16:33:08 PM  
01/13/2020 11:27:34 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: **19709** Amendment Number: **2**

Agency Name: **DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE** Legal Entity Name: **Beyond 20/20** Contractor Name: **Beyond 20/20**

Agency Code: **655** Address: **265 Carling Avenue #300**

Appropriation Unit: **4709-15** City/State/Zip: **Ottawa ON Canada, -- K1A2E1**

Is budget authority available?: **Yes** Contact/Phone: **Del Khalife 888-try-2020**

If "No" please explain: **Not Applicable** Vendor No.: **F00000408**

To what State Fiscal Year(s) will the contract be charged? **2018-2020** NV Business ID: **NV20181152497**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**

Anticipated BOE meeting date **01/2019**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 110 days**

4. Type of contract: **Contract**

Contract description: **NIBRS**

5. Purpose of contract:

**This is the second amendment to the contract which provides for the development and implementation of a web-based incident-based crime data/statistics collection and reporting system that will comply with Federal National Incident-Based Reporting System Guidelines. This amendment extends the contract expiration date from December 31, 2019 to June 30, 2020 and increases the maximum amount from \$321,950.00 to \$353,600.00 due the continued need for these services and to include additional details for functionality and reporting requirements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$321,950.00	\$321,950.00	\$321,950.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$31,650.00	\$31,650.00	\$31,650.00	Yes - Info
3. New maximum contract amount:	\$353,600.00			
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?

The work is required as a result of a Federal mandate for the state to be compliant with Incident Based Reporting for crime statistics.

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

The state does not require the necessary skill set to implement the software needed in accordance with the required time frames.

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 Federal government approved a solicitation waiver and specifically listed this vendor in the grant. See memo and email from Nevada State Purchasing.

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	lgallow1	12/19/2019 14:22:17 PM
Division Approval	lgallow1	12/19/2019 14:22:21 PM
Department Approval	gmott	12/19/2019 14:25:15 PM

Contract Manager Approval	gmott	12/19/2019 14:25:21 PM
EITS Approval	tgalluzi	12/24/2019 14:19:57 PM
Budget Analyst Approval	jrodrig9	12/26/2019 14:13:58 PM



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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Washington, D.C. 20531

November 3, 2017

Julie Butler, Administrator  
Nevada Department of Public Safety  
333 West Nye Lane  
Carson City, NV 89706-0866

SENT VIA EMAIL ONLY

RE: BJS approval of noncompetitive procurement for supplement to Award 2015-R2-CX-K043

Dear Ms. Butler:

The Bureau of Justice Statistics has approved, through the supplemental application process, the noncompetitive procurement of a NIBRS repository from Beyond 20/20 in the amount of \$313,950. I hope that this information is helpful as you move forward with your NCX-X project. We look forward to continuing to work with and support Nevada's efforts to establish a certified program for reporting crime incident data to the FBI's National Incident Based Reporting System (NIBRS).

If you have any questions or need further information, please contact Kimberly Martin, Grant and Program Manager for the Nevada NCS-X award, by telephone at (202) 598-1179 or by email at [Kimberly.Martin@usdoj.gov](mailto:Kimberly.Martin@usdoj.gov).

Sincerely,

Erica L. Smith  
Unit Chief, Law Enforcement Incident-Based Statistics Unit  
Bureau of Justice Statistics  
U.S. Department of Justice  
(202) 616-3491  
[Erica.L.Smith@usdoj.gov](mailto:Erica.L.Smith@usdoj.gov)

## Melissa Carr

---

**From:** Jeffrey Haag  
**Sent:** Friday, February 02, 2018 12:35 PM  
**To:** Sheri Brueggemann  
**Cc:** Cindy L. Stoeffler; Melissa Carr  
**Subject:** RE: Solicitation Waiver Beyond 20/20

Hi Sheri,

We are in agreement with the letter from the FBI authorizing direct contracting with 20/20, please proceed with State Purchasing's approval.

Thank you  
Jeff

**Jeffrey Haag | Administrator**  
Purchasing Division  
515 E Musser St, 3<sup>rd</sup> Floor  
Carson City NV 89701  
775-684-0170



**Nevada Department  
of Administration**  
[www.admin.nv.gov](http://www.admin.nv.gov)  
*Efficient & Responsive State Government*

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**From:** Sheri Brueggemann  
**Sent:** Friday, February 02, 2018 8:21 AM  
**To:** Jeffrey Haag  
**Cc:** Cindy L. Stoeffler; Melissa Carr  
**Subject:** FW: Solicitation Waiver Beyond 20/20

Hi Jeff,

We are nearly ready to sign off on the contract 20/20 for which the Federal Granting agency approved a sole source. Cindy indicates below that with documentation it is permissible to go forward with the contract. (Please see below). Our DAG wants to ensure that we have your approval to do this. Would you mind reviewing the email below and replying with an approval if you agree.

Thank you,

*Sheri Brueggemann*

Senior Fiscal Officer  
Administrative Services Officer IV

Department of Public Safety  
(775) 684-4536

---

**From:** Melissa Carr  
**Sent:** Thursday, February 1, 2018 4:39 PM  
**To:** Sheri Brueggemann  
**Subject:** Solicitation Waiver Beyond 20/20

*Sheri,*

***Here is the email from Purchasing indicating that the Federal Solicitation waiver would supersede the State's Authority.***

Thank you,

*Melissa K. Carr*

Administrative Services Officer  
Department of Public Safety  
Phone: 775-684-4593  
Fax: 775-684-4809  
[mcarr@dps.state.nv.us](mailto:mcarr@dps.state.nv.us)



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**From:** Cindy L. Stoeffler  
**Sent:** Wednesday, November 01, 2017 2:50 PM  
**To:** Melissa Costa  
**Cc:** Tammy Trio; Mark G. Stewart  
**Subject:** Solicitation Waiver Beyond 20/20

**Hello Melissa:**

**I am in receipt of your solicitation waiver for Beyond 20/20. Unfortunately, the submission may not or cannot be approved based on the following:**

**Please refer to your answer in #4: It appears the agency is indicating "...the use of Beyond 20/20 (as a Sole Source) was approved by the FBI for DPS under the terms of the grant..." If the Federal Government has indicated in your grant award that you must use Beyond 20/20 at the sole source vendor/provider, that would supersede the State's authority. A waiver from State Purchasing would not be required. You would need to include the portion of your award stating such as an attachment in CETS and as a part of your contract submission to your Budget Analyst/Budget Division and proceed.**

**Please refer to your answer in #1: The contract amount (\$322,000.00) & term (1year) indicates State Purchasing would be required to conduct a formal solicitation on behalf of the agency, if the above does not apply.**

**Please refer to your answer in #5: The RFI processed is a tool used to help agencies to discover what is actually available/out there on the market, to help disclose possibilities that agencies may never have considered or not known existed and to help them write a better and/or more inclusive, detailed scope of work. You cannot use the RFI process to award to a vendor. In this case, the RFP process would need to be conducted.**

**Please refer to your answer in #7: Again, as a part of your grant award, if the Feds have indicated you are to sole source to Beyond 20/20, a waiver from Purchasing would not be required.**

**If you have questions, please feel free to reach out,**

**Best Regards,**

**Cindy Stoeffler  
State of Nevada  
Department of Administration  
Tel (775) 684-0173  
Fax (775) 684-0188  
[cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov)**

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22674**

Agency Name: **DEPARTMENT OF WILDLIFE**

Agency Code: **702**

Appropriation Unit: **4460-07**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Ambient Edge Conditioning & Refrigeration, Inc.**

Contractor Name: **Ambient Edge Conditioning & Refrigeration, Inc.**

Address: **110 Corporate Park Drive Suite 111**

City/State/Zip: **Henderson , NV 89074**

Contact/Phone: **702-489-9011**

Vendor No.:

NV Business ID: **NV20081415996**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

Agency Reference #: **20-32**

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 166 days**

4. Type of contract: **Contract**

Contract description: **HVAC service**

5. Purpose of contract:

**This is a new contract to provide quarterly HVAC services at two Wildlife offices, 3373 Pepper Lane in Las Vegas and 1595 South Casino Drive in Laughlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,690.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Work is to maintain equipment.**

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

**Specialized work that Nevada Department of Wildlife employees do not have skill to perform.**

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):

**Sierra Air Conditioning  
Sahara Air  
Ambient Edge Conditioning & Refrigeration  
Sierra Air Conditioning**

b. Solicitation Waiver: **Not Applicable**

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

Lowest Cost and ability to service both locations.

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:

Nick Collins , Construction Project Coordinator Ph: 775-688-1583

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	12/12/2019 17:04:36 PM
Division Approval	eobrien	01/06/2020 16:54:49 PM
Department Approval	eobrien	01/06/2020 16:54:54 PM
Contract Manager Approval	zalbert	01/15/2020 08:41:56 AM
Budget Analyst Approval	mlynn	01/15/2020 09:08:49 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22725**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4162-00**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Cactus and Lace Weddings, LLC**  
 Contractor Name: **Cactus and Lace Weddings, LLC**  
 Address: **PO Box 1634**  
 City/State/Zip: **Overton, NV 89040**  
 Contact/Phone: **Lory Fabbi 702-249-6557**  
 Vendor No.:  
 NV Business ID: **NV20141370529**

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2020**  
 Anticipated BOE meeting date **02/2020**

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

**Not Applicable**

3. Termination Date: **02/03/2022**  
 Contract term: **2 years and 21 days**

4. Type of contract: **Revenue Contract**  
 Contract description: **Wedding Ceremonies**

5. Purpose of contract:

**This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.**

6. NEW CONTRACT

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The vendor would like to conduct weddings at the park.**

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

**NA**

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

**Non competitive.**

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 vendor has been under contract with Valley of Fire State Park since 2015 with satisfactory compliance.

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:

Craig Robinson, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	12/27/2019 08:46:13 AM
Division Approval	sdecrona	12/27/2019 08:46:16 AM
Department Approval	sdecrona	12/27/2019 08:46:19 AM
Contract Manager Approval	sdecrona	12/27/2019 08:46:21 AM
Budget Analyst Approval	mtum1	01/14/2020 16:44:32 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22720**

Agency Name: **DCNR - PARKS DIVISION**

Agency Code: **704**

Appropriation Unit: **4162-30**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name:	Golden Pahrump Nugget, LLC DBA Nugget Hotel & Casino
Contractor Name:	<b>Golden Pahrump Nugget, LLC DBA Nugget Hotel &amp; Casino</b>
Address:	<b>681 S. Hwy 160</b>
City/State/Zip:	<b>Pahrump, NV 89048</b>
Contact/Phone:	Vicky Hilling 702-281-2140
Vendor No.:	
NV Business ID:	NV20061043839

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/07/2020**

Contract term: **4 days**

4. Type of contract: **Contract**

Contract description: **Park Academy 2020**

5. Purpose of contract:

**This is a new contract to provide facilities for the biennial Park Academy training of Division employees.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,774.40**

Other basis for payment: 50% upon contract approval and 50% on completion of academy and invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The parks requires a central location to provide training.**

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

**We don't have a facility large enough.**

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):

**Primm Valley  
Saddle West**

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest qualified bidder.

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:

Jennifer Dawson, Park Supervisor Ph: 775-687-4319

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	12/24/2019 13:19:01 PM
Division Approval	sdecrona	12/24/2019 13:19:04 PM
Department Approval	sdecrona	12/24/2019 13:19:06 PM
Contract Manager Approval	sdecrona	12/24/2019 13:21:04 PM
Budget Analyst Approval	mtum1	01/16/2020 16:03:19 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: **22680**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4605-19**

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

Legal Entity Name: **H2O Environmental, Inc.**  
Contractor Name: **H2O Environmental, Inc.**  
Address: **4435 East Colton Avenue**

City/State/Zip: **Las Vegas, NV 89115**

Contact/Phone: **Brian Manning 702-503-4293**  
Vendor No.:  
NV Business ID: **NV19961214703**

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2019**  
Anticipated BOE meeting date **02/2020**

Retroactive? **Yes**

If "Yes", please explain

**State Parks was working with State Purchasing in an attempt to complete an on call contract for septic pumping services. Two RFP's were done with no bids received. The Division tried to do a contract with H2O Environmental for just Valley of Fire. They were in the process of selling the company and could not agree to terms in a timely manner. This became a emergency and the toilets needed to be pumped.**

3. Termination Date: **12/04/2019**  
Contract term: **15 days**

4. Type of contract: **Contract**  
Contract description: **Emerg Sewer Pump**

5. Purpose of contract:

**This is a new contract to provide emergency pumping services and disposal of hazardous waste material for Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,067.78**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This was a health and safety issue.**

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

**The Division does not have the appropriate equipment.**

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

This is the only vendor which could complete the service.

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 vendor was under contract with Valley of Fire State Park from 2014 to 2019 with satisfactory compliance.

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:

Craig Robinson, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	12/12/2019 11:58:53 AM
Division Approval	sdecrona	12/12/2019 11:58:55 AM
Department Approval	sdecrona	12/12/2019 11:58:57 AM
Contract Manager Approval	sdecrona	12/12/2019 11:59:00 AM
Budget Analyst Approval	mtum1	01/14/2020 16:32:52 PM

STEVE SISOLAK  
Governor

BRADLEY CROWELL  
Director  
Department of Conservation and  
Natural Resources

ROBERT MERGELL  
Administrator

STATE OF NEVADA



901 S. Stewart Street,  
Suite 5005  
Carson City, NV  
89701-6248

Phone: (775) 684-2770  
Fax: (775) 684-2777  
stparks@parks.nv.gov  
<http://parks.nv.gov>

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF STATE PARKS

December 3, 2019

**TO:** Michele Lynn, Executive Branch Budget Officer  
Governors Finance Office

**FROM:** Jennifer Idema, Administrative Services Officer  
Shirley DeCrona, Management Analyst  
Division of State Parks

**SUBJECT:** Retroactive Emergency Contract for Sewer and Septic Pumping  
Valley of Fire State Park

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The Nevada Division of State Parks (NDSP) respectfully requests approval for the retroactive emergency contract between NDSP and H2O Environmental, Inc., to remove sludge and debris from 13 pit toilet vaults, and dispose of hazardous waste material at the Clark County landfill. The retroactive date is November 19, 2019.

This work is being completed under emergency circumstances to remove sludge hazardous waste material to restore toilet facilities for the park. The estimate is \$27,067.78. This is a health and sanitation issue, which causes unsanitary conditions for park visitors.

We are working with the Regional Manager and Park Supervisor to prevent this from happening in the future.

## Shirley DeCrona

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**From:** Kevin D. Doty  
**Sent:** Wednesday, November 13, 2019 12:36 PM  
**To:** Shirley DeCrona  
**Subject:** RE: Requesting approval for emergency contract-H2O Environmental

Hi Shirley,

If the septic pumping really needs to be done, then you have my authorization under NAC 333.114 to proceed. However, we really need to get someone under contract for this regular service going forward.

Kevin

Kevin D. Doty  
Administrator  
Purchasing Division  
Nevada Department of Administration  
(775) 684-0183  
[kddoty@admin.nv.gov](mailto:kddoty@admin.nv.gov)

**From:** Shirley DeCrona <[sdecrona@parks.nv.gov](mailto:sdecrona@parks.nv.gov)>  
**Sent:** Wednesday, November 13, 2019 10:43 AM  
**To:** Kevin D. Doty <[kddoty@admin.nv.gov](mailto:kddoty@admin.nv.gov)>  
**Subject:** Requesting approval for emergency contract-H2O Environmental

Good morning Mr. Doty,  
State Parks is in the process of doing an emergency contract with H2O Environmental for septic pumping at the Valley of Fire State Park. In the last six months purchasing has tried to complete an RFP for septic pumping. No one applied the first time so it was done again with the same result. Then we tried to execute a regular contract with this company but there was issues on their part with the standard contract.

We have reached a point that requires us to get the pumping done due to the health and safety risks. H2O has agreed to do an emergency contract for the septic pumping.

May I have your approval?

Thank you

*Shirley DeCrona*  
*Management Analyst*  
*Contract Manager*  
Department of Conservation and Natural Resources  
Nevada Division of State Parks  
901 S. Stewart St., Suite 5005  
Carson City, NV 89701  
Email address [sdecrona@parks.nv.gov](mailto:sdecrona@parks.nv.gov)

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22705**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>TIBERTI FENCE COMPANY</b>
Agency Code: <b>704</b>	Contractor Name: <b>THE TIBERTI COMPANY, LLC DBA TIBERTI FENCE</b>
Appropriation Unit: <b>4605-17</b>	Address: <b>4975 Roger Street PO BOX 15260</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89114</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Stephan Jordan 702-382-7070</b>
	Vendor No.: <b>T81037585A</b>
	NV Business ID: <b>NV20161005304</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2020**

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/25/2020**

Contract term: **70 days**

4. Type of contract: **Contract**

Contract description: **Fence**

5. Purpose of contract:

**This is a new contract to provide fencing at Spring Mountain Ranch State Park to prevent the introduction of invasive species.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,324.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The lake on SMRSP is Lake Harriet which is home to the critically endangered Pahrump poolfish. Two years ago, visitors placed several invasive species into the lake, resulting in a decline in the poolfish. The lake was drained in order to restore balance.

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

The Division have the equipment or staff time to install the fencing.

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 Star  
Tiberti Fence  
Fencing Specialist

b. Solicitation Waiver: **Not Applicable**

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

They were the lowest qualified bidder.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

the vendor does business as Tiberti Fence.

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:

Richard Keller, Park Supervisor Ph: (702) 875-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	12/20/2019 08:53:12 AM
Division Approval	sdecrona	12/20/2019 08:53:15 AM
Department Approval	sdecrona	12/20/2019 08:53:17 AM
Contract Manager Approval	sdecrona	12/20/2019 08:53:19 AM
Budget Analyst Approval	mtum1	01/14/2020 17:56:58 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: **21472** Amendment Number: **1**

Agency Name: **B&I - ATTORNEY FOR INJURED WORKERS** Legal Entity Name: **LEGAL WINGS INC**

Agency Code: **753** Contractor Name: **LEGAL WINGS INC**

Appropriation Unit: **1013-04** Address: **1118 FREMONT ST**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89101**

If "No" please explain: **Not Applicable** Contact/Phone: **EDWARD KIELTY 702-384-0305**

Vendor No.: **T80945612**

NV Business ID: **NV19841012894**

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 %	<input checked="" type="checkbox"/>	Fees	13.50 %	<b>Licensing and Administrative Fees</b>
Federal Funds	0.00 %	<input type="checkbox"/>	Bonds	0.00 %	
Highway Funds	0.00 %	<input checked="" type="checkbox"/>	Other funding	86.50 %	<b>WORKER'S COMPENSATION AND SAFETY FUND</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2018**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/01/2021**

Contract term: **3 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Legal Wings**

5. Purpose of contract:

**This is the first amendment to the original contract that provides subpoena and document delivery to and from the Office of Nevada Attorney for Injured Workers, to outside counsel, or filed at the District Court in order to properly represent claimants at the Appeals Office and Supreme Court levels. This amendment adds the Real Estate Division and increases the maximum amount from \$9,999 to \$11,553 due to the need for these services by the Real Estate Division.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,999.00	\$9,999.00	\$9,999.00	No
2. Amount of current amendment (#1):	\$1,554.00	\$11,553.00	\$11,553.00	Yes - Info
3. New maximum contract amount:	\$11,553.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It is frequently necessary to subpoena witnesses and records and to have documents delivered to and from the NAIW office and outside counsel, or filed in District Court in order to properly represent claimants at the appeals office, district court and supreme court levels.

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

NAIW staff cannot provide this work cost effectively, as delivery is made and services are offered throughout the greater Las Vegas area on a daily basis. NAIW does not have a runner or state vehicle to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor offers service of process and delivery, catering to law offices, that encompass a wide geographical area, meeting specific needs of NAIW, for the all around lowest price on monthly delivery rates and rates for process services.

d. Last bid date: 01/02/2019 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

December 2014 to November 2018 - Nevada Attorney for Injured Workers (NAIW) - service received from the vendor was satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	emeckes	11/26/2019 09:32:54 AM
Division Approval	emeckes	12/18/2019 07:58:27 AM
Department Approval	jhanse4	12/31/2019 08:17:44 AM
Contract Manager Approval	emeckes	12/31/2019 09:44:33 AM
Budget Analyst Approval	spower2	01/15/2020 09:33:04 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22669**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Sutton Hague</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Sutton Hague</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>9790 Gateway Drive, Suite 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brett Sutton 775-284-2770</b>
	Vendor No.:
	NV Business ID: <b>NV20141281867</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/02/2020**

Anticipated BOE meeting date **01/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract for legal services.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$325.00 per Hour

Other basis for payment: Invoiced monthly

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Board occasionally needs expert advice regarding employment matters.**

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

**The Board staff does not have the legal expertise in employment law.**

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	12/10/2019 09:38:50 AM
Division Approval	5522	12/10/2019 09:38:53 AM
Department Approval	5522	12/10/2019 09:38:55 AM
Contract Manager Approval	5522	12/10/2019 09:38:58 AM
Budget Analyst Approval	lfree1	01/02/2020 09:39:20 AM