

Governor Steve Sisolak
Chairman

Susan Brown
Clerk of the Board



Attorney General Aaron D. Ford
Member

Secretary of State Barbara K. Cegavske
Member

STATE OF NEVADA BOARD OF EXAMINERS

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

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: November 10, 2020, 10:00 AM

Location:

Pursuant to the Governor's Emergency Directive 006, as extended, there will be no physical location for this meeting. This meeting can be viewed on YouTube. The link will not go live until 10:00 am

https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live

**Please do not call for the collaboration code if you have not been contacted by your Executive Branch Budget Officer to do so.
Thank you.**

**Conference Call Line
For Public Comment**

775-687-0999 or 702-486-5260

Please call 775-684-0222 for a collaboration code

AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).
- 3. Approval of the October 13, 2020 Minutes** (For possible action)

4. Authorization for and Emergency Contract with a Current and/or a Former State Employee (For possible action)

Department of Employment, Training and Rehabilitation

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Taci Lawson to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Maria Connie Morales to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Renee Weiland to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

5. 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 sections of the State Administrative Manual.

SAM Section 1300 – State Vehicles
SAM Section 1400 – Fleet Services Division

6. Request for Approval of Payment for the Statutory Contingency Account (For possible action)

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$2,850,000 from the Statutory Contingency Account, to Cathy Woods representing compensation for her wrongful conviction.

7. Approval of Proposed Leases (For possible action)

8. Approval of Proposed Contracts (For possible action)

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

10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from September 22, 2020 through October 19, 2020.

11. 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.

12. Adjournment (For possible action)

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

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

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MEETING MINUTES

Date and Time: October 13, 2020, 10:00 AM

Location: *Pursuant to the Governor's Emergency Directive 006, as extended, there will be no physical location for this meeting. This meeting can be viewed on YouTube. The link will not go live until 100:00 am*

https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live

MEMBERS PRESENT:

Governor Steve Sisolak
Secretary of State Barbara Cegavske – on the phone
Attorney General Ford – on the phone

STAFF PRESENT:

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

OTHERS PRESENT (BY PHONE):

Patricia Adkisson, Member of the Public
Will Jensen, Education Programs Director, Nevada Department of Education
Jonathan Moore, Deputy Superintendent, Nevada Department of Education
David Bobzien, Director, Governor's Office of Energy
Jessica Diss, Deputy General Counsel, Governor's Office
Micheline Fairbanks, Deputy Administrator,
Department of Conservation and Natural Resources
Adam Sullivan, Deputy Administrator, Department of Conservation and Natural Resources
Chris Thorson, Manager 2, Professional Engineer,
Department of Conservation and Natural Resources
John Borrowman, Deputy Director, Department of Corrections
Catherine Byrne, State Controller
Lori Hoover, Chief Deputy Controller, State Controller's Office

1. Call to Order / Roll Call

Governor: I would like to call today's meeting of the State of Nevada Board of Examiners (BOE) to order for Tuesday, October 13, 2020. Could I ask the Clerk to take the roll please?

Board Secretary: Governor Sisolak?

Governor: Here.

Board Secretary: Secretary of State Cegavske?

Secretary of State: I'm here. Thank you.

Board Secretary: Attorney General Ford?

Attorney General: Here.

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

Governor: We do have a quorum. Thank you.

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

Governor: Item number 2, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any issue on the agenda, please step forward and identify yourself for the record. Comments will be limited to three minutes. Do we have any written or telephonic comment?

Public Comment: Patricia Adkisson (Attachement A)

Governor: Thank you for your comments. Do we have any other callers with public comments?

Clerk of the Board: There is not anyone else that we were aware of.

Governor: I will close public comment.

3. Approval of the September 8, 2020 Minutes (For possible action)

Governor: Item number 3, *Approval of the September 8, 2020 Minutes*. Do I have a motion on that?

Secretary of State: So moved. This is Barbara Cegavske.

Governor: We have a motion for approval on the floor from Secretary Cegavske. Is there any discussion on the motion? Hearing none. All in favor, signify by saying aye. The motion passes.

4. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Peace Officer Standard Training	3	\$9,453
Department of Wildlife	8	\$294,547
Total	11	\$304,000

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

Clerk of the Board: There are 2 requests for 11 vehicles in this agenda item. The first request is from Peace Officer Standards and Training (POST) to purchase 3 replacement vehicles for \$9,453. The vehicles that are being replaced have met the age and mileage requirements in the State Administrative Manual (SAM) and funding for these vehicles is included in the agency's budget. The second request is from the Department of Wildlife for 8 replacement vehicles for \$294,547. The vehicles being replaced have met the age and or mileage requirements in SAM and funding for these vehicles is included in the agency's legislatively approved budgets. Are there any comments?

Governor: I just want to clarify for the record that these POST vehicles, these are some used beat-up vehicles that they use for training because they are \$3,100 each and not normally what we have on the agenda, correct?

Clerk of the Board: You are correct. This is a standard practice for POST to purchase used vehicles for their operation.

Governor: Do we have any discussion on this agenda item or a motion?

Secretary of State: I move for approval.

Governor: Secretary Cegavske has moved approval. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

A. Department of Employment, Training and Rehabilitation

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Jeffrey Frischman to perform administrative duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Scott Kennedy to perform administrative duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

B. Department of Public Safety – Division of Emergency Management

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Kelli Baratti to perform resource and incident management coordination duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee JoAnn Kittrell to perform Public Information Officer duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

C. Office of the Secretary of State

Pursuant to NRS 333.705, subsection 4, the Office seeks a favorable recommendation regarding the determination to use the emergency provision to contract with former employee Delaina Marzullo to perform Administrative Assistant duties for the Commercial Recordings Las Vegas Office on a part-time, intermittent basis as needed through Master Service Agreement #18405 between Department of Administration, Purchasing Division and Marathon Staffing Group.

Pursuant to NRS 333.705, subsection 4, the Office seeks a favorable

recommendation regarding the determination to use the emergency provision to contract with former employee Elena Della Pietra to perform Administrative Assistant duties in the Notary Division of Commercial Recordings on a part-time, intermittent basis as needed through Master Service Agreement #18405 between Department of Administration, Purchasing Division and Marathon Staffing Group.

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

Clerk of the Board: Pursuant to subsection 4 of NRS 333.705, an agency may contract with a former employee without first obtaining Board of Examiners approval if the term of the contract is for less than four months and the head of the using agency determines that an emergency exists.

If a using agency contracts with an individual pursuant to this exception, they must submit a copy of the contract and a description of the emergency to the Board of Examiners who shall review the contract and description of the emergency and notify the agency whether or not they would have approved the contract, had it not been entered into under the emergency provision.

This item has 6 requests today. The first request is from the Department of Employment, Training and Rehabilitation (DETR) and it is seeking favorable recommendation from the Board on their use of the emergency provisions to contract with two former employees. The Department contracted both of these former employees through Manpower from September 3, 2020 to January 3, 2021. Both of these employees retired in May of this year and have experience in unemployment insurance programs. These former employees have been hired to provide administrative duties related to these programs including the Pandemic Unemployment Assistance program. Would you like to take action on all 6 of these items together or do you want these taken by the department?

Governor: All together.

Clerk of the Board: The Department of Public Safety, Division of Emergency Management also requests to contract with two former employees. The first was contracted through Manpower from April to July 2020 and this employee performed resource and incident management coordination duties related to fires. The second employee was contracted through Manpower from April 6, 2020 to August 6, 2020 to perform Public Information duties related to COVID-19.

The third item, which is including two former employees, is from the Office of the Secretary of State. The individuals were contracted through the Marathon Staffing Group to perform duties needed to eliminate a backlog of document archiving and to provide training for new employees who will take their former positions. They both are contracted from September 8 through December 25, 2020.

Governor: Before taking a motion on this, I just have a question and I should have asked you this in my briefing – when they are contracted through either Manpower or Marathon, how much does the staffing agency get that the employee is not getting?

Clerk of the Board: That overhead cost, as I understand it, varies depending on whether or not the state agency found the employee and recommended them to the staffing agency so that the State could hire them. I believe for these, the rates are 21 percent and 24 percent and I think it can go as high as 32 percent on that overhead cost.

Governor: This seems like a lot that they are getting for just being the conduit.

Do I have a motion on this one?

Attorney General: I move approval, Mr. Governor.

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

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

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee JoAnn Kittrell to perform Public Information Officer duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Phillip “Michael” Keeler to perform hearing representative duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Timothy Tyson to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department of Transportation (NDOT) requests authority for Atkins North America, Inc. to engage Jessica Biggin to be a Right of Way Utilities Specialist on their staffing team to augment NDOT's management of statewide projects via the design services provided from the Design On-Call Master Agreements.

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation (NDOT) requests authority for Horrocks Engineers, Inc. to engage Casey Connor to be a Project Manager and/or Quality Control/Quality Assurance Engineer on their staffing team to augment NDOT's management of statewide projects via the design services provided from the Design On-Call Master Agreements.

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation (NDOT) requests authority for Horrocks Engineers, Inc. to engage Louis Holland, Esq., to be a Policy and Procedures Oversight Specialist on their staffing team to augment NDOT's management of statewide projects via the design services provided from the Design On-Call Master Agreements.

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

Clerk of the Board: This item is for six requests to contract with former employees pursuant to NRS 333.705 subsection 1. The first three requests are from the Department of Administration, Purchasing Division. The first item is to contract with a former employee to perform public information officer duties for the Department of Public Safety, Division of Emergency Management. This individual will be employed by Manpower through Master Service Agreement #18404. The second request is to contract with a former employee to perform hearing representative duties for the Department of Public Safety, Parole Board. This individual will also be employed by Manpower. The third request is to contract with a former employee to perform uniformed security guard duties for various agencies and will be employed by Universal Protection Services who does business as Allied Universal Security.

The next three requests are from the Department of Transportation. The first is to contract with a former employee to provide utility coordination services for projects statewide. This individual will be employed by Atkins North America. The second item here is to contract with a former employee to perform project management duties on statewide projects. This individual will be employed by Horrocks Engineering on an on-call basis and the final item is to contract with a former employee to perform policy and procedures oversight specialist duties including design services. This individual will also be employed by Horrocks Engineering.

Governor: Do we have any discussion on item 6? Do I have a motion?

Attorney General: I move approval.

Governor: We have a motion for approval. Is there any discussion? 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)

A. Department of Conservation and Natural Resources – Water Resources

Pursuant to NRS 353.268, the Division requests an allocation of \$389,902 from the Interim Finance Committee Contingency Account to fund a geotechnical investigation into the cause of foundation seepage occurring at the South Fork Dam located approximately 20 miles south of Elko.

B. Department of Corrections

Pursuant to NRS 353.268, the Department requests an allocation of \$10,491,564 in Fiscal Year 2021 from the Interim Finance Committee Contingency account to provide treatment of patients infected with the Hepatitis C Virus in accordance with the proposed consent decree.

C. Department of Education – Contingency Account for Special Education

Pursuant to NRS 353.268, the Department requests an allocation of \$428,800 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

D. State Treasurer's Office – Silicosis & Disabled Pensions Account

Pursuant to NRS 353.268, the Office requests an allocation of \$16,949 from the Interim Finance Committee Contingency Account to replenish the Silicosis & Disabled Pensions account to continue payments through the end of fiscal year 2021.

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

Clerk of the Board: There are four requests under this agenda item. Do you want to take these individually or do you want to take them as a group?

Governor: I'll take them individually.

Clerk of the Board: The first item is the Department of Conservation and Natural Resources and they are requesting an allocation of \$344,467 and this is an adjustment to what was agenized. That request was reduced slightly. This is to fund a geotechnical investigation into the cause of foundation seepage at the North Fork Dam.

Governor: I have a question to counsel. My understanding is because it is reduced, we can go ahead, right? If it was increased, we could not?

Board Counsel: That is correct. Because it's reduced, it's fine.

Governor: Thank you. Do we have any discussion on item number 7-A?

Secretary of State: Can I just ask how much is left in the contingency account?

Clerk of the Board: My apologies, I should have said at the beginning of this item. The approximate balance in the contingency account is \$18.2 million to cover unanticipated costs for the remainder of this fiscal year. If all of these items are approved, the remaining balance in the account will be approximately \$6.9 million.

Governor: Do we have a motion on item 7-A?

Attorney General: I move approval, Mr. Governor.

Governor: We have a motion from General Ford for approval of 7-A. Is there any discussion on the motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

Governor: Item 7-B.

Clerk of the Board: This request is from the Department of Corrections for an allocation of \$10,491,564 to fund costs of treatment of inmates infected with the Hepatitis C virus. This would provide for the treatment of inmates in the current fiscal year as proposed in a consent decree that is attached.

Governor: Do we have any questions on this one? Do I have a motion on 7-B?

Attorney General: I move approval.

Governor: We have a motion for approval of 7-B. Is there any discussion on the motion? All in favor, signify by saying aye. The motion passes.

Governor: Item 7-C.

Clerk of the Board: This request is from the Department of Education for the Special Education Contingency account. This is an allocation of \$428,800 to replenish the Special Education Contingency Account.

Governor: Is there any discussion on item number 7-C? Do I have a motion?

Attorney General: Move approval.

Governor: We have a motion for approval of 7-C. Is there any discussion on the motion? All in favor, signify by saying aye. The motion passes.

Governor: Item 7-D.

Clerk of the Board: This request is from the Office of the Treasurer for an allocation of \$16,949 to replenish the Silicosis and Disabled Pensions account to meet statutory obligations through the end of the fiscal year.

Governor: Do I have a motion on 7-D?

Attorney General: I'll move approval.

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

8. Request to Pay a Court Order (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.

Department of Employment, Training and Rehabilitation

The Department has been ordered to pay the fees for professional services and administrative costs related to the work performed by the Special Master related to court case CV20-00755. The Department requests approval to pay the Interim Order Awarding Special Master's Fees and Costs in the amount of \$68,646.17.

Governor: Item number 8, *Request to Pay a Court Order*.

Clerk of the Board: This item is a request for approval from the Department of Employment Training and Rehabilitation, Payment Security Division to pay \$68,646.17 for fees and administrative costs for work performed by a Special Master related to case CV20-007755 and this is related to unemployment insurance.

Governor: Do we have any questions on this item? Do I have a motion?

Attorney General: I move approval.

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

9. Request for Approval to Pay a Tort Claim Pursuant to NRS. 41.036 (For possible action)

Pursuant to NRS 41.036, the Office of the Attorney General submits the following Tort Claim request for approval:

Claimant: McDonald Carano LLP (as part of *In re* HCV Prison Litigation)
Claim No: TC19497
Settlement Amount: \$160,000.00
Date of Loss: December 9, 2019

Governor: Item number 9, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036*.

Clerk of the Board: This item represents a \$160,000 claim for which the Office of the Attorney General recommends payment from the Tort Claim Funds, Claims Fund to McDonald Carano LLP and this is as part of the Hepatitis C Prison Litigation.

Governor: Do we have any questions on this one? Do we have a motion?

Secretary of State: I move approval.

Governor: We have a motion for approval on item 9. Is there any discussion? All in favor, signify by saying aye. The motion passes.

10. Request for Designation of Bad Debts

Office of the Controller

Pursuant to NRS 353C.220, the Office of the State Controller requests the Board of Examiners to write-off bad debts deemed uncollectible on behalf of the following state departments:

Department	Division	Number of Accounts	Total Amount
1. Administration	Purchasing	1	\$114.82
2. Administration	Central Payroll	39	\$19,048.55
3. Attorney General	Administration	75	\$49,641.99
4. Attorney General	Private Investigator's Licensing Board	4	\$8,825.00
5. Agriculture	Agriculture	37	\$2,639.15
6. Business and Industry	Dairy Commission	1	\$3,824.75
7. Business and	Insurance	52	\$16,500.00

Industry			
8. Business and Industry	Transportation Authority	4	\$3,623.44
9. Conservation and Natural Resources	Environmental Protection	51	\$301,110.02
10. Conservation and Natural Resources	Forestry	8	\$28,562.09
11. Corrections	Corrections	4,971	\$336,209.83
12. Health and Human Services	Welfare and Supportive Services	36	\$10,213.90
13. Health and Human Services	Child and Family Services	4	\$97.67
14. Health and Human Services	Healthcare Finance and Policy	54	\$9,719.11
15. Health and Human Services	Public and Behavioral Health	89	\$1,856.65
16. Health and Human Services	Health Care Quality Compliance	3	\$92.00
17. Health and Human Services	Welfare and Supportive Services	166	\$185,180.26
18. Motor Vehicles	Motor Carrier	78	143,140.90
19. Motor Vehicles	Motor Vehicles	7,143	\$4,349,614.33
20. Motor Vehicles	Records	1	\$48.00
21. Governor's Office	Energy	6	\$11,869,080.00
22. Judicial Discipline Commission	Judicial Discipline Commission	1	\$10,845.87
23. Office of Veterans Services	Veteran's Home	1	\$15,883.71
24. Public Employees Benefit Program	Public Employees Benefit Program	194	\$117,792.89
25. Public Safety	Records, Communications and Compliance	8	\$2,070.69
26. Public Safety	Parole and Probation	1,810	\$584,394.75
27. Public Safety	Records and Technology	5	\$553.75
28. Public Safety	Fire Marshall	116	\$16,137.38
29. Public Utilities	Public Utilities Commission	1	\$1,000.00
30. Secretary of State	Secretary of State	292	\$33,161.81
31. Transportation	Transportation	8	\$23,931.10
32. Western Interstate Commission for Higher Education	Western Interstate Commission for Higher Education	30	\$791,603.85
33. Wildlife	Wildlife	1	\$44.98
Grand Total		15,290	\$18,936,563.24

Governor: Item number 10, Request for Designation of Bad Debts.

Clerk of the Board: Pursuant to NRS 353C.220, item 6 is a request from the State Controller's Office for the Board to designate 15,290 bad debts from various state agencies as uncollectible. The State Controller has determined it is impossible or impractical to collect these debts. By an affirmative vote of a majority of the Members, the Board may designate the debts as bad debts if the Board is satisfied the debt is impossible or impractical to collect. Upon designation, the State Controller will be notified to remove the debts from the State's accounting books. It is important to note that even though a debt is removed from the accounting books, it remains a legal and binding obligation owed by the debtor to the State. Are there any questions on this item?

Governor: Do we have the Controller with us on the phone? Could you just walk us through what the process here is and how this comes about?

Catherine Byrne: As for write-off?

Governor: Yes.

Catherine Byrne: We have a procedural manual that we follow for write-offs. It has been in place for a period of time. This actually is one of the last things that we do. We are authorized under NRS 353C.220 that if we determine it is impossible or impractical to collect those debts, then we send them to the Board of Examiners to approve the write-off.

The criteria included in the age of the account with no found assets and active judgments, death of a debtor and businesses which are no longer in business. In addition, state agencies send bad debt accounts to the Controller's Office specifically for submission to the Board of Examiners for approval for the write-off, as most agencies do not have the authority to send the bad debt to the Board.

Once the list of bad debt accounts to be written off has been determined, the Controller's Office works with the applicable agencies to ensure the agencies agree that the account should be written off and the amounts of the accounts are correct.

The Controller's office then verifies the Secretary of State information related to the state business license of each licensee, as required by NRS 353C.1965, section 8.

This list of bad debt accounts is then submitted to BOE. If BOE approves, the debts will be written off. The Controller's office notes that each account is in the Nevada Case Inventory System (NCIS) system. The accounts are removed from the accounts receivable report purchased by the State but are not removed from the NCIS system.

The NRS 353C states that the bad debt remains on legal and binding obligations owed to the debtor, to the State of Nevada. We remove it from the books but we do not remove it from our database so we still have it out for collection.

Lori, can you go into more detail about the procedures that we use?

Lori Hoover: What Catherine Byrne was discussing was the specific write-off process but for the collection process, we have two processes or two areas. The agencies will send the bad debt to us for collection. They are sent to us specifically just to be sent to write-off. If it is sent to us for debt collection, then we go through a process of verifying that debt against our vendors for accounts payable to see if there is any way to do a vendor offset.

Then after that, a letter is sent out to each of the debtors to let them know that the Controller's office now owns that and is going to try to collect on that debt. If the debtor reaches out to the Controller's office to try to make a payment, create a payment plan, that debt is maintained at the Controller's office. If they do not contact the Controller's office, then all of those accounts are automatically sent to one of the three outside collection agencies that we contract with.

The outside collection agencies have their basic bad debt collection attempts. They are going out and trying to look for assets. They are checking addresses. If they determine, after a period of time, that this debt is uncollectable, they will send it back to the Controller's office and that becomes one of the accounts that is set up to go to to be approved for write-off the next time we send to the BOE. Periodically, throughout the time we have the other debits we received, we still do compare them to an Advantage vendor list to ensure whether there are any we can offset payments on.

At the end of each month, after payments are received, our collection section puts together a reconciliation and sends it out to the state agencies that are applicable that we receive funds from and let them know how much money was received on each account and how it was allocated.

The State Controller's Office charges a 2% fee for handling the account and then a fee of up to 35% can be retained for outside collection agencies. Depending on the statute, depending on the type of agency, if the agency is not general funded, then the remaining balance goes back to that agency. If it is general funded, there are some other exclusions but the remaining balance then goes into the debt reserve fund to fund our debt collection section.

Then, again, as Controller Byrne stated, we have a system that has several criteria to determine whether or not accounts should go to write-off, if there are no assets found, based on the age and no active judgments, if the debtor has passed away, if they are out of business, then, the system will create a report that says here is the list of accounts that should be written off.

Our debt collection will work with the agencies to ensure that the dollar amount is correct and that yes, these items should be written off. In addition, the agencies can send us

accounts that are for the write-off, specifically, with no collection attached to it. Some of the accounts that we submitted for today's approval are some of those for just collection only because of the age of the account and other criteria. At that point, the agencies again verify that this information is correct and we include it in the group that we pull from our NCIS system and submit it to the GFO to be placed on the BOE agenda.

Catherine Byrne: Can I add another piece?

Governor: Sure.

Catherine Byrne: There has been continual discussion about how we deal with businesses that are continuing to operate in another business name and license. Under the current NRS, the State does not have the ability to seize assets of another entity for a debt incurred by a different entity. However, assets for debt payments can be attached to a judgment lien or levy.

The Controller's office does verify the debtor against the Secretary of State's business license database to determine if the debtor has an active Nevada business license. However, NRS 353C.1965, only allows the Secretary of State to validate that Nevada has a business license but it does not allow for the deactivation of that business license.

Governor: Let me ask my colleague, Secretary Cegavske. I know you have a very detailed and robust plan for collecting debts that are owed to the State and does this sound similar? Are there any changes that could be made here in your expert opinion?

Secretary of State: Thank you, Governor, for that question. This is one of the areas I did have some concern about but I do, first of all, just want to thank State Controller Byrne, thank her for her call and calling me and talking to me. I appreciate it. I did not get anybody from the Governor's Office on Energy at all to call me back so I was hoping to get some answers today. I know that they have tried the debt collection and I know that we try ours as well but sometimes these people put their new business in a different name and they do not have the same names for officers and so it is hard to detect unless you send somebody out. It does require people to be able to do the footwork, so to speak, to go out and do this.

When it is appropriate, I would like to ask a couple of questions, Governor, if that is okay.

Governor: That would be great. Go ahead.

Secretary of State: Thank you. Thank you again, Controller Byrne. I appreciate you reaching out to my chief deputy and me. You had talked about the Governor's Office of Energy and that six groups got about \$2 million each and the one thing that I was trying to find out was who they were – and I know all this was before my time being in office, so, all of the debts are, as you can tell, have been worked and tried to get people to do that, exactly what the Controller was talking about.

That is one of my questions, who were the people that the six individuals that were given two million each? Then how much in total do we have in the Controller's office that is debt worthy, that is going to keep coming to us? Does it rollover? Because this is pretty old. All this stuff that you have today that you are requesting is before my time here in office.

Catherine Byrne: Thank you, Secretary. I want to speak to the six items that we are talking about from the Governor's Office of Energy. These debts arose during the years of September 2010, which is the oldest and then, the most recent one in February of 2012. They were submitted to our office for a write-off in August of 2017. They are loans. The business names are Avatar Energy, Enigma Energy, H2 Technology and Birken Technologies and they are various amounts but they are all in the \$2 million range. So, it's \$11.9 million. That is related to the American Recovery and Reinvestment Act (ARRA) funding money back in 2010. I do not have the details so if you want more to know, we will have to ask the Governor's Office of Energy.

Secretary of State: Thank you so much, Controller. I appreciate the added information that you have given me. Then, do you know the total amount that you have bad debt to date or not? A lot of this is old so did this just come over to you recently? How long have you had this and how long did you know about it? Thank you.

Lori Hoover: I can expand on that. We did receive these in 2017 and had we not just entered into a new debt collection system, we would have probably brought this to BOE earlier, but in January of 2017, the debt collection group did implement a new debt collection system that is being used now. They went from all Excel spreadsheet worksheets into this system and so it took them some time to make sure that the accounts entered into them were clean and correct. We have not been submitting on an annual basis but we are going to be trying to do that. There may still be older debt out there that the agencies are going to send us but we should not be retaining them for more than a year as we start submitting on an annual basis to BOE.

Secretary of State: Thank you. My question in reference to the Governor's question is once you receive it do you do any debt collection for the State it's previously done and they send you their notes on how they have collected it or tried to collect it?

Lori Hoover: It depends on how they send it. There are batches of accounts that they will send specifically to the Controller's office for debt collection procedures and we will then follow our normal debt collection procedures.

If they send us a list that is strictly for write-off processes, we have not in the past requested them to submit what type of collection efforts they put into these accounts, however, based on some of your prior questions, which we do appreciate, we have revisited our procedures and we will be asking the agencies to give us a summary of what the debt collection procedures were for those debts that they are sending for write-off.

Catherine Byrne: Additionally, we do have agencies that we have a memorandum of understanding (MOU) with and what that does is, we will allow them to conduct their own

collection activity but they have to submit to us what procedures they are going to follow before we authorize that agreement.

Secretary of State: Thank you.

Then, I am hoping, Governor, that the Office of Energy will contact us. I will support this today just because, talking to the Controller, the answers that I have gotten, but I would like a call back from your Office of Energy just to answer some questions if that is okay.

Governor: Absolutely. You will get a call. Do I have anybody on the line from the Governor's Office of Energy?

David Bobzien: Thank you, Governor. This is David Bobzien from the Governor's Office of Energy and Secretary Cegavske, I apologize for the lack of communication. We received an email requesting my cell number yesterday at 4:30 in our general office email. Unfortunately, we did not get back to you with that phone number until this morning but we're happy to answer any questions for you now or we can certainly have a side follow-up conversation. I am happy to give you a call.

Secretary of State: Thank you so much, Director, and I would like the call after this unless the Governor has more questions, but I did have some questions about this and I know you were not there at the time but would appreciate any feedback and follow-up on that. And, thank you so much for saying that.

David Bobzien: Thank you, Governor. I will give you my 30-second thumbnail on this. When I started on the job in 2019, yes, the debts had already been transmitted to the Controller's office but, nonetheless, I did have our agency's deputy attorney general look into these bad loans and in every case, we just simply could not find the business entities. So, these are definitely gone. They are in stark contrast to other loans that were made during the American Recovery and reinvestment Act era, 2009, 2011 and a lot of those have already been paid off or certainly we are receiving payments for them now.

Secretary of State: Thank you, Governor and thank you, Director. I appreciate your help and please do call. Thank you.

David Bobzien: I will certainly do that. Thank you.

Governor: Thank you, Director Bobzien. If you could call the Secretary.

I have just one last question, Controller Byrne. Do we ever sell the bad debts to an agency that they pay for them and they assume all resources associated with them? I know you do not get a lot. You usually get 10 or 15 cents on a dollar but have we ever done that or is that allowed by state law?

Catherine Byrne: The factoring of accounts receivable?

Governor: Yes.

Lori Hoover: I have Haydee Meeker here who is the chief accountant for the collections office. We are allowed by state law to sell the debt and I asked Haydee about that when I started.

Haydee Meeker: We have been trying to sell the accounts receivable. We have some possibilities to do it but also there are some limitations about the type of accounts we can sell because the agencies may have sent the accounts only if they are over the statutes of limitation, meaning, accounts if they are less than six years old.

Governor: I did not quite get the whole answer there but, Controller Byrne, if that is something that we need to address legislatively, the ability to sell these debts, I would like an answer to that, so that if we can sell them to an agency and they assume all risk associated with collection and non-collection and we get something out of these things. I know at the county we could do that. I just do not know if you can do that at the State.

Catherine Byrne: Thank you, Governor. That is a good question. Selling the receivables, as Haydee was saying, if they are too old, we can't sell them because they will not accept them and that's around six years.

The other part is that our accounts receivable system can function doing some of that, where they will collect and then there will be some fee taken out and it is kind of how collection agencies work. No, we have not formally had an overall discussion about factoring receivables because there may be other things out there that could be of interest to use that kind of service.

Governor: If we could look at that a little bit and maybe, I don't know what the thought of the Board is but something just to look at I guess. That is just my opinion. Do you ever do that, Secretary Cegavske?

Secretary of State: No, we do not do that, but the debt collection you are talking about, I do not think they can do it either. I think once it is reached a certain peak as a bad debt, it is different than other debt that you can sell. I know what you are talking about.

Governor: Alright.

Do we have a motion on this item?

Secretary of State: I will move for approval.

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

11. 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.

SAM Section 0324 – Independent Contract Review Procedure
SAM Section 1616 – Cellular Telephones

Governor: Item number 11, *Approval of Proposed State Administration Manual Changes*.

Clerk of the Board: Item number 11 is the request for approval to revise the State Administrative Manual or SAM, Section 0324, Independent Contract Review Procedure. This will allow for electronic and digital signatures and Section 1616, Cellular Telephones. This aligns the State Administrative Manual with federal guidelines regarding the non-taxability of cell phone stipends. Are there any questions on this?

Governor: I do not. Do we have any questions on item number 11?

Secretary of State: No. Move for approval, Governor.

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

12. Approval of Proposed Leases (For possible action)

Governor: Item number 12, *Approval of Proposed Leases*.

Clerk of the Board: There are 7 leases in item 12 for approval by the Board today. Are there any questions on any of these items?

Secretary of State: I have none, Governor. I will move for approval on item 12.

Governor: We have a motion on the floor on item number 12. Is there any discussion? All in favor, signify by saying aye. The motion passes.

13. Approval of Proposed Contracts (For possible action)

Governor: Item number 13, *Approval of Proposed Contracts*.

Clerk of the Board: There are 30 contracts in agenda item 13 for approval by the Board this morning. Are there any questions on any of these items?

Governor: Do we have any questions on these?

Secretary of State: I did have one thing I wanted to say. This is about vetting the contractors with the vendors and after our experience here at the Secretary of State's office and others that I have heard of from other agencies – I cannot stress enough that the legislature before they approve these, that we need to do a better job of screening

them out and talking to them because we do not even know how much was already paid to DETR for the one on July 14, 2020. They had a \$6 million contract and how much was already paid out to them but I have some concerns about how we screen these, and better yet, a better way to vet the contractors or vendors that we use in the State. Sorry about that. Thank you.

Also, on this item, I wish to thank our Treasurer, Zach Conine and Michael Brown for calling me and talking me through their items. I appreciate everything that they did on that. I did have some concerns about the COVID-19 money being spent on certain issues and so, hopefully, the Attorney General has a response to that, overall, but I just wanted to thank them so much for reaching out to me.

Also, Governor, I would like to thank your staff again for responding to us and telling us their opinion. My chief of staff goes over all this with a fine-tooth comb and they have just been so accommodating and again, I just want to thank them verbally and out loud. And, thank you for allowing them to work with us.

Governor: We are very, very fortunate. I appreciate it. Thank you, Susan, and all your staff for being so accommodating and facilitating answers to all of our questions as we go along the way. That being said, we will close the public comment.

Governor: I agree. Thank you very much.

I want to thank you, Susan and your staff because I always have questions going into my briefing and you are able to answer them all then I do not have to take everybody's time up now and it makes it a lot easier for me. So, thank you.

Do I have a motion?

Attorney General: Move approval.

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

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

Governor: Item number 14, *Approval of Proposed Master Service Agreements*.

Clerk of the Board: There are 13 Master Services Agreements in agenda item 14 for approval by the Board this morning. Are there any questions on any of these items?

Governor: Do I have any questions by any Board Member on any of these items? Hearing and seeing none. Do I have a motion?

Attorney General: I move approval, Mr. Governor.

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

15. 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 August 18, 2020 through September 21, 2020.

Governor: Item number 15, *Information Item, Clerk of the Board Contracts*.

Clerk of the Board: There are 41 contracts under the \$50,000 threshold that were approved by the Clerk between August 18, 2020 and September 18, 2020. Are there any questions on any of these items?

Governor: Any questions on the Clerk contracts? Seeing none.

16. 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: Agenda item number 16, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item please step forward and identify yourself for the record. Comments will be limited to three minutes.

Do we have any written comments?

Clerk of the Board: We do not.

Governor: Do we have anybody on the phone? We do not have any public comments, Susan, is that right?

Clerk of the Board: We do not.

17. Adjournment (For possible action)

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

Governor: Item number 17, *Adjournment*. Do I have a motion to adjourn?

Attorney General: So moved.

Governor: I have a motion on the floor. All in favor, signify by saying aye. We are adjourned. Thanks, everybody.

Attachment A

Patricia Adkisson

Email: citizens4participatoryjustice@gmail.com

702-505-2861

October.12, 2020

Good morning, my name is Patricia Adkisson, I submitted Public Comment to the Board of Prison Commissioners last week, commenting in support of the treatment of all inmates affected by Hep-C. My comments today relate to agenda item # 7 and specifically to the fiscal jurisprudence related to the actual number of inmates reported by NDOC, in need of treatment. It is true that NDOC has a duty to treat affected inmates and that the expense is considerable, however, the number of inmates reported by NDOC in need of treatment has been artificially misrepresented and increased as a result of practice and custom by NDOC to create and implement standards that have not received the approval of the Board of Prison Commissioners. Last week I reported similar conduct to the Commissioners, regarding the claimed revised AR258, Governor Sisolak immediately suspended the claimed revised AR 258, after making the determination that it was in fact the result of a unilateral function by NDOC, not permitted. In this instance, the NDOC has unilaterally created and implemented a standard that is in conflict with the lawfully adopted standard in Administrative Regulation 504. AR 504 mandates that NDOC must identify a felony judgment in order to maintain custody, however, the de facto standard unilaterally created by NDOC treats non offences as actual offenses, even to the extent of NDOC making up a new category of offense to include a claimed Category "F". This conduct by NDOC improperly affects the number of inmates that NDOC is required to treat. It is of great concern to the public's trust, and to the public resources NDOC requires.

Specifically, when considering NRS.193.165 Use of a Firearm, NDOC calls it a category "F". This standard was NOT approved by the board and artificially increases the number of inmates for treatment of Hep C.

In Nevada, NRS.193.165, is clear by the legislature to be no offense, 50 years of case law precedents establishes NO CONVICTION results. Criminalizing use of a firearm effectively abridges the United States Constitution 2nd amendment.

This implicates serious questions, not only related to budget concerns for treatment of hep C, because of the artificially inflated number of inmates now affected under this de facto standard. Please see attached Inmate Grievance #20063059385 for confirmation in what I have said.

Thank you for your time. Patricia Adkisson

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

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

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

Date: October 6, 2020

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

From: Darlene Baughn, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in purple ink, reading "DBaughn".

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 EMPLOYMENT, TRAINING and REHABILITATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Taci Lawson to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Lawson retired from DHHS/DWSS as a Family Support Services Chief in December 2018. Her skills and experience are needed to perform as an Unemployment Insurance Representative 3 to provide leadership, coordination, and direction necessary to the UI program. Due to the pandemic, nearly ten times the amount of UI claims has been filed.

Ms. Lawson has left state service and is within the two (2) year window.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: 
ACTION ITEM: _____

OFFICE OF THE DIRECTOR

Financial Management



STEVE SISOLAK
Governor

KATHLEEN DESOCIO
Chief Financial Officer

MEMORANDUM

DATE: October 1, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Elisa Cafferata, Director

SUBJECT: Request to Contract with former state employee Taci Lawson

On August 6, 2020, the Governor created a Strike Force headed by Speaker Barbara Buckley. The focus of the Strike Force is to evaluate the backlog of unpaid benefits and get them paid. The Strike Force has worked with DETR to evaluate the unemployment compensation system. Together with staff, they have recommended staffing and technological changes to reduce the backlog and resolve cases for Nevadans.

A significant number of cases require a staff person to review each individual application as well as the former employer's response. This is work that normally would require months of training. DETR turned to recently retired employees with unemployment or benefit eligibility experience who could be trained and start working in weeks, rather than months, in order to expeditiously resolve cases for Nevadans who have been waiting for months to have their claims resolved. This request is pursuant to NRS 333.705(4) which states that the head of the using agency determines that an emergency exists which necessitates the contract.

Pursuant to NRS 333. 705, subsection 4, the Department of Employment, Training and Rehabilitation, seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with a


former State of Nevada employee Taci Lawson to perform administrative duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Ms. Lawson retired from DHHS/DWSS as a Family Support Services Chief in December 2018. Her skills and experience are needed to provide leadership, coordination, and direction necessary to the UI program, specifically forward-facing positions that service Nevadans, due to the pandemic. As a result, nearly 10 times the amount of UI claims has been filed. Adding UI Rep 3's will create the support that is needed to adjudicate these claims.

This contract start date is October 5, 2020 and will continue through February 5, 2021. Ms. Lawson left state service and is within the two (2) year window.

Thank you for your consideration of this request.

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 10-20-20



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

October 5, 2020

MEMORANDUM

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

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

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Tací Lawson who Manpower has hired. This is on an emergency request and is retroactive.

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

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



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:	Taci Lawson			
Former Employee ID Number:	5848			
Former Job Title:	Family Support Services Chief			
Former Employee Agency:	DIDIS/DWSS			
Former Class and Grade:	Class:	12.300	Grade:	41 Step 10
Former Employment Dates:	From:	02/1988	To:	12/2018
Requesting Agency:	DETR/BSO			
Vendor:	Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	<p>Summarize scope of contract work.</p> <p>Adjudicate unemployment insurance claims issues concerning eligibility to receive benefits or tax rulings for base period employers; gather information and conduct fact-finding telephone interviews to identify and resolve issues; write and distribute decisions concerning entitlement to unemployment insurance benefits.</p> <p>Interview claimants, employers and any third party necessary to obtain required facts and information; request documentation needed to substantiate information received; determine when additional or rebuttal fact-finding is needed and obtain all necessary statements to identify and resolve issues which affect payment of claims or tax ruling; document pertinent findings from interviews in clear, concise and factual reports.</p> <p>Apply appropriate sections of State laws and regulations, administrative policies and procedures, court and appeal precedents, labor laws, labor market information and working conditions, business and management principles to the facts obtained; make determinations concerning benefit entitlement; using established templates, write non-monetary determinations which contain a statement of the facts, determining factors in making the decision, and rationale for the conclusion.</p> <p>Interpret and explain laws, procedures, policies and requirements to claimants and employers; advise claimants and employers in procedures for filing appeals and explain legal requirements review incoming appeals from claimants and</p>

	<p>employers to see if additional information has been presented that warrants a re-determination of the decision; remain abreast of changes in policy or interpretation of law; maintain privacy of information as required by law.</p> <p>Enter data concerning claims such as stops, disqualification dates, and non-monetary determination information into the computer; remove stops from the computer to release payment of benefits when no issue is found or there is an appeal reversal allowing payment of benefits.</p>
B	<p>Document former job description.</p> <p>Social Services Chiefs are assigned programmatic responsibilities which include interpretation of program regulations and requirements; quality assurance; development and implementation of automated systems; preparation and distribution of program policies, procedures; standards and guidelines; entering into contracts with service providers; proposing short and long term goals and objectives; preparing draft bills; and testifying before the legislature. At the higher levels in the series, incumbents may also supervise subordinate Social Services Managers who oversee subordinate supervisors and professional staff engaged in the direct delivery of social services to clients. However, positions allocated to the Chief series spend the preponderance of time managing the overall design, analysis, development and evaluation of social services programs. Establish and monitor the accomplishment of unit and program goals and objectives to ensure programs are administered in compliance with federal and State regulations and in accordance with the goals and objectives of the agency. Analyze and review data and reports regarding program participation and quality assurance activities; analyze economic and demographic trends and statistical data; determine the availability of resources; consult with administrators regarding agency and program goals and objectives. Coordinate resources and activities with other chiefs and district or regional office managers; establish performance indicators and goals and objectives; monitor staff activities to determine progress in meeting goals and objectives and assess the quality of work performed; determine the impact and effectiveness of completed projects and assignments and plan for future changes or activities. Direct the development and ensure implementation of State plans, policies, procedures, and support systems to maximize federal financial participation; review and interpret federal and State rules and regulations; research or direct staff to research the financial and operational impact to programs.</p> <p>Analyze requested changes to computer and accounting systems and establish appropriate priorities; oversee the development of new or revised policies and procedures and secure administrative approval; respond to inquiries and requests for assistance in the implementation of policies, procedures and system changes; make decisions on unusual cases and operational issues; monitor program quality and compliance through review of management reports and results of on-site reviews.</p> <p>Manage the development, negotiation and monitoring of cooperative agreements and program contracts to ensure services are provided and operations are conducted within program parameters; oversee the development of agreements, contract documents and amendments; evaluate and adjust reimbursement rates; conduct periodic reviews of personnel, equipment and program operations; meet with contractors and program personnel to evaluate performance and resolve problems associated with requirements set forth in agreements or contracts; determine whether financial reimbursement should be withheld in situations of non-compliance. Develop or participate in the development and justification of legislative proposals to include drafting proposed legislation; determine fiscal and operational impact; gain the approval and support of administrative staff and present the agency's position to the legislature as requested.</p> <p>Develop or participate in the development of operating and program budgets and monitor approved budgets; develop cost estimates and justification for new or expanded programs, purchase of equipment, and additional personnel; provide recommendations to administrators for incorporation into the agency budget; present budget proposal to the Budget Office and legislature as assigned; monitor revenues and expenditures and recommend alternatives for program operations in shortfall situations.</p> <p>Supervise professional personnel and support staff and may provide administrative supervision to higher level professionals in a specialized area related to program operations; participate in interviewing applicants and selecting personnel; delegate authority and responsibility to staff; develop work performance standards and complete performance evaluations; ensure appropriate training is provided; provide counseling and guidance and initiate or recommend disciplinary actions.</p> <p>Serve as a liaison with a variety of groups and individuals, professional advisory groups, community groups, federal staff at the regional and national levels, district attorneys and judges, the media, agency and division administrators, district and regional managers, and government officials to provide and gather information and to explain program policies and procedures. Promote program goals and objectives; facilitate advisory group meetings; coordinate program activities among units, State agencies, and local government or community agencies; negotiate solutions to problems and resolve conflicts; and consult with federal regional program administrators on complex program issues. Perform related duties as assigned.</p>

	<p>Under general direction of an administrator or deputy administrator, incumbents exercise direct control over the policy, system planning, development and monitoring aspects of the largest, most complex and comprehensive social services and programs or major components thereof. The complexity of the program typically requires a large staff of Social Services Program Specialists and other professional staff.</p> <p>Programs administered at this level are multi-million-dollar entitlement programs such as Medicaid or involve the collection and disbursement of millions of dollars resulting in significant fiscal impact to the State. At this level, programs and services are provided to the broadest client base statewide. Positions allocated to this level manage program development and service delivery or have program responsibility for the most complex programs such as Medicaid and eligibility for various types of public assistance.</p> <p>These programs require the analysis and interpretation of myriad State and federal laws, regulations and guidelines which change frequently. This level in the series is distinguished from the Social Services Chief II by the broader scope of responsibility, the greater complexity of services provided to a larger population, greater supervisory/managerial responsibility and additional experience required to manage comprehensive programs such as Medicaid and Child Support Enforcement. Medicaid Program Services: An example of a Social Services Program Chief III is a position in the Division of Health Care Financing & Policy. The incumbent is responsible for overall direction and oversight of Medicaid long-term and community-based care that has 22 different sub-programs including Intermediate Nursing Facility Reviews, Pre-admission Screening, Disability/Incapacity Determinations, Physical Disability Waiver, Intellectual/Developmental Disabilities Waiver, Aging Waiver, Group Home Waiver, Inpatient Hospital Services, Residential Treatment Centers and others.</p> <p>The incumbent maintains the State plan and manages the development and dissemination of Medicaid policies and procedures and manages the fiscal agent contract to ensure prompt and proper processing of claims. The Chief also manages various Medicaid service programs and activities to include incapacity and disability determinations for Medicaid eligibility; waiver requests for the provisions of home and community-based services to prevent institutionalization; dental, transportation and provider services. In addition, the incumbent provides functional guidance and training to district office staff; oversees the performance of contractors; and directly supervises five Social Services Program Specialist ID's and indirectly seven Health Care Coordinators who are licensed nurses and social workers, and two clerical staff. Personal contacts require highly developed communication skills as the incumbent may need to defend, justify, negotiate, and mediate disputes such as those that occur between health care service providers and Blue Cross/Blue Shield, or jointly develop actions with significant impact on affected clients such as Temporary Assistance for Needy Families who are on Health Maintenance Organization (HMO), or to settle issues raised as a result of disagreement in the payment of fee for service provided by physicians. Child Support Enforcement: A second example of a position at this level has responsibility for program development and service delivery. The incumbent designs the operational plan for the child support enforcement program statewide; establishes collection goals and develops cost-effective collection strategies; develops and manages the program budget which includes estimating amounts of income that will be received from federal income tax refunds and unemployment insurance benefit intercepts, county and State collections, and incentive payments; directs and oversees statewide program implementation through subordinate managers and cooperative agreements with county district attorneys and district courts; directs the development, communication and implementation of policies and procedures through subordinate Support Enforcement Specialists and supervisors; develops, justifies and promotes legislative proposals; and serves as the direct liaison with regional Family Support Administration, district attorneys, district judges and public interest groups. The incumbent administers the collection and disbursement of several million dollars and directly supervises two Social Services Manager I's and five Social Services Program Specialists, and indirectly eighty-three employees comprised of Family Services Supervisors, Support Enforcement Specialists and clerical personnel.</p>
C	<p>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?</p> <p>Yes</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>This position is part of the Governors Rapid Response Initiative.</p>
E	<p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284,750.</p> <p>NIA</p>

F	List contractors' hourly rate.
	\$30.53
G	List the range of comparable State employee rates.
	\$20.76 - \$30.53
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	N/A
I	Document justification for hiring contractor.
	Position is only needed temporarily.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	10/05/2020- 02/05/2021
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full-time, 20-40 hours weekly
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request



Date




Purchasing Administrator Signature (if a Statewide Contract)



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, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 6, 2020

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

From: Darlene Baughn, Executive Branch Budget Officer
Governor's Finance Office

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

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 EMPLOYMENT, TRAINING and REHABILITATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Maria Connie Morales to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Morales retired from DHHS/DWSS as a Family Services Supervisor II in December 2019. Her skills and experience are needed to perform as an Unemployment Insurance Representative 3 to provide leadership, coordination, and direction necessary to the UI program. Due to the pandemic, nearly ten times the amount of UI claims has been filed.

Ms. Morales has left state service and is within the two (2) year window.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: _____
ACTION ITEM: _____

A handwritten signature in blue ink, appearing to read "DBaughn", is written over the "REVIEWED" line.



MEMORANDUM

DATE: October 1, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Elisa Cafferata, Director

SUBJECT: Request to Contract with former state employee Maria Morales

On August 6, 2020, the Governor created a Strike Force headed by Speaker Barbara Buckley. The focus of the Strike Force is to evaluate the backlog of unpaid benefits and get them paid. The Strike Force has worked with DETR to evaluate the unemployment compensation system. Together with staff, they have recommended staffing and technological changes to reduce the backlog and resolve cases for Nevadans.

A significant number of cases require a staff person to review each individual application as well as the former employer's response. This is work that normally would require months of training. DETR turned to recently retired employees with unemployment or benefit eligibility experience who could be trained and start working in weeks, rather than months, in order to expeditiously resolve cases for Nevadans who have been waiting for months to have their claims resolved. This request is pursuant to NRS 333.705(4) which states that the head of the using agency determines that an emergency exists which necessitates the contract.

Pursuant to NRS 333. 705, subsection 4, the Department of Employment, Training and Rehabilitation, seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with a

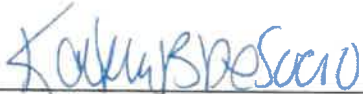
former State of Nevada employee Maria Morales to perform administrative duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Ms. Morales retired from DHHS/DWSS as a Family Services Supervisor II in December 2019. Her skills and experience are needed to provide leadership, coordination, and direction necessary to the UI program, specifically forward-facing positions that service Nevadans, due to the pandemic. As a result, nearly 10 times the amount of UI claims has been filed. Adding UI Rep 3's will create the support that is needed to adjudicate these claims.

This contract start date is October 5, 2020 and will continue through February 5, 2021. Ms. Morales left state service and is within the two (2) year window.

Thank you for your consideration of this request.

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 10-20-20



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

October 5, 2020

MEMORANDUM

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

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

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Maria Connie Morales who Manpower has hired. This is on an emergency request and is retroactive.

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

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



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:	MARIA CONNIE MORALES			
Former Employee ID Number:	5880			
Former Job Title:	Family Services Supervisor II			
Former Employee Agency:	DHHS/DWSS			
Former Class and Grade:	Class:	12.376	Grade:	35 Step 10
Former Employment Dates:	From:	10/1989	To:	12/2019
Requesting Agency:	DETR/BSD			
Vendor:	Manpower			


Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<p>Summarize scope of contract work.</p> <p>Adjudicate unemployment insurance claims issues concerning eligibility to receive benefits or tax rulings for base period employers; gather information and conduct fact-finding telephone interviews to identify and resolve issues; and write and distribute decisions concerning entitlement to unemployment insurance benefits.</p> <p>A Interview claimants, employers and any third party necessary to obtain required facts and information; request documentation needed to substantiate information received; determine when additional or rebuttal fact-finding is needed and obtain all necessary statements to identify and resolve issues which affect payment of claims or tax ruling; document pertinent findings from interviews in clear, concise and factual reports.</p> <p>Apply appropriate sections of State laws and regulations, administrative policies and procedures, court and appeal precedents, labor laws, labor market information and working conditions, and business and management principles to the facts obtained; make determinations concerning benefit entitlement; using established templates, write non-monetary determinations which contain a statement of the facts, determining factors in making the decision, and rationale for the conclusion.</p> <p>Interpret and explain laws, procedures, policies and requirements to claimants and employers; advise claimants and employers in procedures for filing appeals and explain legal requirements; review incoming appeals from claimants and</p>

	<p>employers to see if additional information has been presented that warrants a re-determination of the decision; remain abreast of changes in policy or interpretation of law; maintain privacy of information as required by law.</p> <p>Enter data concerning claims such as stops, disqualification dates, and non-monetary determination information into the computer; remove stops from the computer to release payment of benefits when no issue is found or there is an appeal reversal allowing payment of benefits.</p>
B	<p>Document former job description.</p> <p>Family Services Supervisors plan, organize, and direct day-to-day activities of an assigned unit comprised of Family Services Specialists and ensure services are provided to clients in accordance with applicable laws, regulations, policies, timelines and requirements. Establish unit procedures and provide technical guidance, interpretation, and clarification with respect to the application of program rules, regulations, and policies and procedures affecting assigned programs and practices; determine the effectiveness of, or necessity for, staff training by comparing information contained in case files to current requirements to ensure that services have been provided according to current policies and statutory requirements. Train, supervise, and evaluate the performance of assigned staff; assign and adjust workloads; implement regulations or policy changes affecting the day-to-day operation of the work unit; conduct quality control reviews of unit casework; conduct and attend staff meetings to solicit input and solve problems related to program implementation, mandated deadlines, and quality control. Ensure the timeliness and accuracy of services delivered; identify and resolve existing and potential problems according to agency policies and program goals and objectives. Compile and review statistical data associated with unit activities from case records, logs, computer files, and other sources and prepare requested reports; identify and analyze program trends; communicate concerns and recommendations to management. Develop and maintain cooperative relationships with agency staff, other agencies, and community organizations to exchange information, coordinate services and activities, interpret policies and procedures, and fulfill program requirements. Oversee administrative activities of a small satellite office in a rural area as assigned; ensure that work activities conducted by staff adhere to agency policies and procedures, standards, and regulations. Perform related duties and special projects as assigned.</p> <p>Family Services Supervisor II: Under general supervision of a Social Services Manager, incumbents in this class are assigned to a larger satellite office, which requires an on-site supervisor. In addition to performing the full range of duties described in the series concept, incumbents oversee the day-to-day operation of the satellite office and delivery of services to the public. They also prepare reports and statistics regarding benefits delivered, and employment and training provided to clients; locate, plan, and organize office space; establish and implement appropriate safety, security, and emergency measures; and arrange for office maintenance, repairs, equipment, and supplies. Incumbents represent the division in the community to recognize and respond to community needs and concerns.</p>
C	<p>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?</p> <p>Yes</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>This position is part of the Governors Rapid Response Initiative.</p>
E	<p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p> <p>N/A</p>
F	<p>List contractors' hourly rate.</p> <p>\$30.53</p>
G	<p>List the range of comparable State employee rates.</p> <p>\$20.76 - \$30.53</p>

H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	N/A
I	Document justification for hiring contractor.
	Position is only needed temporarily.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	10/05/2020- 02/05/2021
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full-time, 20-40 hours weekly
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments - any additional comments:

Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request Date 9.29.20



Purchasing Administrator Signature (if a Statewide Contract) Date 10/6/2020



Budget Analyst Signature Date 10/6/2020

Clerk of the Board of Examiners Signature Date

Steve Sisolak
Governor



Susan Brown
Director


Tiffany Greenameyer
Deputy Director

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

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

Date: October 6, 2020

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

From: Darlene Baughn, 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 EMPLOYMENT, TRAINING and REHABILITATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Renee Weiland to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Weiland retired from DHHS/DWSS as a Family Services Supervisor II in May 2020. Her skills and experience are needed to perform as an Unemployment Insurance Representative 3 to provide leadership, coordination, and direction necessary to the UI program. Due to the pandemic, nearly ten times the amount of UI claims have been filed.

Ms. Weiland has left state service and is within the two (2) year window.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: 
ACTION ITEM: _____



MEMORANDUM

DATE: October 1, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Elisa Cafferata, Director

SUBJECT: Request to Contract with former state employee Renee Weiland

On August 6, 2020, the Governor created a Strike Force headed by Speaker Barbara Buckley. The focus of the Strike Force is to evaluate the backlog of unpaid benefits and get them paid. The Strike Force has worked with DETR to evaluate the unemployment compensation system. Together with staff, they have recommended staffing and technological changes to reduce the backlog and resolve cases for Nevadans.

A significant number of cases require a staff person to review each individual application as well as the former employer's response. This is work that normally would require months of training. DETR turned to recently retired employees with unemployment or benefit eligibility experience who could be trained and start working in weeks, rather than months, in order to expeditiously resolve cases for Nevadans who have been waiting for months to have their claims resolved. This request is pursuant to NRS 333.705(4) which states that the head of the using agency determines that an emergency exists which necessitates the contract.

Pursuant to NRS 333. 705, subsection 4, the Department of Employment, Training and Rehabilitation, seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with a

former State of Nevada employee Renee Weiland to perform administrative duties through Master Service Agreement #18404 between the Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

Ms. Weiland retired from DHHS/DWSS as a Family Services Supervisor II in December 2019. Her skills and experience are needed to provide leadership, coordination, and direction necessary to the UI program, specifically forward-facing positions that service Nevadans, due to the pandemic. As a result, nearly 10 times the amount of UI claims has been filed. Adding UI Rep 3's will create the support that is needed to adjudicate these claims.

This contract start date is October 5, 2020 and will continue through February 5, 2021. Ms. Weiland left state service and is within the two (2) year window.

Thank you for your consideration of this request.

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 10-20-20



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

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

October 5, 2020

MEMORANDUM

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

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

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Renee Weiland who Manpower has hired. This is on an emergency request and is retroactive.

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

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



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:	RENEE WEILAND			
Former Employee ID Number:	1797			
Former Job Title:	Family Services Supervisor II			
Former Employee Agency:	DHHS/DWSS			
Former Class and Grade:	Class:	12.327	Grade:	35 Step 10
Former Employment Dates:	From:	05/1990	To:	05/2020
Requesting Agency:	DE'IR/ESD			
Vendor:	Manpower			

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

X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	Summarize scope of contract work.
A	<p>Adjudicate unemployment insurance claims issues concerning eligibility to receive benefits or tax rulings for base period employers; gather information and conduct fact-finding telephone interviews to identify and resolve issues; write and distribute decisions concerning entitlement to unemployment insurance benefits.</p> <p>Interview claimants, employers and any third party necessary to obtain required facts and information; request documentation needed to substantiate information received; determine when additional or rebuttal fact-finding is needed and obtain all necessary statements to identify and resolve issues which affect payment of claims or tax ruling; document pertinent findings from interviews in clear, concise and factual reports.</p> <p>Apply appropriate sections of State laws and regulations, administrative policies and procedures, court and appeal precedents, labor laws, labor market information and working conditions, and business and management principles to the facts obtained; make determinations concerning benefit entitlement; using established templates, write non-monetary determinations which contain a statement of the facts, determining factors in making the decision, and rationale for the conclusion.</p> <p>Interpret and explain laws, procedures, policies and requirements to claimants and employers; advise claimants and employers in procedures for filing appeals and explain legal requirements; review incoming appeals from claimants and</p>

	<p>employers to see if additional information has been presented that warrants a re-determination of the decision; remain abreast of changes in policy or interpretation of law; maintain privacy of information as required by law.</p> <p>Enter data concerning claims such as stops, disqualification dates, and non-monetary determination information into the computer; remove stops from the computer to release payment of benefits when no issue is found or there is an appeal reversal allowing payment of benefits.</p>
B	<p>Document former job description.</p> <p>Family Services Supervisors plan, organize, and direct day-to-day activities of an assigned unit comprised of Family Services Specialists and ensure services are provided to clients in accordance with applicable laws, regulations, policies, timelines and requirements. Establish unit procedures and provide technical guidance, interpretation, and clarification with respect to the application of program rules, regulations, and policies and procedures affecting assigned programs and practices; determine the effectiveness of, or necessity for, staff training by comparing information contained in case files to current requirements to ensure that services have been provided according to current policies and statutory requirements. Train; supervise, and evaluate the performance of assigned staff; assign and adjust workloads; implement regulations or policy changes affecting the day-to-day operation of the work unit; conduct quality control reviews of unit casework; conduct and attend staff meetings to solicit input and solve problems related to program implementation, mandated deadlines, and quality control. Ensure the timeliness and accuracy of services delivered; identify and resolve existing and potential problems according to agency policies and program goals and objectives. Compile and review statistical data associated with unit activities from case records, logs, computer files, and other sources and prepare requested reports; identify and analyze program trends; communicate concerns and recommendations to management. Develop and maintain cooperative relationships with agency staff, other agencies, and community organizations to exchange information, coordinate services and activities, interpret policies and procedures, and fulfill program requirements. Oversee administrative activities of a small satellite office in a rural area as assigned; ensure that work activities conducted by staff adhere to agency policies and procedures, standards, and regulations. Perform related duties and special projects as assigned.</p> <p>Family Services Supervisor II: Under general supervision of a Social Services Manager, incumbents in this class are assigned to a larger satellite office, which requires an on-site supervisor. In addition to performing the full range of duties described in the series concept, incumbents oversee the day-to-day operation of the satellite office and delivery of services to the public. They also prepare reports and statistics regarding benefits delivered, and employment and training provided to clients; locate, plan, and organize office space; establish and implement appropriate safety, security, and emergency measures; and arrange for office maintenance, repairs, equipment, and supplies. Incumbents represent the division in the community to recognize and respond to community needs and concerns.</p>
C	<p>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?</p> <p>Yes</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>This position is part of the Governors Rapid Response Initiative.</p>
E	<p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p> <p>NIA</p>
F	<p>List contractors' hourly rate.</p> <p>\$30.53</p>
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H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
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I	Document Justification for hiring contractor.
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J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	10/12/2020 - 02/12/2021
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full-time, 20-40 hours weekly
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

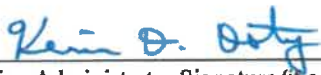
Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request

9.29.20

Date



Purchasing Administrator Signature (if a Statewide Contract)

10/6/2020

Date



Budget Analyst Signature

10/6/2020

Date

Cleric of the Board of Examiners Signature

Date

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

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

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

Date: October 19, 2020

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

From: Lynnette Aaron, Executive Branch Budget Officer LA
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

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 (SAM).

1. SAM Section 1300 – State Vehicles
2. SAM Section 1400 – Fleet Services Division

Additional Information:

Request for changes to the SAM and recommended language attached.

Statutory Authority:

NRS 353.040

REVIEWED: LA

ACTION ITEM: _____

New Policy for State Administrative Manual (SAM) Changes Per AB 16

- Agencies submit the marked up chapter with the revision to their respected Budget Analyst using the required template (page 2) that includes the proposed Board of Examiners (BOE) meeting month/date it will be heard.
- The Budget Analyst then submits the revision for BOE approval.
- Budget Office staff, while posting the BOE Agenda (in the four locations), will also post the proposed changes to SAM that will go before the Board at the next meeting (Ex. Changes received Oct. 1st would be posted before the October BOE and be heard by the Board at the November meeting). This notice can be found on the Budget Division website under the “Notification of SAM Changes” link on the home page.
- Budget Office staff will also send a link to the proposed changes to SAM through the email listserv.
- Once the BOE has approved/disapproved the changes, Budget Office staff will immediately make changes on the “Notification of SAM Changes” webpage on the Budget Division website and if applicable update the SAM.

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 084

Department: Administration

Division (if applicable): Fleet Services

Appointing authority: Laura Freed

Agency contact (name, phone and e-mail): Robbie Burgess, Administrator, 684-1883, rdburgess@admin.nv.gov

Budget Division Analyst (name, phone and e-mail): Natasha Kephart, 684-0231

Proposed BOE date: November 10, 2020

Proposed effective date: November 10, 2020

1. Reason/purpose for requested change: LCB Audit 20-14 noted several weak controls on agency usage of Fleet Services monthly rentals, particularly around under-utilization and seeking exemptions for under-utilization. Additionally, fuel card tracking was noted as a deficiency. These changes to SAM 1400 clearly establish the roles and responsibilities of both Fleet Services and using agencies for reporting utilization of Fleet monthly rentals and specify that it is the agency's responsibility to approach the Board of Examiners for necessary exemptions. Also, these edits provide enforcement authority to the Fleet Services Division to improve compliance with required utilization tracking and necessary regular maintenance.

Additionally, SAM 1300 was clarified to establish that it contains policies that pertain to all State vehicles, while SAM 1400 pertains to Fleet Services vehicles. Also, references between the chapters were strengthened.

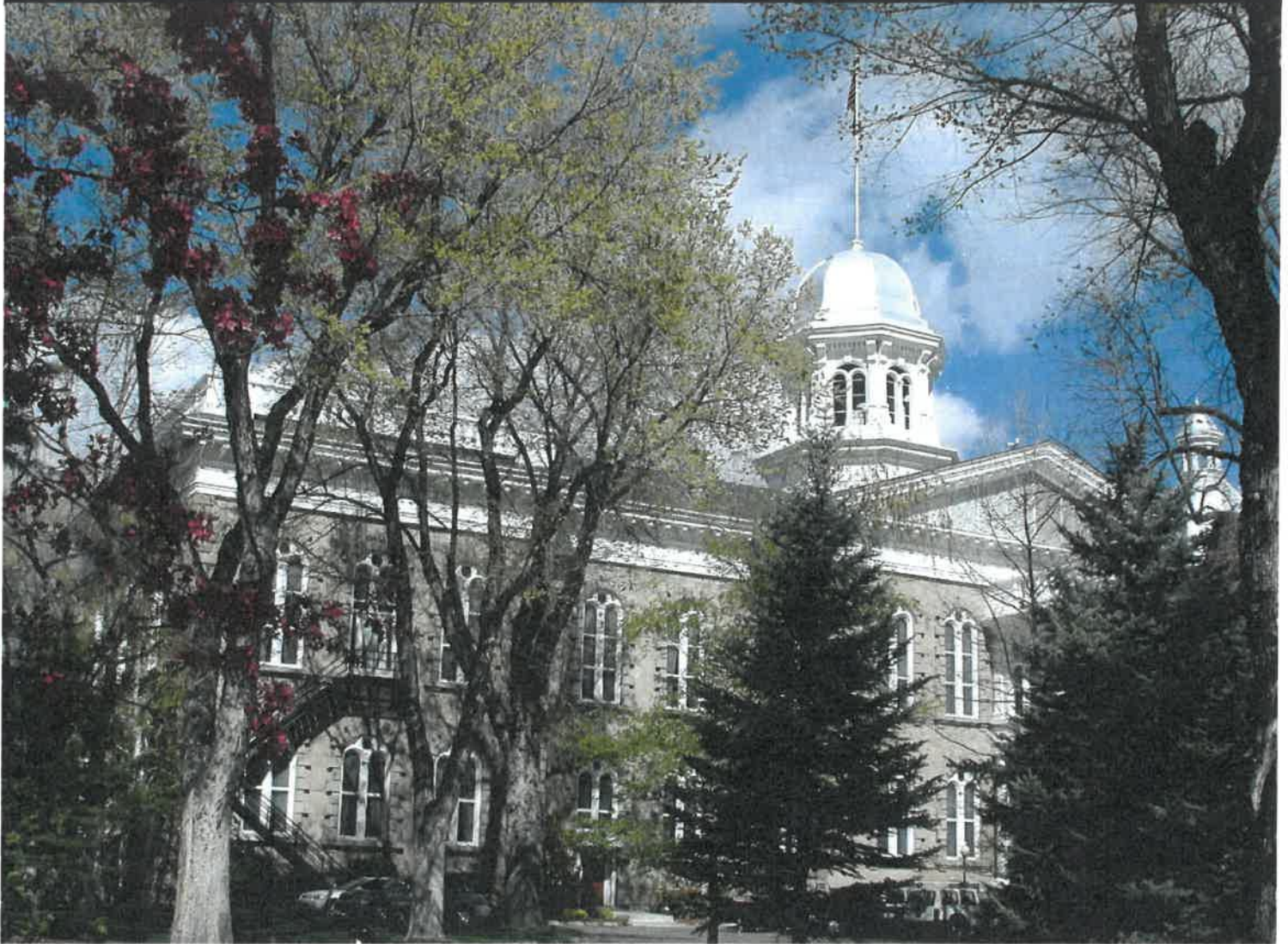
2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable): Per LCB Audit 20-14, improving utilization of Fleet monthly rental vehicles will bring down the cost per mile for vehicle rentals and increase the mileage per gallon on fuel card use.
3. Will recommended change have a fiscal impact (if yes, explain): Not directly, although increased usage of fewer Fleet vehicles would likely reduce the vehicle replacement need over time.
4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). (**please provide requested change as an attachment**):

Appointing Authority: _____ Laura Freed _____

BOARD OF EXAMINERS APPROVAL DATE: _____
(for BOE use only)



State Administrative Manual



State Administrative Manual (SAM)

Revised ~~January 14, 2020~~
November 10, 2020

Governor's Finance Office
Budget Division
209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222

STATE ADMINISTRATIVE MANUAL

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1300 State Vehicles

1302 Policy

All State-owned vehicles shall be used only for authorized official business and driven by qualified and authorized personnel in a safe and courteous manner. Smoking in State-owned motor vehicles is strictly prohibited.

To avoid violations of State policy prohibiting the use of State vehicles for non-State use, agency heads are urged to remind their employees who utilize State-owned motor vehicles of the provisions of [NRS 204.080](#).

~~When using Fleet Services vehicles in the course of State business, employees must be aware that Fleet Services will not be responsible for reimbursement of vehicle expenses resulting from running out of fuel; charges for lost or misplaced keys; parking charges; towing, when not a result of mechanical failure; failure to obtain fuel at designated State fuel facilities (except for emergencies) or citations issued for violations of traffic laws or parking ordinances.~~

~~Agencies assigned vehicles on a monthly basis must submit a Fleet Services Monthly Trip report form (MP-3) to the Carson City Fleet Services Office within five working days after the end of the month. Failure to submit timely reports will result in a late fee assessment for each day late. In the event circumstances prevent timely submission, contact the Fleet Services Administrator in advance and request a time extension.~~

The policies outlined in this chapter are applicable to all State vehicles, whether agency-owned or Fleet Services-owned. Please see SAM 1400 for policies and procedures specific to Fleet Services rental vehicles.

1305 ~~Authorized Operators of State Vehicles~~ Insurance Coverage & Defensive Driving Requirement

A State-owned vehicle will be covered for auto physical damage when driven by any State employee, temporary employee, board member, commissioner, volunteer, contracted employee or those working in conjunction with the State of Nevada while conducting official State business and within the course and scope of employment.

The Defensive Driving course is required for all Executive branch employees whose job functions require driving a State-owned vehicle for State business. Employees and other authorized drivers should refer to the Risk Management Division's website for further details at <http://risk.nv.gov/>.

1307 Texting While Driving a State Vehicle

Pursuant to NRS [484B.165](#), a person shall not drive a motor vehicle while using an electronic wireless

communications device to write, send, or read a text-based communication. Furthermore, hand-held mobile phone conversations and accessing the Internet are also prohibited. As used in this section “write, send, or read a text-based communication” means using an electronic wireless communications device to manually communicate with any person using a text-based communication, including, but not limited to, communications referred to as a text message, instant message, or electronic mail.

This does not apply to a driver who is:

1. Reporting a medical emergency, safety hazard, or criminal activity;
2. Using a voice operated navigation system affixed to the vehicle or those riding in autonomous vehicles;
3. Using citizen band or other two-way radios that require a license and have a separate hand-held microphone;
4. A law enforcement officer, firefighter, or emergency medical professional acting within the scope of his/her employment;
5. Conducting hands-free wireless interpersonal voice only communication that does not require manual entry, except to activate, deactivate, or initiate a feature or function.

1309 Insurance

1. The State of Nevada is self-insured.
2. Please access the Risk Management website for a [matrix](#) illustrating the different levels of insurance coverage.
3. Insurance questions should be directed to the Risk Management Division.

1310 Identification of State Vehicles

All State owned or leased motor vehicles must be labeled with the words “State of Nevada” and “For Official Use Only” in plain lettering. The following requirements are the minimum standards:

1. Exempt license plates or a license plate that identifies the vehicle as a State vehicle; for example, a “DOT” plate.
2. Vehicles equipped with exempt plates must have at a minimum one of the following: window decals or decals placed on the outside of the vehicle; or license plate frames labeled with the words “State Vehicle” and “For Official Use Only.”
3. Window decals must be placed in an appropriate area of the front and rear window that ensures the decals do not obstruct the drivers view.
4. Refer to **Section 1312** for exemptions.

1311 Home Storage of State Vehicles

It is the policy of the Board of Examiners that the home storage of State vehicles be authorized in certain circumstances. However, this approval will be limited by individual justification based on convenience and benefit to the State, rather than the authorized driver. The department head or his/her designee is authorized to approve home storage of State vehicles for his/her respective department. Each department

head shall establish policies outlining the process and the justification for the approval. The department must retain all documentation relevant to the policy per their department's records retention schedule. In general, home storage may be authorized only when less costly to the State or when a State vehicle must be used by the employee because the vehicle is specially marked or equipped.

Per the Internal Revenue Service (IRS), home storage of a state vehicle is considered a form of compensation in some circumstances. A vehicle that is used by an employee exclusively for business purposes is treated as a working condition fringe benefit. If an employer-provided vehicle is used for both business and personal purposes, the personal use is considered taxable wages to the employees. As a result, agencies should review the IRS website for current IRS rules. In particular, IRS Publications 15-B and 5137 (IRS Fringe Benefit Guide) should be consulted.

Home storage of State vehicles may be authorized only if the following apply:

1. The department has verified that the justification meets IRS guidelines for non-taxable fringe benefits.
2. The agency is unable to provide adequate, secure storage for the vehicle and the vehicle is at substantial risk if not stored at an employee's home during non-working hours; or
3. The officer or employee is directed, in writing, by the head of the agency to which the vehicle is assigned, or his/her designee, to keep the vehicle at his/her residence because his/her duties include responding to conditions that regularly require an immediate response; or
4. The employee operates out of his/her home.

Authorization may be given for items three and four only if demonstrated, to the satisfaction of the department head or his/her designee, that it is less costly to the State to assign a State vehicle than to reimburse the employee for the use of his/her personal vehicle. This requirement does not apply for items three and four if the vehicle carries or is equipped with special equipment needed to perform duties directly related to the employee's job and the employee is in an emergency response capacity after normal working hours.

The department head or his/her designee must give written approval for the permanent assignment of vehicles to an employee for home storage and a list of those approvals, with justification, must be submitted to the Director of the Department of Administration on or before January 1 of each year together with a report on the value, for federal income tax purposes, of commuting trips made by employees in State vehicles. This report will be made on a form designated by the Director of the Department of Administration. In order to have a complete record, a response from the agency is required even if there are no vehicles authorized for home storage.

Special Note for Law Enforcement Agencies:

IRS policy indicates that use of clearly marked police, fire, or public safety officer vehicles by public safety officers is a qualified non-personal use vehicle if, among other stipulations, the employee must always be on call and the employer prohibits personal use other than commuting. Unmarked law enforcement vehicles may be qualified non-personal use vehicles if the vehicle is used by a full-time law enforcement officer authorized to carry firearms, execute warrants, and make arrests, among other requirements. Any State law enforcement agency is responsible for consulting the IRS policies in the development of its own agency policy, and for conforming to those federal policies.

1312 Provision for Unmarked Automobiles

1. The approval for and use of unmarked motor vehicles by State employees shall be granted to the director of each respective department. Such requests are only authorized to be granted for vehicles used in law enforcement activities. All other requests must be submitted to and approved by the department head. The director of each department shall establish policies that define the approval process within their respective department and retain that documentation per the department's records retention schedule.
2. Exemptions: unmarked vehicles are exempt from the labeling requirements outlined in Section 1310.

New undercover cars are to be purchased from existing contracts, but options may be approved so as to avoid an institutional look.

1314 Purchase of State Vehicles

Agencies must follow [NRS 334.010](#) and **Chapter 1500** of this manual when purchasing vehicles, including:

1. Agencies must complete a [Board of Examiners Request for Approval to Purchase a State Vehicle](#) form and submit to the Governor's Finance Office.
2. Fleets based in Clark County or Nye County may be subject to the alternative fuel vehicle purchase requirements of the federal Energy Policy Act of 1992 (Public Law 102-486). The Nevada Governor's Office of Energy reports on Energy Policy Act compliance for the State's fleet to the U.S. Department of Energy and can provide guidance on meeting vehicle purchase requirements.
3. Vehicles with a police package are recommended for all law enforcement work. Agencies should reference [NRS 484A.480](#) prior to purchasing emergency lights to ensure lights are authorized.
4. State agencies are required to utilize the contracts awarded by the Department of Administration's Purchasing Division for Fleet, Alternative Fuel and Police vehicles and submit a [Vehicle Order Form](#) with their requisition to Purchasing.

1316 Vehicle Replacement Policy

1. State vehicles shall be at least 10 years old or have a minimum of 100,000 miles (for sedans)/125,000 miles (for SUVs, vans, and trucks) at the time of replacement.
2. Because of the variety of situations faced by State agencies, agencies may adopt an alternative policy where unusual circumstances justify replacing a vehicle sooner. An agency adopting an alternative policy must submit their proposed policy and its justification to its budget analyst within the Governor's Finance Office for review and approval by the Board of Examiners. The alternative policy may not be adopted until such approval by the Board. Alternative replacement policies shall be attached to an agency's budget request during each budget building cycle.
3. Refer to SAM 1538 or SAM 1540 regarding vehicle excess or disposal.

1318 Maintenance

All State-owned and/or Fleet Services Division leased vehicles must be maintained at a level that meets or exceeds the vehicle manufacturer's recommended maintenance schedule. *Please see SAM 1412 for specific requirements regarding regular maintenance of Fleet Services monthly rental vehicles.*

1320 Records

Agencies are required to maintain vehicle maintenance records *for agency-owned vehicles*. Records must be established and maintained for each vehicle the agency owns and/or leases from an outside vendor. Agencies are required to maintain the manufacturer's maintenance requirements or schedules for agency-owned and leased vehicles. Agencies leasing vehicles from Fleet Services Division are exempt from this requirement.

1322 Complaint Procedure

Direct all complaints concerning misuse of State automobiles to the Fleet Services Division Administrator who will then notify the agency head regarding possible misuse of a State vehicle. *If the vehicle is a Fleet Services Division vehicle assigned to an agency,* The agency head, together with the Fleet Services Division, shall investigate the complaint, discuss the complaint with the offender's supervisor, ascertain that all facts are obtained and take any appropriate supervisory action.

The agency head will promptly communicate with the complaining party to assure him that the State appreciates his/her interest and desires to take action where warranted.

~~1324 Vehicle Utilization Requirements~~

~~The utilization policy is applicable to any motor vehicle which is self-propelled (but not operated on rails), used upon a highway for the purpose of transporting persons or property with a gross vehicle weight rating (GVWR) of 8500 pounds or less. GVWR is the maximum allowable total mass of a road vehicle or trailer when loaded — i.e., including the weight of the vehicle itself plus fuel, passengers, cargo, and trailer tongue weight~~

~~Agencies are required to assign each vehicle that is operated within the span of their control to a specific utilization group. This policy applies to all vehicles that are owned or leased by the department, division or agency.~~

~~The utilization table and agency fleet assessment worksheet are available by accessing the following links: [Fleet Assessment Worksheet](#) and [Vehicle Utilization Table](#)~~

1400 Fleet Services Division

1402 Purpose

The *Fleet Services Division* provides safe, efficient, environmentally friendly, and cost-effective transportation solutions to state employees.

1404 Policy

To ensure economical utilization of State-owned vehicles, eliminate unauthorized use of State-owned vehicles, provide a ready means of transportation for State employees on State business, reduce the need for use of private vehicles on official State business and to provide central administration for maintenance, care and operation.

1405 Services Provided

- ~~1.~~ Long-term assigned vehicles. The division maintains a diverse inventory of vehicles for agency use.
- ~~2.~~ Short-term assigned vehicles *for daily use* (~~motor pool operations~~). The division maintains a diverse inventory of vehicles for agency use.
- ~~3.~~ Maintenance and repairs
- ~~4.~~ Fueling network
- ~~5.~~ Washing facilities
- ~~6.~~ Vehicle acquisition and disposal

Agencies utilizing vehicles owned by their respective departments may utilize any of the services provided by the Fleet Services Division on a charge-back basis.

1406 ~~Division~~ Fleet Services Charges and Monthly Trip Reporting

~~1.~~ Vehicle usage is charged either on a daily basis or on a monthly basis. Daily rates apply on a 24-hour basis. For specific rate or billing information contact the Fleet Services Division at 775-684-1880 or reference the Fleet Services website <http://fleetservices.nv.gov>

~~2.~~

Fleet Services will not be responsible for reimbursement of vehicle expenses resulting from:

- ~~running out of fuel;~~
- charges for lost or misplaced keys;
- parking charges;
- towing, when not a result of mechanical failure;
- failure to obtain fuel at designated State fuel facilities (except for emergencies) or
- citations issued for violations of traffic laws or parking ordinances.

~~3.~~

Agencies assigned vehicles on a monthly basis must submit a Fleet Services Monthly Trip report form MP-3 to the Carson City Fleet Services Office within five working days after the end of the month.

Failure to submit timely reports will result in a late fee assessment for each day late *and may result in vehicles being reassigned*. In the event circumstances prevent timely submission, contact the Fleet Services Administrator in advance ~~to-and~~ request a time extension.

1407 Vehicle Utilization ~~Guidelines~~Requirements

~~Refer to section 1322 of the State Administrative Manual for current vehicle utilization requirements.~~

The utilization policy is applicable to any motor vehicle which is self-propelled (but not operated on rails), used upon a highway for the purpose of transporting persons or property with a gross vehicle weight rating (GVWR) of 8500 pounds or less. GVWR is the maximum allowable total mass of a road vehicle or trailer when loaded – i.e., including the weight of the vehicle itself plus fuel, passengers, cargo, and trailer tongue weight.

Agencies are required to assign each vehicle that is operated within the span of their control to a specific utilization group. This policy applies to all vehicles that are owned or leased by any department, division or agency. Agencies are required to notify Fleet Services of the utilization group to which the vehicle has been assigned.

The utilization table and agency fleet assessment worksheet are available by accessing the following links: [Fleet Assessment Worksheet](#) and [Vehicle Utilization Table](#)

Agencies that are requesting vehicles to be assigned to either Group 4 (Public Safety) or Group 5 (Specialty) that are NOT exempt from the usage guidelines linked above must seek Board of Examiners approval for an exemption. This includes vehicles leased from the Fleet Services Division and assigned to individual agencies. Those agencies are responsible for seeking their own exemptions after being notified that they must do so by the Fleet Services Division.

Agencies that have assigned monthly rentals in Group 1 (Pooled Administrative Vehicles) and Group 2 (Individually Assigned Administrative Vehicles) and Group 3 (Maintenance/Contractors Equipment) must adhere to the minimum usage requirements each year. The Fleet Services Division is responsible for monitoring each agency's minimum usage. Monthly vehicle usage data is required to be reported to Fleet Services by each agency (please see SAM 1406). Failure to report timely and accurately may result in reassignment of an agency's vehicles. Fleet Services will send each agency formal notification of any monthly rental vehicles that are not meeting the usage standards. Failure to utilize Group 1, 2, or 3 vehicles at a minimum level may result in reassignment of those vehicles to another agency by the Fleet Services Division.

Any agencies that cannot utilize its Group 1, 2, or 3 vehicles at the minimum level must demonstrate a mission-critical need to retain the vehicle and must request an exemption to the usage requirements from the Board of Examiners. Exemption requests must be in the form of a memorandum from the agency to the Board of Examiners with a copy to the Fleet Services Division. Failure to request a time exemption from the Board of Examiners, together with failure to maintain the minimum required usage of the vehicle, will result in reassignment of an agency's vehicles by the Fleet Services Division.

1408 Facility Locations and Hours of Operation

Reno

2550 Terminal Way, Reno NV 89502
Phone: 775-688-1325
Fax: 775-688-1309
Email: rnomp.admin.nv.gov
Hours: 7:00 a.m. to 7:00 p.m. - Monday through Friday

Carson City

750 East King Street, Carson City, NV 89701
Phone: 775-684-1880
Fax: 775-684-1888
Email: ccmpool@admin.nv.gov
Hours: 7:00 a.m. to 7:00 p.m. - Monday through Friday

Las Vegas

7060 La Cienega St. Las Vegas, NV 89119
Phone: 702-486-7050
Fax: 702-486-7042
Email: lvmp@admin.nv.gov
Hours: 7:00 a.m. to 7:30p.m. - Monday through Friday

Note: The office hours as listed are subject to change ~~.based on airline schedule changes.~~ Please call the ~~Motor Pool~~**Fleet Services office** you will be utilizing for current hours of operation.

~~1409 Authorized Operators of Fleet Services Vehicles~~

~~A State vehicle will be covered for Auto Physical Damage when driven by a State employee, temporary employees, board members, volunteers, contracted employees and those working in conjunction with the State of Nevada while conducting official State business and within the course and scope of employment.~~

~~The Defensive Driving course is required for all "Executive" branch employees whose job functions require driving a State vehicle for State business. Reference the Risk Management Division's website for further details and exceptions at <http://risk.state.nv.us>.~~

1410 How to Request a Vehicle

Short-term assignments - 30 days or less:

1. Reservations may be made online at <http://fleetres.nv.gov> or
2. Email ~~or fax~~ a Fleet Services Rental Request form (MP-2) to the location where you will be picking up the vehicle.
3. At times, the division may have insufficient vehicles to cover anticipated rentals. At these times, the division utilizes outside rental car agencies to provide additional vehicles.
4. Fleet Services will make all arrangements for rental vehicles and assume responsibility for the necessary paperwork when the vehicles are reserved through the Fleet Services Division.
5. The Fleet Services Division will not assume liability for payment for rental cars booked directly with the rental company by the using agency.

Long-Term Assignment – Assigned on a Monthly Basis

1. Requests for long-term assignment should be included in the agency's biennial budget request. This will allow the Fleet Services Division a chance to review the available inventory and ~~make~~ *adjustments* *adjust* as needed to provide for the request.
2. Submit a Fleet Services Vehicle Request form (MP-5) to the Carson City Fleet Services office.
3. If the request was not included in the agency's budget request, every attempt will be made to *fulfill* ~~full-fill~~ requests as inventory levels permit.

1412 Care and Maintenance of *Fleet Services* *State* Vehicles

Refer to the Fleet Services Vehicle Use Manual for the care and maintenance of State vehicles. Vehicle use manuals are located in the glove box of each fleet services vehicle. Copies may also be downloaded from the fleet services website <http://fleetservices.nv.gov>

Fleet Services is responsible for notifying agencies that their assigned vehicles are scheduled for maintenance. Agencies are responsible for returning their assigned vehicles to Fleet Services for any required maintenance. Agency failure to cooperate with regular maintenance schedules may result in the agency's assigned fuel cards being temporarily shut down or possible reassignment of that agency's assigned vehicles by the Fleet Services Division.

1414 Insurance and Accident Reporting

All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Tort Claims Manager of the Office of the Attorney General.

●— Accident: ~~t~~

Refers to any collision involving a State vehicle with a pedestrian(s), other vehicle(s) and/or other fixed or stationary object(s), whether or not any physical damage or bodily injury occurs.

●—Incident:

Refers to non-accident personal injury or physical damage; i.e., vandalism, window or body damage from flying objects, lost or stolen vehicle parts or accessories, vehicle body damage from tire snow chains, etc.

- All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Torts Claims Manager of the Office of the Attorney General in Carson City. An accident report packet is located in the glove box of each vehicle. Accidents reports may be downloaded from the fleet services website <http://fleetservices.nv.gov>

1415 Driver Responsibility

1.— Driving on government business carries with it responsibilities. Observe all traffic laws and drive defensively. Failure to observe all Fleet Services policies while operating a State vehicle may subject the individual to liability for vehicle expenses incurred and/or revocation of Fleet Services privileges.

2.—

All employees must have a valid driver's license of the appropriate class, as defined by the Nevada Department of Motor Vehicles, in their possession while operating *any* State vehicle. All State vehicles must be operated in a safe, courteous and responsible manner and in complete compliance with all motor vehicle traffic laws, including parking regulations.

3.—

Smoking is prohibited in all Fleet Services vehicles. A fee will be charged for cleaning vehicles that have been smoked in and drivers smoking in vehicles may be reported to their agency head.

4.—

The Defensive Driving course is required for all “Executive” branch employees whose job functions require driving *a Fleet Services rental* ~~a State~~ vehicle for State business. Reference the Risk Management Division’s website for further details and exceptions at <http://risk.state.nv.us>.

1416 Vehicle Fuel ~~and Service Available to Other Agencies~~ Cards

1.— Fleet Services utilizes the Department of Transportation (*NDOT*) fueling network and the current State contracted fuel provider’s commercial card lock fueling network. For current information please contact your local Fleet Services office or reference the Fleet Services website <http://fleetsrvices.nv.gov>

2.—

Since both the NDOT fueling network and the commercial card lock fueling network are accessible, two Fuel cards are assigned to each individual Fleet Services vehicle and are prohibited to be used for any other vehicle than which the card is assigned. *The Fleet Services Division will monitor all fuel card transactions and will notify agencies of any misuse of fuel cards.* Agencies will be charged for unauthorized purchases and may be reported to the Attorney General’s Office.

3.—

Agencies shall ~~Do~~ not use fuel cards for normal vehicle maintenance or the purchase of auto parts, tires or accessories without the expressed authorization of the Fleet Services Division. Agencies will be billed for all unauthorized fuel card charges.

~~4.~~

Lost or stolen fuel cards must be reported immediately to the Fleet Services Division.

1418 Energy Management

~~1.~~—The Fleet Services Division, by law, must incorporate alternatively fueled vehicles into the fleet.
~~2.~~—The division has traditionally been proactive in purchasing, utilizing and advocating the use of alternative fueled vehicles. The division is proactive in exploring and embracing all future alternative fuel opportunities. Please direct any questions or concerns to the division administrator.

~~2.~~—Agencies assigned alternative fueled vehicles must use the approved alternative fuel in these vehicles in while operating in Clark and Washoe counties.

The first part of the paper discusses the importance of understanding the local context in which a project is implemented. This includes a thorough understanding of the community, its culture, and its needs. It is essential to engage with the community from the very beginning, to ensure that the project is relevant and sustainable. This involves conducting a series of consultations and workshops to gather input from community members and stakeholders. The second part of the paper focuses on the design and implementation of the project. It outlines the key principles and practices that should guide the project team, such as transparency, accountability, and inclusivity. It also discusses the importance of monitoring and evaluation, to ensure that the project is on track and achieving its intended outcomes. The final part of the paper provides a series of recommendations for future projects, based on the lessons learned from this experience. These include the need for strong leadership, effective communication, and a commitment to continuous learning and improvement.

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This does not apply to a driver who is:

1. Reporting a medical emergency, safety hazard, or criminal activity;
2. Using a voice operated navigation system affixed to the vehicle or those riding in autonomous vehicles;
3. Using citizen band or other two-way radios that require a license and have a separate hand-held microphone;
4. A law enforcement officer, firefighter, or emergency medical professional acting within the scope of his/her employment;

5. Conducting hands-free wireless interpersonal voice only communication that does not require manual entry, except to activate, deactivate, or initiate a feature or function.

1309 Insurance

1. The State of Nevada is self-insured.
2. Please access the Risk Management website for a [matrix](#) illustrating the different levels of insurance coverage.
3. Insurance questions should be directed to the Risk Management Division.

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1. Exempt license plates or a license plate that identifies the vehicle as a State vehicle; for example, a “DOT” plate.
2. Vehicles equipped with exempt plates must have at a minimum one of the following: window decals or decals placed on the outside of the vehicle; or license plate frames labeled with the words “State Vehicle” and “For Official Use Only.”
3. Window decals must be placed in an appropriate area of the front and rear window that ensures the decals do not obstruct the drivers view.
4. Refer to **Section 1312** for exemptions.

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It is the policy of the Board of Examiners that the home storage of State vehicles be authorized in certain circumstances. However, this approval will be limited by individual justification based on convenience and benefit to the State, rather than the authorized driver. The department head or his/her designee is authorized to approve home storage of State vehicles for his/her respective department. Each department head shall establish policies outlining the process and the justification for the approval. The department must retain all documentation relevant to the policy per their department’s records retention schedule. In general, home storage may be authorized only when less costly to the State or when a State vehicle must be used by the employee because the vehicle is specially marked or equipped.

Per the Internal Revenue Service (IRS), home storage of a state vehicle is considered a form of compensation in some circumstances. A vehicle that is used by an employee exclusively for business purposes is treated as a working condition fringe benefit. If an employer-provided vehicle is used for both business and personal purposes, the personal use is considered taxable wages to the employees. As a result, agencies should review the IRS website for current IRS rules. In particular, IRS Publications 15-B and 5137 (IRS Fringe Benefit Guide) should be consulted.

Home storage of State vehicles may be authorized only if the following apply:

1. The department has verified that the justification meets IRS guidelines for non-taxable fringe

benefits.

2. The agency is unable to provide adequate, secure storage for the vehicle and the vehicle is at substantial risk if not stored at an employee's home during non-working hours; or
3. The officer or employee is directed, in writing, by the head of the agency to which the vehicle is assigned, or his/her designee, to keep the vehicle at his/her residence because his/her duties include responding to conditions that regularly require an immediate response; or
4. The employee operates out of his/her home.

Authorization may be given for items three and four only if demonstrated, to the satisfaction of the department head or his/her designee, that it is less costly to the State to assign a State vehicle than to reimburse the employee for the use of his/her personal vehicle. This requirement does not apply for items three and four if the vehicle carries or is equipped with special equipment needed to perform duties directly related to the employee's job and the employee is in an emergency response capacity after normal working hours.

The department head or his/her designee must give written approval for the permanent assignment of vehicles to an employee for home storage and a list of those approvals, with justification, must be submitted to the Director of the Department of Administration on or before January 1 of each year together with a report on the value, for federal income tax purposes, of commuting trips made by employees in State vehicles. This report will be made on a form designated by the Director of the Department of Administration. In order to have a complete record, a response from the agency is required even if there are no vehicles authorized for home storage.

Special Note for Law Enforcement Agencies:

IRS policy indicates that use of clearly marked police, fire, or public safety officer vehicles by public safety officers is a qualified non-personal use vehicle if, among other stipulations, the employee must always be on call and the employer prohibits personal use other than commuting. Unmarked law enforcement vehicles may be qualified non-personal use vehicles if the vehicle is used by a full-time law enforcement officer authorized to carry firearms, execute warrants, and make arrests, among other requirements. Any State law enforcement agency is responsible for consulting the IRS policies in the development of its own agency policy, and for conforming to those federal policies.

1312 Provision for Unmarked Automobiles

1. The approval for and use of unmarked motor vehicles by State employees shall be granted to the director of each respective department. Such requests are only authorized to be granted for vehicles used in law enforcement activities. All other requests must be submitted to and approved by the department head. The director of each department shall establish policies that define the approval process within their respective department and retain that documentation per the department's records retention schedule.
2. Exemptions: unmarked vehicles are exempt from the labeling requirements outlined in Section 1310.

New undercover cars are to be purchased from existing contracts, but options may be approved so as to avoid an institutional look.

1314 Purchase of State Vehicles

Agencies must follow [NRS 334.010](#) and **Chapter 1500** of this manual when purchasing vehicles, including:

1. Agencies must complete a [Board of Examiners Request for Approval to Purchase a State Vehicle](#) form and submit to the Governor's Finance Office.
2. Fleets based in Clark County or Nye County may be subject to the alternative fuel vehicle purchase requirements of the federal Energy Policy Act of 1992 (Public Law 102-486). The Nevada Governor's Office of Energy reports on Energy Policy Act compliance for the State's fleet to the U.S. Department of Energy and can provide guidance on meeting vehicle purchase requirements.
3. Vehicles with a police package are recommended for all law enforcement work. Agencies should reference [NRS 484A.480](#) prior to purchasing emergency lights to ensure lights are authorized.
4. State agencies are required to utilize the contracts awarded by the Department of Administration's Purchasing Division for Fleet, Alternative Fuel and Police vehicles and submit a [Vehicle Order Form](#) with their requisition to Purchasing.

1316 Vehicle Replacement Policy

1. State vehicles shall be at least 10 years old or have a minimum of 100,000 miles (for sedans)/125,000 miles (for SUVs, vans, and trucks) at the time of replacement.
2. Because of the variety of situations faced by State agencies, agencies may adopt an alternative policy where unusual circumstances justify replacing a vehicle sooner. An agency adopting an alternative policy must submit their proposed policy and its justification to its budget analyst within the Governor's Finance Office for review and approval by the Board of Examiners. The alternative policy may not be adopted until such approval by the Board. Alternative replacement policies shall be attached to an agency's budget request during each budget building cycle.
3. Refer to SAM 1538 or SAM 1540 regarding vehicle excess or disposal.

1318 Maintenance

All State-owned and/or Fleet Services Division leased vehicles must be maintained at a level that meets or exceeds the vehicle manufacturer's recommended maintenance schedule. Please see SAM 1412 for specific requirements regarding regular maintenance of Fleet Services monthly rental vehicles.

1320 Records

Agencies are required to maintain vehicle maintenance records for agency-owned vehicles. Records must be established and maintained for each vehicle the agency owns and/or leases from an outside vendor. Agencies are required to maintain the manufacturer's maintenance requirements or schedules for agency-owned and leased vehicles. Agencies leasing vehicles from Fleet Services Division are exempt from this requirement.

1322 Complaint Procedure

Direct all complaints concerning misuse of State automobiles to the Fleet Services Division Administrator who will then notify the agency head regarding possible misuse of a State vehicle. If the vehicle is a Fleet Services Division vehicle assigned to an agency, the agency head, together with the Fleet Services Division, shall investigate the complaint, discuss the complaint with the offender's supervisor, ascertain that all facts are obtained and take any appropriate supervisory action.

The agency head will promptly communicate with the complaining party to assure him that the State appreciates his/her interest and desires to take action where warranted.

1400 Fleet Services Division

1402 Purpose

The Fleet Services Division provides safe, efficient, environmentally friendly, and cost-effective transportation solutions to state employees.

1404 Policy

To ensure economical utilization of State-owned vehicles, eliminate unauthorized use of State-owned vehicles, provide a ready means of transportation for State employees on State business, reduce the need for use of private vehicles on official State business and to provide central administration for maintenance, care and operation.

1405 Services Provided

- Long-term assigned vehicles. The division maintains a diverse inventory of vehicles for agency use.
- Short-term assigned vehicles for daily use. The division maintains a diverse inventory of vehicles for agency use.
- Maintenance and repairs
- Fueling network
- Washing facilities
- Vehicle acquisition and disposal

Agencies utilizing vehicles owned by their respective departments may utilize any of the services provided by the Fleet Services Division on a charge-back basis.

1406 Fleet Services Charges and Monthly Trip Reporting

Vehicle usage is charged either on a daily basis or on a monthly basis. Daily rates apply on a 24- hour basis. For specific rate or billing information contact the Fleet Services Division at 775-684-1880 or reference the Fleet Services website <http://fleetservices.nv.gov>

Fleet Services will not be responsible for reimbursement of vehicle expenses resulting from:

- running out of fuel;
- charges for lost or misplaced keys;
- parking charges;
- towing, when not a result of mechanical failure;
- failure to obtain fuel at designated State fuel facilities (except for emergencies) or
- citations issued for violations of traffic laws or parking ordinances.

Agencies assigned vehicles on a monthly basis must submit a Fleet Services Monthly Trip report form MP-3 to the Carson City Fleet Services Office within five working days after the end of the month. Failure

to submit timely reports will result in a late fee assessment for each day late and may result in vehicles being reassigned. In the event circumstances prevent timely submission, contact the Fleet Services Administrator in advance to request a time extension.

1407 Vehicle Utilization Requirements

The utilization policy is applicable to any motor vehicle which is self-propelled (but not operated on rails), used upon a highway for the purpose of transporting persons or property with a gross vehicle weight rating (GVWR) of 8500 pounds or less. GVWR is the maximum allowable total mass of a road vehicle or trailer when loaded – i.e., including the weight of the vehicle itself plus fuel, passengers, cargo, and trailer tongue weight.

Agencies are required to assign each vehicle that is operated within the span of their control to a specific utilization group. This policy applies to all vehicles that are owned or leased by any department, division or agency. Agencies are required to notify Fleet Services of the utilization group to which the vehicle has been assigned.

The utilization table and agency fleet assessment worksheet are available by accessing the following links: [Fleet Assessment Worksheet](#) and [Vehicle Utilization Table](#)

Agencies that are requesting vehicles to be assigned to either Group 4 (Public Safety) or Group 5 (Specialty) that are NOT exempt from the usage guidelines linked above must seek Board of Examiners approval for an exemption. This includes vehicles leased from the Fleet Services Division and assigned to individual agencies. Those agencies are responsible for seeking their own exemptions after being notified that they must do so by the Fleet Services Division.

Agencies that have assigned monthly rentals in Group 1 (Pooled Administrative Vehicles) and Group 2 (Individually Assigned Administrative Vehicles) and Group 3 (Maintenance/Contractors Equipment) must adhere to the minimum usage requirements each year. The Fleet Services Division is responsible for monitoring each agency's minimum usage. Monthly vehicle usage data is required to be reported to Fleet Services by each agency (please see SAM 1406). Failure to report timely and accurately may result in reassignment of an agency's vehicles. Fleet Services will send each agency formal notification of any monthly rental vehicles that are not meeting the usage standards. Failure to utilize Group 1, 2, or 3 vehicles at a minimum level may result in reassignment of those vehicles to another agency by the Fleet Services Division.

Any agencies that cannot utilize its Group 1, 2, or 3 vehicles at the minimum level must demonstrate a mission-critical need to retain the vehicle and must request an exemption to the usage requirements from the Board of Examiners. Exemption requests must be in the form of a memorandum from the agency to the Board of Examiners with a copy to the Fleet Services Division. Failure to request a time exemption from the Board of Examiners, together with failure to maintain the minimum required usage of the vehicle, will result in reassignment of an agency's vehicles by the Fleet Services Division.

1408 Facility Locations and Hours of Operation

Reno

2550 Terminal Way, Reno NV 89502

Phone: 775-688-1325

Fax: 775-688-1309

Email: rnomp.admin.nv.gov

Hours: 7:00 a.m. to 7:00 p.m. - Monday through Friday

Carson City

750 East King Street, Carson City, NV 89701

Phone: 775-684-1880

Fax: 775-684-1888

Email: ccmpool@admin.nv.gov

Hours: 7:00 a.m. to 7:00 p.m. - Monday through Friday

Las Vegas

7060 La Cienega St. Las Vegas, NV 89119

Phone: 702-486-7050

Fax: 702-486-7042

Email: lvmp@admin.nv.gov

Hours: 7:00 a.m. to 7:30p.m. - Monday through Friday

Note: The office hours as listed are subject to change. Please call the Fleet Services office you will be utilizing for current hours of operation.

1410 How to Request a Vehicle

Short-term assignments - 30 days or less:

1. Reservations may be made online at <http://fleetres.nv.gov> or
2. Email a Fleet Services Rental Request form (MP-2) to the location where you will be picking up the vehicle.
3. At times, the division may have insufficient vehicles to cover anticipated rentals. At these times, the division utilizes outside rental car agencies to provide additional vehicles.
4. Fleet Services will make all arrangements for rental vehicles and assume responsibility for the necessary paperwork when the vehicles are reserved through the Fleet Services Division.
5. The Fleet Services Division will not assume liability for payment for rental cars booked directly with the rental company by the using agency.

Long-Term Assignment – Assigned on a Monthly Basis

1. Requests for long-term assignment should be included in the agency's biennial budget request. This will allow the Fleet Services Division a chance to review the available inventory and adjust as needed to provide for the request.
2. Submit a Fleet Services Vehicle Request form (MP-5) to the Carson City Fleet Services office.
3. If the request was not included in the agency's budget request, every attempt will be made to fulfill requests as inventory levels permit.

1412 Care and Maintenance of Fleet Services Vehicles

Refer to the Fleet Services Vehicle Use Manual for the care and maintenance of State vehicles. Vehicle use manuals are located in the glove box of each fleet services vehicle. Copies may also be downloaded from the fleet services website <http://fleetservices.nv.gov>

Fleet Services is responsible for notifying agencies that their assigned vehicles are scheduled for maintenance. Agencies are responsible for returning their assigned vehicles to Fleet Services for any required maintenance. Agency failure to cooperate with regular maintenance schedules may result in the agency's assigned fuel cards being temporarily shut down or possible reassignment of that agency's assigned vehicles by the Fleet Services Division.

1414 Insurance and Accident Reporting

All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Tort Claims Manager of the Office of the Attorney General.

Accident: Refers to any collision involving a State vehicle with a pedestrian(s), other vehicle(s) and/or other fixed or stationary object(s), whether or not any physical damage or bodily injury occurs.

Incident: Refers to non-accident personal injury or physical damage; i.e., vandalism, window or body damage from flying objects, lost or stolen vehicle parts or accessories, vehicle body damage from tire snow chains, etc.

- All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Torts Claims Manager of the Office of the Attorney General in Carson City. An accident report packet is located in the glove box of each vehicle. Accidents reports may be downloaded from the fleet services website <http://fleetservices.nv.gov>

1415 Driver Responsibility

Driving on government business carries with it responsibilities. Observe all traffic laws and drive defensively. Failure to observe all Fleet Services policies while operating a State vehicle may subject the individual to liability for vehicle expenses incurred and/or revocation of Fleet Services privileges.

All employees must have a valid driver's license of the appropriate class, as defined by the Nevada Department of Motor Vehicles, in their possession while operating any State vehicle. All State vehicles must be operated in a safe, courteous and responsible manner and in complete compliance with all motor vehicle traffic laws, including parking regulations.

Smoking is prohibited in all Fleet Services vehicles. A fee will be charged for cleaning vehicles that have been smoked in and drivers smoking in vehicles may be reported to their agency head.

The Defensive Driving course is required for all "Executive" branch employees whose job functions require driving a Fleet Services rental vehicle for State business. Reference the Risk Management Division's website for further details and exceptions at <http://risk.state.nv.us>.

1416 Vehicle Fuel Cards

Fleet Services utilizes the Department of Transportation (NDOT) fueling network and the current State contracted fuel provider's commercial card lock fueling network. For current information please contact your local Fleet Services office or reference the Fleet Services website <http://fleetsrvices.nv.gov>

Since both the NDOT fueling network and the commercial card lock fueling network are accessible, two fuel cards are assigned to each individual Fleet Services vehicle and are prohibited to be used for any other vehicle than which the card is assigned. The Fleet Services Division will monitor all fuel card transactions and will notify agencies of any misuse of fuel cards. Agencies will be charged for unauthorized purchases and may be reported to the Attorney General's Office.

Agencies shall not use fuel cards for normal vehicle maintenance or the purchase of auto parts, tires or accessories without the expressed authorization of the Fleet Services Division. Agencies will be billed for all unauthorized fuel card charges.

Lost or stolen fuel cards must be reported immediately to the Fleet Services Division.

1418 Energy Management

The Fleet Services Division, by law, must incorporate alternatively fueled vehicles into the fleet. The division has traditionally been proactive in purchasing, utilizing and advocating the use of alternative fueled vehicles. The division is proactive in exploring and embracing all future alternative fuel opportunities. Please direct any questions or concerns to the division administrator.

Agencies assigned alternative fueled vehicles must use the approved alternative fuel in these vehicles in while operating in Clark and Washoe counties.

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 | Fax: (775) 684-0260

Date: October 15, 2020

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

From: Jennifer Cooper, 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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$2,850,000.00 from the Statutory Contingency Account, to Cathy Woods representing compensation for her wrongful conviction.

Additional Information:

AB267, approved in the 2019 legislative session, provides for the compensation and other properly related matters of certain persons who were wrongfully convicted. This bill requires a court to enter a certificate of innocence and determine the proper amount of award.

On October 9, 2020, a Certificate of Innocence and an Order Granting Monetary Relief was granted to Cathy Woods by the Second Judicial District Court. Per NRS 41.950(1)(a)(3), Ms. Woods is entitled to \$2,850,000.00 representing stipulated damages for nearly 33 years of wrongful incarceration. All other damages, monetary relief, and non-monetary relief pursuant to NRS 41.950(b) have been waived by Ms. Woods and therefore no future relief will be sought in this matter. Additionally, the State of Nevada has waived all rights under NRS 41.960 to offset any recoveries made by Ms. Woods, making this the final claim in this matter.

Statutory Authority:

BOE approval is required pursuant to NRS 41.970

REVIEWED: _____

ACTION ITEM: _____

Jennifer Lynn Cooper

From: David B. Owens <david@loevy.com>
Sent: Wednesday, October 14, 2020 10:51 AM
To: Jennifer Lynn Cooper
Cc: Elizabeth Wang
Subject: Compensation for Cathy Woods
Attachments: Cathy Woods CERTIFICATE OF INNOCENCE AND ORDER (FSC).pdf; WOODS REVISED Order Granting Monetary Relief after 10-9-2020 hearing (FSC).pdf

Dear Budget Officer Cooper:

We represent Cathy Woods who just became the second person to be awarded compensation under the State's new law for folks who have been wrongfully convicted.

The order for a certificate of innocence and order concerning monetary payment are attached.

It is our understanding that sending these items to you is sufficient to commence the "claim" process for the Board of Examiners so that Woods can receive payment. Is that correct? If not, are there any other documents or forms you need us to fill out or send to you (or someone else).

Also, I apologize if you are not the correct person to contact; this being a wholly new process we're still in the midst of navigating it ourselves. Any help in this regard would be much appreciated.

Thanks,

--

David B. Owens

Loevy & Loevy
100 S. King St., Ste 100
Seattle, WA 98104
(312) 243-5900 (ofc)
(312) 590-5449 (cell)
Pronouns, if necessary, are: he/him/, they/their

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

IN THE MATTER OF THE WRONGFUL
CONVICTION OF CATHY WOODS, a/k/a
ANITA CARTER.

Case No. CV19-02376

Dept. No. 1

CERTIFICATE OF INNOCENCE AND ORDER

Cathy Woods, a/k/a Anita Carter (“Ms. Woods”), timely filed this action for relief on December 10, 2019, pursuant to 2019 Assembly Bill 267 (“AB 267”), sections 2 to 8.5, codified at Chapter 41 of NRS, inclusive, providing for the compensation of certain persons who were wrongfully convicted and imprisoned. The Court, after review of all filings in this case and upon stipulation of the parties, now finds and orders as follows:

1. Ms. Woods was convicted by the State of Nevada in Washoe County on January 7, 1981, of murder in the first degree of Michelle Mitchell in Case No. C79-1210. That judgment was reversed on appeal, and Ms. Woods was retried and again convicted on January 28, 1986.
2. Ms. Woods was sentenced to life in prison without the possibility of parole and incarcerated pursuant to her convictions for nearly 33 years in the Nevada Department of Corrections.
3. On February 10, 2014, the Washoe County Public Defender filed a Motion For New Trial Based Upon Genetic Marker Testing. On July 16, 2014, Brittany Baguley, Senior Criminalist in the DNA section of the Washoe County Crime Lab, received notification through the National DNA Database of a match between the partial dominant DNA profile

1 obtained from a cigarette cutting found at the crime scene and Oregon offender #172126,
2 Rodney Halbower, who had been convicted of violent crimes against women, both before
3 and after the murder of Michelle Mitchell.

- 4 4. Based upon the new DNA evidence, and with the agreement of the Washoe County District
5 Attorney, Ms. Woods was granted a new trial on September 8, 2014, and released from
6 custody on her own recognizance subject to pretrial supervision.
- 7 5. On March 11, 2015, this Court granted the Washoe County District Attorney's motion to
8 dismiss the charges against Ms. Woods.
- 9 6. The Washoe County District Attorney's Office issued a press release in March 2015 quoting
10 District Attorney Chris Hicks as stating that "it is our belief that the newly discovered DNA
11 evidence and the continued investigation of this case exonerate Cathy Woods of the murder
12 of Michelle Mitchell."
- 13 7. Ms. Woods has affirmed in her Verified Statement of Facts filed with this Court that she did
14 not commit the crime nor any lesser-included offense, nor did she aid or abet and was she an
15 accomplice to the crime.
- 16 8. Ms. Woods has also affirmed in her Verified Statement of Facts filed with this Court that
17 any inculpatory statements she may have made were false confessions as she did not commit
18 the crime nor any lesser-included offense, nor did she aid or abet and was she an accomplice
19 to the crime.

20
21 **NOW, THEREFORE,**

- 22 A. This Court finds that Ms. Woods did not commit the offenses for which she was convicted
23 and is actually innocent.
 - 24 B. This Court finds that Ms. Woods was not an accessory or accomplice to the acts that were
25 the basis of the conviction, did not aid, abet, or act as an accomplice or accessory to a person
26 who committed the acts that were the basis for the conviction, and had no involvement in
27 those crimes.
- 28

1 C. This Court finds that Ms. Woods did not commit or suborn perjury, fabricate evidence, or by
2 her own conduct cause or bring about the conviction and did not make a false confession.

3 D. This Court finds that Ms. Woods was not convicted of an offense necessarily included in the
4 offense charged.

5 E. The State of Nevada agrees Ms. Woods is entitled to relief pursuant to AB 267, codified as
6 NRS 41.900 *et seq.*
7

8 **IT IS THEREFORE ORDERED** as follows:

9 That Ms. Woods' Petition for Certificate of Innocence is **GRANTED**.

10 ORDERED this 9th day of October, 2020.
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13 _____
14 The Honorable Kathleen M. Drakulich
15 District Court Judge
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8 **IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
9 **IN AND FOR THE COUNTY OF WASHOE**

10 IN THE MATTER OF THE WRONGFUL Case No. CV19-02376
11 CONVICTION OF CATHY WOODS, a/k/a
12 ANITA CARTER. Dept. No. 1

13
14 **ORDER GRANTING MONETARY RELIEF**

15 This matter came on for hearing before the Court on August 5, 2020, by stipulation of the
16 parties. This Court has reviewed all pleadings, documents and exhibits on file and simultaneously
17 issued a Certificate of Innocence.

18 Good cause appearing, the parties having stipulated to the relief sought, and the Court being
19 fully informed,

20 **IT IS HEREBY ORDERED:**

- 21 1) The global settlement agreement ("Settlement Agreement") entered into between the
22 parties and attached as Exhibit 1 to the Joint Motion For Orders Relating To And
23 Approving Settlement Agreement, is hereby approved;
- 24 2) As the terms of the Settlement Agreement relate to this case, CV19-02376, Cathy
25 Woods, a/k/a Anita Carter ("Ms. Woods") is granted stipulated damages pursuant to
26 NRS 41.950(a)(2) in the total amount of \$2,850,000, subject to approval by the State
27 Board of Examiners (BOE) and payment from the Reserve for Statutory Contingency
28 Account, with any amount over \$1,000,000 being subject to approval by the Interim
Finance Committee (IFC) with payment to come from the State Contingency Fund;

1
2 3) The parties have agreed to bear their own fees and costs;

3 4) Ms. Woods waives all other damages, monetary relief, and non-monetary relief to which
4 she might be entitled pursuant to NRS 41.950(b); and

5 5) The State waives all rights under NRS 41.960 to any offset of recoveries received by Ms.
6 Woods under NRS 41.960.

7 **IT IS FURTHER ORDERED:**

8 In light of the current state of emergency in Nevada declared by Governor Steve Sisolak on
9 March 12, 2020 in response to the recent outbreak of the Coronavirus Disease (COVID-19) and the
10 subsequent partial closing of most State Government agencies, this Order may be used as the claim for
11 submission to the State Board of Examiners for approval of payment from the Reserve for Statutory
12 Contingency Account pursuant to submission of NRS 41.970.

13 ORDERED this 9th day of October, 2020.

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16 The Honorable Kathleen M. Drakulich
17 District Court Judge
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LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES		BOWERS FAMILY INVESTMENTS, LLC	\$20,257
	This lease is an extension of the existing lease.			
		Term of Lease:	12/01/2020 – 11/30/2023	Located in Carson City
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES		CMDV, LLC	\$222,240
	This lease is an extension of the existing lease.			
		Term of Lease:	12/01/2020 – 11/30/2023	Located in Fernley
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE – INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) PART C		ELV 1 ASSOCIATES	\$52,011
	This lease is to relocate the agency.			
		Term of Lease:	09/01/2020 – 08/31/2023	Located in Las Vegas
4.	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL DIVISION – DIVISION OF INVESTIGATIONS		CITY OF ELY	\$192,012
	This lease was negotiated to provide a more secure location for personnel and equipment.			
		Term of Lease:	12/01/2020 – 04/30/2026	Located in Ely

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 9/27/20
Reviewed by:	LA 9/29/20
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Conservation and Natural Resources State Historic Preservation Office 901 South Stewart Street, Suite 5004 Carson City, Nevada 89701 Estie Meckes T: 775.684.3446 F: 775.684.3442 E: e.meckes@shpo.nv.gov						
Remarks:	This is a renewal of a current lease, plus additional space needed for storage of files. A climate controlled environment is required.						
Exceptions/Special notes:	One (1) day a week janitorial						
2. Name of Lessor:	Bowers Family Investments, LLC						
3. Address of Lessor:	c/o Coldwell Banker Select Property Management 187 Sonoma Street, Suite A Carson City, Nevada 89701						
4. Property contact:	Rachelle DeLallo T: 775.882.3211 F: 775.882.7553 E: Rachelle.DeLallo@selectpropmgt.com						
5. Address of Lease property:	675 Fairview Drive, Suite 225 & 226 Carson City, Nevada 89701						
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 437						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Aprox. cost per square foot
Increase %	\$ 551.58	12	\$ 6,618.96	December 1, 2020-November 30, 2021	\$0.00	\$0.00	\$1.26
2%	\$ 562.61	12	\$ 6,751.32	December 1, 2021-November 30, 2022	\$0.00	\$0.00	\$1.29
2%	\$ 573.86	12	\$ 6,886.32	December 1, 2022-November 30, 2023	\$0.00	\$0.00	\$1.31
c. Total Lease Consideration:	36		\$ 20,256.60				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		365	Renewal terms:	One (1) Identical Term		
f. Holdover notice:	# of Days required		30	Holdover terms:	5%/90		
g. Term:	Three (3) Years						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)						
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
l. Comparable Area Market Rate Average:	\$1.52						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	4205						
6. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities <input type="checkbox"/> A relocation <input type="checkbox"/> A new location <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

RECEIVED
SEP 24 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 X No _____ Dec Unit _____

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

Rebecca L. Palmer August 17, 2020
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20091559201	Exp:	11/30/2020	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29023142			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

8. 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

W. David Patrick 9/23/20
Authorized Signature Date
Public Works Division

☒ For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by:	<i>9/10/19/20</i>
Reviewed by:	<i>9/10/19/20</i>
Reviewed by:	<i>10/14/2020</i>

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Child and Family Services 4126 Technology Way, 3rd floor Carson City, Nevada 89706 Jennifer McEntee T: 775.684.4452 E: jmcentee@dcfs.nv.gov						
Remarks:	This is a renewal of a current lease.						
Exceptions/Special notes:	Due to increases in taxes, water, utilities and maintenance support, as well as this is a short term renewal, plus previous Tenant Improvements that were not included in the current lease, the Lessor is unable to give a rent reduction. Comparable Market Rates in Fernley are still significantly higher, by \$0.30 or more.						
2. Name of Lessor:	CMDV, LLC						
3. Address of Lessor:	513 Wedge Lane Fernley, Nevada 89408						
4. Property contact:	Dan Paine T: 775.560.4618 E: danpaine@msn.com						
5. Address of Lease property:	55 North Center Street, Suites 1 and 2 Fernley, Nevada 89408						
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 4,000						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
Increase %	\$ 6,000.00	12	\$ 72,000.00	December 1, 2020 - November 30, 2021	\$0.00	\$0.00	\$1.50
2%	\$ 6,120.00	12	\$ 73,440.00	December 1, 2021 - November 30, 2022	\$0.00	\$0.00	\$1.53
5%	\$ 6,400.00	12	\$ 76,800.00	December 1, 2022 - November 30, 2023	\$0.00	\$0.00	\$1.60
c. Total Lease Consideration:		36	\$ 222,240.00				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 365 Renewal terms: One (1) identical term						
f. Holdover notice:	# of Days required 30 Holdover terms: 5%/90						
g. Term:	Three (3) years						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input checked="" type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)						
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
l. Comparable Area Market Rate Average:	\$1.96						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3229						
6. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities <input type="checkbox"/> A relocation <input type="checkbox"/> A new location <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

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OCT 06 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 X No _____ Dec Unit Base

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

Mandi Davis

Digitally signed by Mandi Davis
DN: cn=Mandi Davis, o=Division of Child and Family Services, ou,
email=mandi.davis@dcfs.nv.gov, c=US
Date: 2020.10.02 14:29:41 -0700

Authorized Agency Signature

Date


For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20011101767	Exp:	9/30/2021	16
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29023184			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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


Authorized Signature
Public Works Division

10.5.20
Date

✓^{BM} For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Director's Office Individuals with Disabilities Education Act (IDEA) Part C 4126 Technology Way, Suite 100 Carson City, Nevada 89706 Margot Chappel T: 775.684.4041 F: 775.687.7570 E: mchappel@health.nv.gov						
Remarks:	This lease was negotiated to relocate the agency. Prior space was shared with an agency who relocated into new space. This created savings of \$578.76 for the first year.						
Exceptions/Special notes:	All associated costs for improvements and relocation were paid by the Lessor.						
2. Name of Lessor:	ELV I Associates, LLC						
3. Address of Lessor:	c/o Lakeland Management Co. 4220 South Maryland Parkway, Suite 210-A Las Vegas, Nevada 89119						
4. Property contact:	Bill Milone T: 702.732.2066 E: williammilone@kj.lvcoxmail.com						
5. Address of Lease property:	4220 South Maryland Parkway, Building A, Suite 121 Las Vegas, Nevada 89119						
a. Square Footage:	<input checked="" type="checkbox"/> Rentable <input type="checkbox"/> Usable 746						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
Increase %	\$ 1,424.86	12	\$ 17,098.32	September 1, 2020 - August 31, 2021	\$0.00	\$0.00	\$1.91
2%	\$ 1,454.70	12	\$ 17,456.40	September 1, 2021 - August 31, 2022	\$0.00	\$0.00	\$1.95
0%	\$ 1,454.70	12	\$ 17,456.40	September 1, 2022 - August 31, 2023	\$0.00	\$0.00	\$1.95
c. Total Lease Consideration:	36	\$	52,011.12				
d. Total Improvement Cost:						\$0.00	
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 365 Renewal terms: One (1) Identical Term						
f. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90						
g. Term:	Three (3) Years, two (2) months left on existing agreement						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)						
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> 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:	3276						
6. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities <input type="checkbox"/> A relocation <input checked="" type="checkbox"/> A new location <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$0.00	Furnishings: \$0.00		Data/Phones: \$0.00			

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OCT - 6 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 ☐ Dec Unit ☐

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

Authorized Agency Signature  Date 9-24-2020

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20161364470	Exp:	6/30/2020	15
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29038021			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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

Authorized Signature  Date 10/1/20

Public Works Division

For Board of Examiners ☒ YES ☐ NO

Steve Sisolak
Governor

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Laura Freed
Director

Ward D. Patrick, PE
Administrator



PUBLIC WORKS DIVISION

Carson City Office:

Public Works Section
515 E. Musser Street, Suite 102
Carson City, Nevada 89701-4263
(775) 684-4141 • Fax (775) 684-4142

Buildings & Grounds Section
(775) 684-1800 • Fax (775) 684-1821

Leasing Services Section
(775) 684-1815 • Fax (775) 684-1817

Las Vegas Office:

Public Works Section
2300 McLeod Street
Las Vegas, Nevada 89104
(702) 486-5115 • Fax (702) 486-5094

Buildings & Grounds Section
2300 McLeod Street
Las Vegas, Nevada 89104
(702) 486-4300 • Fax (702) 486-4308

MEMORANDUM

Date: October 15, 2020

To: Bessie Woolridge, Budget Analyst

From: Leanne Lima, Leasing Services Manager
llima@admin.nv.gov (775) 690-5900

Subject: 4220 S Maryland Parkway, Suite A-121, Las Vegas

As requested, this memo is a clarification for a retroactive start date of September 1, 2020 for the leases referenced above, which house the Division of Public and Behavioral Health, IDEA Part C.

Due to the unanticipated date for the new tenant, in the current space, the lessor allowed the agency to relocate into suite A-121. There were also multiple changes requested by the agency (actual lease changed to Director's Office, and the signature block) which required the lease to be resigned by all parties, thus creating a delay for submittal to BOE prior to the September 1 start date.

Thank You,

Leanne Lima

Leasing Services Manager

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Public Safety Highway Patrol Division / Division of Investigations 555 Wright Way Carson City, Nevada 89701 Charlene Boegle T: 775.684.4698 F: 775.684.4809 E: c.boegle@dps.state.nv.us						
Remarks:	Leasing Services negotiated this lease to provide a more secure location for personnel and equipment. The City of Ely has offered the Ely Armory at a below market rate to the agency.						
Exceptions/Special notes:	Utility costs to be revisited and rent possibly adjusted after April 30, 2022: "Early Occupancy" will be granted to DPS beginning December 1, 2020 at \$1.00 per month. All utilities will be paid by the City and reimbursed by DPS, during the early occupancy period. DPS will provide and pay for janitorial services at the location. The City of Ely will cover all maintenance above \$1,500.00. Maintenance will be classified as "minor" below \$1500 and "major" at or above \$1500. The City of Ely will collect trash weekly.						
2. Name of Lessor:	City of Ely						
3. Address of Lessor:	501 Mill Street Ely, Nevada 89301						
4. Property contact:	Jennifer Lee, City Clerk T: 775.289.2430 E: jlee@elycity.com						
5. Address of Lease property:	125 Mill Street Ely, Nevada 89301						
a. Square Footage:	<input checked="" type="checkbox"/> Rentable <input type="checkbox"/> Usable 10,220						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
Increase %	\$ 1.00	5	\$ 5.00	December 1, 2020 - April 30, 2021	\$0.00	\$0.00	\$0.00
	\$ 3,200.00	12	\$ 38,400.00	May 1, 2021 - April 30, 2022	\$0.00	\$0.00	\$0.31
0%	\$ 3,200.00	12	\$ 38,400.00	May 1, 2022 - April 30, 2023	\$0.00	\$0.00	\$0.31
0%	\$ 3,200.00	12	\$ 38,400.00	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$0.31
0%	\$ 3,200.00	12	\$ 38,400.00	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$0.31
0%	\$ 3,200.00	12	\$ 38,400.00	May 1, 2025 - April 30, 2026	\$0.00	\$0.00	\$0.31
c. Total Lease Consideration:	65		\$ 192,012.00				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		365	Renewal terms:	One (1) identical term		
f. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90		
g. Term:	Five (5) Years, Six (6) Months						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)						
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant						
l. Comparable Area Market Rate Average:	None Available						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	4713 (74%), 3743 (26%)						
6. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities <input checked="" type="checkbox"/> A relocation <input type="checkbox"/> A new location <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$	TBD	Furnishings: \$	TBD	Data/Phones: \$	TBD	

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OCT - 5 2021

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
 Yes _____ No _____ Dec Unit _____

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

L. Hamilton 9/23/20
 Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>Exempt</u>	Exp:		25
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input type="checkbox"/> YES	<input checked="" 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>T40337401</u>			
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

8. 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

Hardy P. Puck 10/1/20
 Authorized Signature Date
 Public Works Division

For Board of Examiners ☒ YES ☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE – SMART 21	AERIS ENTERPRISES, INC.	GENERAL 81% HIGHWAY 19%	\$136,500	Sole Source
	Contract Description:	This is a new contract to provide modifications to the Nevada Executive Budget system to enable compatibility and communication with the Enterprise Resource Planning system as well as single sign-on access.				
		Term of Contract:	Upon Approval - 10/31/2022	Contract # 23600		
2.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	SHI INTERNATIONAL CORPORATION	OTHER: CONTRACT SERVICES CHARGE	\$69,384	Exempt
	Contract Description:	This is a new service agreement under statewide contract #19222, which provides cloud services. This service agreement is to implement a customer relationship management software to help track and manage various scholarships administered by the College Savings Division.				
		Term of Contract:	Upon Approval - 11/10/2022	Contract # 23557		
3.	052	TREASURER'S OFFICE - HIGHER EDUCATION TUITION TRUST – NON-EXEC	GARCIA HAMILTON AND ASSOCIATES	OTHER: CONTRIBUTIONS	\$730,000	
	Contract Description:	This is a new contract to provide ongoing management of fixed income investments to meet anticipated future tuition liabilities for the Prepaid Tuition program.				
		Term of Contract:	11/11/2020 - 11/10/2024	Contract # 23570		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	COONS CONSTRUCTION, LLC	OTHER: BUILDING RENT	\$225,000	
	Contract Description:	This is a new contract to provide ongoing snow removal services for the state buildings in Carson City and the Stewart Facility.				
		Term of Contract:	Upon Approval - 10/31/2024	Contract # 23545		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	AECOM TECHNICAL SERVICES, INC.	OTHER: AGENCY FUNDED CIP	\$79,599	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Marlette Lake Water System Master Planning CIP project, to include project management and quality control, project administration, data collection, and water supply analysis: CIP Project No. 21-A001; SPWD Contract No. 113730.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 23653		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	TANEY ENGINEERING, INC.	OTHER: AGENCY FUNDED CIP	\$95,280	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Las Vegas Readiness Center Organizational Parking Expansion Planning CIP project, which includes a boundary and topographic study, drainage study, and design and construction documents for the construction of the parking lot: CIP Project No. 20-A021; SPWD Contract No. 113700.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 23626		
7.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	BROADBENT & ASSOCIATES, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$93,557	Professional Service
	Contract Description:	This is a new contract to provide ongoing water sampling, quality control testing and the vendor will serve as Operator of Record for the water treatment system. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C53529.				
		Term of Contract:	06/01/2020 - 06/30/2021	Contract # 23590		
8.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	CRAIG M. JORGENSEN, M.D. LTD DBA SOUTHERN NEVADA HOSPITALISTS	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$156,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing Medical Director services.				
		Term of Contract:	01/01/2021 - 12/31/2024	Contract # 23630		
9.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - IMMUNIZATION PROGRAM	SAGE PURSUITS, INC. DBA ENVISION TECHNOLOGY PARTNERS	FEDERAL	\$126,604	Sole Source
	Contract Description:	This is a new contract to implement an approved technology investment which provides deployment of the Mobile WebIZ module application to the Nevada WebIZ immunization information system.				
		Term of Contract:	09/25/2020 - 06/30/2021	Contract # 23427		
10.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	MONEY MANAGEMENT INTERNATIONAL, INC.	FEDERAL	\$75,139	
	Contract Description:	This is a new contract to provide continuing call coverage and web maintenance in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.				
		Term of Contract:	09/30/2020 - 12/23/2020	Contract # 23639		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	\$498,946	
	Contract Description:	This is the first amendment to the original contract which provides Cloud Solutions for use by state, local, tribal and contract staff utilizing the contract tracing tool. This amendment increases the maximum amount from \$986,337.60 to \$1,485,283.58 due to increasing the number of licenses by 450.				
		Term of Contract:	06/01/2020 - 05/30/2021	Contract # 23274		
12.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	CSAA INSURANCE SERVICES, INC.	FEDERAL	\$15,825,600	
	Contract Description:	This is a new contract to provide assistance with COVID-19 case investigations and contact tracing support.				
		Term of Contract:	07/27/2020 - 12/30/2020	Contract # 23455		
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	TALUS ANALYTICS, LLC	FEDERAL	\$75,000	
	Contract Description:	This is a new contract to provide a statewide analysis of COVID-19 trends for multiple reporting sources.				
		Term of Contract:	10/01/2020 - 12/30/2020	Contract # 23577		
14.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	GENERAL 26.7% FEDERAL 73.3%	\$5,000,000	
	Contract Description:	This is a new contract to provide ongoing employment, income and asset verification services to determine eligibility for the Federal Assistance Programs administered by the Division, including the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicaid and the Energy Assistance Program.				
		Term of Contract:	Upon Approval - 09/30/2024	Contract # 23454		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION	FEDERAL	\$185,000	Sole Source
	Contract Description:	This is a new contract to provide implementation of the Child and Adolescent Needs Strengths assessment tool and its use in service planning and decision support.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 23260		
16.	431	OFFICE OF THE MILITARY	BROADBENT & ASSOCIATES, INC.	FEDERAL	\$96,000	
	Contract Description:	This is a new contract to provide professional environmental engineering services to update and align the Nevada Army National Guard Statewide Hazardous Waste/Materials Management Plan with the most current Environment Protection Agency Generator Improvement Rules.				
		Term of Contract:	Upon Approval - 08/30/2024	Contract # 23560		
17.	431	OFFICE OF THE MILITARY	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	FEDERAL	\$65,700	Professional Service
	Contract Description:	This is a new contract to provide professional engineering services to develop a facility capacity/utilities expansion study for the Harry Reid Training Center.				
		Term of Contract:	Upon Approval - 11/10/2021	Contract # 23606		
18.	431	OFFICE OF THE MILITARY	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	FEDERAL	\$88,700	
	Contract Description:	This is a new contract to provide a feasibility study and cost estimate to construct an Army Combat Fitness Test site at Swan Lake, including a running track and the addition of a 5,000-7,000 square foot general purpose building.				
		Term of Contract:	Upon Approval - 12/30/2021	Contract # 23644		
19.	431	OFFICE OF THE MILITARY	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	FEDERAL	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional engineering services to develop a Hawthorne Armory Range Complex Master Plan, site development plan and feasibility studies for the possible future site/facility renovations.				
		Term of Contract:	Upon Approval - 12/08/2024	Contract # 23646		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	431	OFFICE OF THE MILITARY	OPTIMAL GEO INCORPORATED	FEDERAL	\$200,000	
	Contract Description:	This is a new contract to provide ongoing support for Geographic Information System including mapping and software support and associated training for Nevada Guard environmental projects staff.				
		Term of Contract:	Upon Approval - 11/09/2024	Contract # 23578		
21.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	FEDERAL	\$65,500	Professional Service
	Contract Description:	This is a new contract to provide a feasibility and constructability study for moving the main entrance of the Las Vegas Readiness Center from West Silverado Ranch Boulevard to Arville Street.				
		Term of Contract:	Upon Approval - 11/10/2021	Contract # 23605		
22.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	FEDERAL	\$1,000,000	
	Contract Description:	This is a new contract to provide professional architectural/engineering services to develop a Site Development Plan for the Floyd Edsall Training Center and provide various feasibility studies relating to future site/facility expansion options.				
		Term of Contract:	Upon Approval - 12/08/2024	Contract # 23645		
23.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	FEDERAL	\$78,100	
	Contract Description:	This is a new contract to provide professional engineering services to develop a feasibility/constructability study for determining the feasibility of moving the current Medical Detachment Unit from the Las Vegas Readiness Center to the Henderson Armory.				
		Term of Contract:	Upon Approval - 12/08/2021	Contract # 23647		
24.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	BUILDING CONTROL SERVICES, INC.	GENERAL	\$78,000	
	Contract Description:	This is a new contract to provide ongoing semi-annual preventative maintenance service and repairs for the Alerton Temperature Control System.				
		Term of Contract:	Upon Approval - 09/30/2024	Contract # 23550		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	BLUE RASTER	FEDERAL	\$89,000	
	Contract Description:	This is a new contract to provide a cloud-based, Geographic Information System-enabled Preliminary Damage Assessment tool to be utilized by state agencies, local and tribal jurisdictions statewide.				
		Term of Contract:	Upon Approval - 11/30/2022	Contract # 23609		
26.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	NORSOFT CONSULTING	OTHER: FEES 90% GENERAL 10%	\$1,000,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing consulting services and exit planning for the update and replacement of the Nevada Criminal Justice Information Systems.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23629		
27.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	TS HAZMAT CONSULTING SERVICES, LLC, DBA SIGNET NORTH AMERICA	OTHER: TRANSFER FROM STATE EMERGENCY RESPONSE COMMISSION, 50% TRANSFER FROM DEPARTMENT OF ENVIRONMENTAL PROTECTION 50%		
	Contract Description:	This is a new contract to provide ongoing services for classroom and hands-on instruction/training of the Hazardous Material Technician Level curriculum.				
		Term of Contract:	01/01/2021 - 12/31/2024	Contract # 23583		
28.	702	DEPARTMENT OF WILDLIFE - DATA AND TECHNOLOGY SERVICES	DYER ENGINEERING CONSULTANTS, INC.	BONDS 40% FEDERAL 60%	\$209,356	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides assessment and feasibility through engineering, environmental and geotechnical studies. This amendment increases the maximum amount from \$617,467.91 to \$826,823.76 due to updates to the scope of work to include Phase 3 of the Boating Access project.				
		Term of Contract:	04/09/2019 - 03/31/2023	Contract # 21568		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	TRUCKEE MEADOWS PARKS FOUNDATION	FEE: LICENSE PLATE	\$205,996	Sole Source
	Contract Description:	This is a new contract to provide wildlife education programming and volunteer services for five full-time AmeriCorps volunteers.				
		Term of Contract:	Upon Approval - 10/31/2024	Contract # 23584		
30.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	AMERICAN LION SPECIALISTS, LLC	FEE: GAME PREDATOR MANAGEMENT	\$480,000	
	Contract Description:	This is a new contract to provide lethal removal, capture and collar services of mountain lions.				
		Term of Contract:	12/01/2020 - 11/30/2024	Contract # 23603		
31.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	HELICOPTER WILDLIFE SERVICES	OTHER: GAME DONATIONS AND HERITAGE TAG AUCTIONS 50% FEDERAL 50%	\$600,000	
	Contract Description:	This is a new contract to provide aerial wildlife capture and transport services to support research projects statewide.				
		Term of Contract:	11/11/2020 - 11/10/2022	Contract # 23649		
32.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	QUICKSILVER AIR, INC.	OTHER: GAME DONATIONS AND HERITAGE TAG AUCTIONS 50% FEDERAL 50%	\$600,000	
	Contract Description:	This is a new contract to provide aerial wildlife capture and transport services to support research projects statewide.				
		Term of Contract:	11/11/2020 - 11/10/2022	Contract # 23648		
33.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - DIXIE CREEK TEN MILE GROUNDWATER - NON-EXEC	U.S. DEPARTMENT OF THE INTERIOR, US GEOLOGICAL SURVEY	OTHER: WATER DISTRICT ASSESSMENTS 43% FEDERAL 57%	\$72,230	Exempt
	Contract Description:	This is the fourth amendment to the original Joint Funding Agreement which provides modeling studies of the Lower Humboldt River Basin to determine surface water and groundwater interaction. This amendment extends the termination date from February 28, 2021 to September 30, 2021 and increases the maximum amount from \$284,941 to \$357,171 due to the continued need for these services.				
		Term of Contract:	04/01/2017 - 09/30/2021	Contract # 18413		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP - NON-EXEC	U.S. DEPARTMENT OF THE INTERIOR, US GEOLOGICAL SURVEY	OTHER: WATER DISTRICT ASSESSMENT 60% FEDERAL 40%	\$196,960	Exempt
	Contract Description:	This is a new Joint Funding Agreement to provide ongoing monitoring services of water resources in eastern and southern Nevada.				
		Term of Contract:	10/01/2020 - 09/30/2021	Contract # 23625		
35.	810	DEPARTMENT OF MOTOR VEHICLES - MOTOR CARRIER DIVISION	EXPLORE INFORMATION SERVICES, LLC	HIGHWAY 33.3% FEDERAL 66.7%	\$303,750	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides custom programming for the commercial motor vehicles International Registration Plan system for the state of Nevada. This amendment increases the maximum amount from \$1,200,000 to \$1,503,750 due to expansions in the scope of work: addition of a monthly maintenance fee of \$11,250 per month, restructure of the Milestone Schedule in two phases, completion of testing criteria and system, acceptance testing deliverables require for data transfers to be encrypted, system maintenance agreement, tracking of the Nevada Governmental Sales Tax and a system Data Sharing Security Agreement.				
		Term of Contract:	09/10/2019 - 12/26/2020	Contract # 22246		
36.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	INTELLECTUAL TECHNOLOGY, INC.	HIGHWAY	\$618,712	
	Contract Description:	This is a new contract to provide ongoing lease of software and equipment along with ongoing maintenance support services for Nevada Driver License Testing machines.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23654		
37.	810	DEPARTMENT OF MOTOR VEHICLES - DIRECTOR'S OFFICE	THE ABBI AGENCY	HIGHWAY 66% FEES: 34%	\$50,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing marketing and media buying services. This amendment increases the maximum amount from \$1,452,696 to \$1,502,696 to revise the scope of work to include the revision/update of the Department's website.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21920		
38.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	FUTUREWORK SYSTEMS, LLC	FEDERAL	\$12,000	
	Contract Description:	This is the second amendment to the original contract which provides data warehousing, processing and validation services to support performance reporting and analysis for the Workforce Innovation and Opportunity Act. This amendment extends the termination date from December 31, 2020 to June 30, 2021 and increases the maximum amount from \$48,000 to \$60,000 due to the continued need for these services.				
		Term of Contract:	12/13/2018 - 06/30/2021	Contract # 21200		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: REVENUE	\$12,000	
	Contract Description:	This is the third amendment to the original revenue contract which provides for the cost of the data warehousing, processing and validation services to support performance reporting and analysis for the Workforce Innovation and Opportunity Act. This amendment extends the termination date from December 31, 2020 to June 30, 2021 and increases the maximum amount from \$48,000 to \$60,000 due to the continued need for these services.				
	Term of Contract:	12/17/2018 - 06/30/2021	Contract # 21208			
40.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY – SPECIAL FUND	CAPGEMINI AMERICA, INC.	FEDERAL	\$688,500	Exempt
	Contract Description:	This is a new contract to provide Unemployment Insurance (UI) Information Technology staffing services to support Information Development and Processing staff with UI modernization.				
	Term of Contract:	09/05/2020 - 06/30/2021	Contract # 23479			
41.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	LEWIS ROCA ROTHGERBER CHRISTIE, LLP	FEE: LICENSE AND APPLICATION	\$96,000	
	Contract Description:	This is a new contract to provide professional assistance in preparing, planning and responding to legislative issues, statute changes, regulation changes and public protection matters.				
	Term of Contract:	Upon Approval - 08/30/2022	Contract # 23610			
42.	B008	LICENSING BOARDS AND COMMISSIONS - PROFESSIONAL ENGINEERS AND LAND SURVEYORS	ALLISON MACKENZIE, LTD	FEE: LICENSE AND APPLICATION	\$330,000	Professional Service
	Contract Description:	This is a new contract to provide legal services including disciplinary complaints, advice in matters affecting the general public and assistance in processing proposed amendments to existing regulations and legislation.				
	Term of Contract:	01/01/2021 - 12/31/2022	Contract # 23592			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23600**Agency Name: **GOVERNOR'S FINANCE OFFICE**
Agency Code: **015**Legal Entity Name: **AERIS ENTERPRISES, INC.**
Contractor Name: **AERIS ENTERPRISES, INC.**
Address: **59 DAMONTE RANCH PKWY STE B292**Appropriation Unit: **1325-16**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89521-1907**

If "No" please explain: Not Applicable

Contact/Phone: **Joseph Fix 775-851-3262**Vendor No.: **T81082046A**NV Business ID: **NV20011516008**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

X	General Funds	81.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
X	Highway Funds	19.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2022**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Modify NEBS System**

5. Purpose of contract:

This is a new contract to provide modifications to the Nevada Executive Budget system to enable compatibility and communication with the Enterprise Resource Planning system as well as single sign on access.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$136,500.00**

Payment for services will be made at the rate of \$175.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract which will be able to modify the NEBS system to be able to send and receive data to/from the ERP system as well as to use single sign on to access the NEBS system.

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 knowledge to perform this service

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

Approval #: 200907

Approval Date: 09/16/2020

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

This vendor developed the NEBS system and has the knowledge of how the system works

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2003 with the Governor's Finance Office and 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:

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:

Paul Nicks, Director Ph: 775-687-7721

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/23/2020 11:56:13 AM
Division Approval	ddav12	09/23/2020 11:56:17 AM
Department Approval	ddav12	09/23/2020 11:56:21 AM
Contract Manager Approval	ddav12	09/23/2020 11:56:26 AM
EITS Approval	tgalluzi	09/29/2020 15:32:29 PM
Budget Analyst Approval	cbrekken	09/29/2020 17:10:08 PM
BOE Agenda Approval	cbrekken	09/29/2020 17:10:10 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:
Approval#: 209070

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:		Office of Project Management	
	Contact Name and Title		Phone Number	Email Address
	Paul Nicks, Director		(775) 687-7221	pnicks@opm.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Aeris Enterprises Inc
	Contact Name:	Joe Ffx
	Complete Address:	59 Damonte Ranch Parkway Suite B292, Reno, NV 89521
	Telephone Number:	(775) 851-3262
Email Address:	joeffx@areisinc.com	

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

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	11/2020	End Date: 10/2022

1f	Funding:	
	State Appropriated:	X
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

200907 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$136,500																														
2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>The work to be provided is to modify the NEBS system to be able to send and receive data to/from the ERP system as well as to use single sign on to access the NEBS system. Modifications to the system will be related to the new chart of accounts as well as how revenues and expenses are categorized within the SAP ERP system. A detailed SOW will be attached in CETS.</i>																														
3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>This vendor developed the NEBS system and has the knowledge of how the system works.</i>																														
4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>This vendor developed the NEBS system and has the knowledge of how the system works.</i>																														
5	<table border="1"><tr><td colspan="2">Were alternative services or commodities evaluated? Check One.</td><td>Yes:</td><td></td><td>No:</td><td>X</td></tr><tr><td>a.</td><td colspan="5"><i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></td></tr><tr><td colspan="6"></td></tr><tr><td>b.</td><td colspan="5"><i>If not, why were alternatives not evaluated?</i></td></tr><tr><td colspan="6"><i>This is to contract with the Vendor that developed the system.</i></td></tr></table>	Were alternative services or commodities evaluated? Check One.		Yes:		No:	X	a.	<i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>											b.	<i>If not, why were alternatives not evaluated?</i>					<i>This is to contract with the Vendor that developed the system.</i>					
Were alternative services or commodities evaluated? Check One.		Yes:		No:	X																										
a.	<i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>																														
b.	<i>If not, why were alternatives not evaluated?</i>																														
<i>This is to contract with the Vendor that developed the system.</i>																															

Purchasing Use Only:	
Approval #:	200907 (C)

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>				Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
			\$					
			\$					
			\$					
			\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	Inability of information to flow to and from NEBS and the ERP.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	This vendor developed the NEBS system and has the knowledge of how the system works.

9	Will this purchase obligate the State to this vendor for future purchases? <i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>	Yes:		No:	
	a. If yes, please provide details regarding future obligations or needs.				
	This vendor has been contracted with the state to maintain the NEBS system. Any future obligations were already established by the contract with the Governor's Finance Office.				

Purchasing Use Only:

Approval #:

200907 (ca)

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

Paul Nicks

Print Name of Agency Representative Initiating Request

9/16/2020

Date


Signature of Agency Head Authorizing Request

Paul Nicks

Print Name of Agency Head Authorizing Request

9/16/2020

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:


Administrator, Purchasing Division or Designee

9/16/2020
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23557**

Agency Name:	TREASURER - COLLEGE SAVINGS TRUST	Legal Entity Name:	SHI INTERNATIONAL CORP.
Agency Code:	051	Contractor Name:	SHI INTERNATIONAL CORP.
Appropriation Unit:	1092-26	Address:	PO BOX 952121
Is budget authority available?:	Yes	City/State/Zip	DALLAS, TX 75395
If "No" please explain:	Not Applicable	Contact/Phone:	303/723-5256
		Vendor No.:	PUR0001595A
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **C 23557**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2022**Contract term: **2 years and 9 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **Cloud Services**

5. Purpose of contract:

This is a new service agreement under statewide contract #19222, which provides cloud services. This service agreement is to implement a customer relationship management software to help track and manage various scholarships administered by the College Savings Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$69,383.60**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 353B, the division is tasked with the oversight and management of various college savings and scholarship programs to help Nevadans plan, save and pay for post-secondary education. This database will allow for better communication and tracking of Nevada families across the various statutorily required programs.

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

State employees do not have the knowledge or expertise to create and manage this type of client relationship management system.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

State MSA#99WC-NV18-417.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has been a State MSA vendor since 2014.

14. Is the contractor currently involved in litigation with the State 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	thagan	09/22/2020 10:36:25 AM
Division Approval	thagan	09/22/2020 10:36:28 AM
Department Approval	thagan	09/22/2020 10:36:30 AM
Contract Manager Approval	thagan	09/22/2020 10:36:32 AM
EITS Approval	tgalluzi	09/22/2020 11:26:38 AM
Budget Analyst Approval	cbrekken	10/14/2020 17:00:10 PM
BOE Agenda Approval	cbrekken	10/14/2020 17:00:13 PM
BOE Final Approval	Pending	



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

M E M O R A N D U M

TO: Tara Hagan, Chief Deputy, STO
Daryl Vigue, IT Pro III, STO
Isabel Li, MA IV, STO

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completed – STO - *College Savings and Scholarship Information Management System* – T1092190

DATE: September 10th, 2020

We have completed the review for Nevada State Treasurer's Office's (STO) – *College Savings and Scholarship Information Management System* TIN.

The submitted TIN, for an estimated value of \$70,864, supports enhancement and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The agency has selected Internet Quorum (IQ) to implement a Customer Relationship Management (CRM) to modernize processes and communication within their College Savings Program. IQ is already in use by other agencies in the state. The goal of this system will be to allow the College Savings Division the ability to better track and manage Nevada Families for Education and outreach activities focusing on various college savings programs, scholarships, or student loan assistance provided by the Division.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

It is expected that this solution will follow state security standards and policies. A pre and post implementation security review is available through the Office of Information Security (OIS) at no additional cost to the agency.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23570**Agency Name: **TREASURER - HIGHER
EDUCATION TUITION**Agency Code: **052**Appropriation Unit: **1083-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Garcia Hamilton and Associates

Contractor Name: **Garcia Hamilton and Associates**Address: **Five Houston Center
1401 McKinney Str., Ste. 1600**City/State/Zip: **Houston, TX 77010**

Contact/Phone: Ruby Munoz Dang 713-853-2359

Vendor No.: T29043480

NV Business ID: NV20201887241

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

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

Agency Reference #: RFP#05TO-S1232 TB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/11/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Invest.Mgmt.Services**

5. Purpose of contract:

This is a new contract to provide ongoing management of fixed income investments to meet anticipated future tuition liabilities for the Prepaid Tuition program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$730,000.00**

Other basis for payment: Annual fee not to exceed 25 basis points on the first \$25 million, 20 basis points on the next \$25 million, 14 basis points on the next \$200 million, and 13 basis point on all assets under management thereafter to be paid in quarterly installments within 30 days of receipt of invoice and upon approval by the State Treasurer.

II. JUSTIFICATION

7. What conditions require that this work be done?

An investment manager provides investment services for money in the Higher Education Trust Fund which must be invested in a prudent manner to meet anticipated future tuition liabilities for the Prepaid Tuition contracts in accordance with NRS Chapter 353B

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

State employees do not have the expertise or research tools to effectively manage longer-term fixed income securities which assist the portfolio in meeting its risk/return expectations to match Nevada System of Higher Education (NSHE) tuition increases.

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):

Moreton Asset Management
Sun Life Capital Management
Garcia Hamilton & Associates

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1232, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/17/2020 Anticipated re-bid date: 07/17/2024

10. 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:

LP

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	thagan	10/06/2020 09:44:30 AM
Division Approval	thagan	10/06/2020 09:44:34 AM
Department Approval	thagan	10/06/2020 09:44:39 AM
Contract Manager Approval	thagan	10/06/2020 09:44:42 AM
Budget Analyst Approval	cbrekken	10/15/2020 16:29:09 PM
BOE Agenda Approval	cbrekken	10/15/2020 16:29:11 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 CONTRACT1. Contract Number: **23545**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COONS CONSTRUCTION, LLC**Contractor Name: **COONS CONSTRUCTION, LLC**Address: **13 Affonso Dr #B**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **775-246-1660**Vendor No.: **T27031342A**NV Business ID: **NV20091032286**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Building Rent**Agency Reference #: **RFP # 08DOA-S1211**

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Snow Removal**

5. Purpose of contract:

This is a new contract to provide ongoing snow removal services for the state buildings in Carson City and the Stewart Facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Snow Removal needs to be performed on an as-needed basis.

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

This requires specialized 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):

**Countryside Lawns
Coons Construction
Haul N Hay**b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S1211, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/01/2020 Anticipated re-bid date: 06/01/2024

10. 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:

Buildings and Grounds work was satisfactory 09-25-2012

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

null, null Ph: null

David Bell , Grounds Supervisors Ph: 684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/27/2020 16:16:32 PM
Division Approval	ssands	08/27/2020 16:16:35 PM
Department Approval	ssands	08/27/2020 16:16:39 PM
Contract Manager Approval	ssands	10/05/2020 10:38:52 AM
Budget Analyst Approval	nkephart	10/12/2020 12:52:26 PM
BOE Agenda Approval	jrodrig9	10/19/2020 17:44:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23653**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1366-04**Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1366, expenditure category 04, OPERATIONS.

Legal Entity Name: **AECOM TECHNICAL SERVICES, INC.**Contractor Name: **AECOM TECHNICAL SERVICES, INC.**Address: **AECOM
515 SOUTH FLOWER STREET
LOS ANGELES, CA 90071**City/State/Zip: **LOS ANGELES, CA 90071**Contact/Phone: **775-870-4942**Vendor No.: **T29025012B**NV Business ID: **NV19901019462**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

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

Agency Reference #: **113730**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 242 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 Water System Master Planning CIP project, to include project management and quality control, project administration, data collection, and water supply analysis: CIP Project No. 21-A001; SPWD Contract No. 113730.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,599.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 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 Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/12/2020 07:42:32 AM
Division Approval	lwildes	10/12/2020 07:42:37 AM
Department Approval	lwildes	10/12/2020 07:42:40 AM
Contract Manager Approval	lwildes	10/12/2020 07:42:43 AM
Budget Analyst Approval	nkephart	10/12/2020 09:42:09 AM
BOE Agenda Approval	jrodrig9	10/19/2020 17:46:40 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23626**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.

Legal Entity Name: **TANEY ENGINEERING, INC.**Contractor Name: **TANEY ENGINEERING, INC.**Address: **6030 S JONES BLVD.
SUITE 100**City/State/Zip: **LAS VEGAS, NV 89118-2659**Contact/Phone: **702-362-8844**Vendor No.: **T32006658**NV Business ID: **NV20001434663**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

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

Agency Reference #: **113700**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 242 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Las Vegas Readiness Center Organizational Parking Expansion Planning CIP project, which includes a boundary and topographic study, drainage study, and design and construction documents for the construction of the parking lot: CIP Project No. 20-A021; SPWD Contract No. 113700.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,280.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2020 Leg. Approved CIP'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 Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	09/24/2020 13:48:43 PM
Division Approval	lwildes	09/24/2020 13:48:46 PM
Department Approval	lwildes	09/24/2020 13:48:50 PM
Contract Manager Approval	lwildes	09/24/2020 13:48:55 PM
Budget Analyst Approval	nkephart	09/30/2020 07:52:16 AM
BOE Agenda Approval	jrodrig9	10/13/2020 00:04:26 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23590**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	BROADBENT & ASSOCIATES, INC.
Agency Code:	240	Contractor Name:	BROADBENT & ASSOCIATES, INC.
Appropriation Unit:	2561-07	Address:	8 W PACIFIC AVE
Is budget authority available?:	No	City/State/Zip	HENDERSON, NV 89015-7383
If "No" please explain: This contract used to be performed by the State Public Works Division. However due to budget reduction within State Public Works, this contract was given to Veterans.		Contact/Phone:	VICTORIA TYSON-BLOYD 702/563-0600

Vendor No.: T80989610
NV Business ID: NV19891031637

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % PRIVATE/COUNTY

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

SPWD completed a new water system project at the Southern Nevada State Veterans Home and the Home was informed that the cost for water operator and sample collection and testing related to operating the system needed to be transitioned from SPWD to SNSVH. Time was required to determine the proper mechanism for this transition; meanwhile the services had to continue or the water system would have to be turned off. NDVS is working with State Purchasing to develop an RFP for these services.

3. Termination Date: **06/30/2021**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **H2O Sys Compliance**

5. Purpose of contract:

This is a new contract to provide ongoing water sampling, quality control testing and vendor will serve as Operator of Record for the water treatment system. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C53529.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$93,557.00**

Other basis for payment: Monthly as per Table 1 attached to the Scope of Work and upon submission of an approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The newly installed water treatment system requires specific testing and strict compliance with Nevada Department of Environmental Protection certifications, and rules and regulations, including strict testing requirements and reporting.

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

There are no State employees with the qualifications necessary to perform these duties nor serve as a Certified Operator of Record for this new system.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Solicitation Waiver #200904

d. Last bid date: 08/24/2020 Anticipated re-bid date: 07/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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 worked through SPWD related to the installation of the new water treatment system. Work was reported 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	jtheil1	09/15/2020 15:21:38 PM
Division Approval	jtheil1	09/15/2020 15:21:41 PM
Department Approval	dgree6	09/15/2020 17:31:31 PM
Contract Manager Approval	jtheil1	09/16/2020 08:01:53 AM
Budget Analyst Approval	afrantz	10/15/2020 11:50:08 AM
BOE Agenda Approval	bwooldri	10/17/2020 10:17:11 AM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor



STATE OF NEVADA

NEVADA DEPARTMENT OF VETERANS SERVICES

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Aaron Frantz, Executive Branch Budget Officer 1

FROM: Joseph Theile, Management Analyst III

DATE: September 14, 2020

SUBJECT: Request for Retroactive Approval –Broadbent and Associates, Inc.
CETS: 23590

NDVS respectfully requests this contract be made retroactive to June 1, 2020. All parties have worked expeditiously to get this contract to the BOE for approval. SPWD completed a new water system project at the Southern Nevada State Veterans Home and the Home was informed that the cost for the water operator, sample collection and testing related to operating the system needed to be transitioned from SPWD to SNSVH. Time was required to determine the proper mechanism for this transition; meanwhile the services had to continue, or the water system would have to be turned off. NDVS is working with State Purchasing to develop an RFP for these services.

A copy of the approved solicitation waiver is included with this contract and has been uploaded to CETS.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.



Joseph Theile, Deputy CFO

Nevada Department of Veterans Services

6630 S. McCarran Blvd., Bldg. C, Suite 204

Reno, NV 89509

Phone: (775) 825-9752 Fax: (775) 688-1656

www.veterans.nv.gov

"Serving Nevada's Heroes"



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:

Approval#: 200904②

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: Nevada Department of Veterans Services		
	Contact Name and Title	Phone Number	Email Address
	Kurt Green, ASOIII	775-825-9751	greenk@veterans.nv.gov
	Joseph Theile, MAIII	775-825-9752	theilej@veterans.nv.gov

1b	Vendor Information: BROADBENT & ASSOCIATES INC	
	Identify Vendor:	T80989610
	Contact Name:	Victoria Tyson-Bloyd
	Complete Address:	8 W PACIFIC AVE HENDERSON, NV 89015-7383
	Telephone Number:	702/563-0600
	Email Address:	vtysonbloyd@broadbentinc.com

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

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	06/01/2020	End Date:	06/30/2021

1f	Funding:	
	State Appropriated:	
	Federal Funds:	65%
	Grant Funds:	
	Other (Explain):	35% Private/County

Purchasing Use Only:

Approval #:

200904C

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$93,557.50 See Attached Proposal

2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>Includes completion and filing of all regulatory compliance reports which occur monthly, quarterly, and annually; procurement of daily monitoring supplies (Kemio) and the associated laboratory fees. Broadbent proposes to provide the compliance sampling services and serve as Operator of Record for a year.</i>
---	--

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>This is a new water treatment system at the SNSVH installed under SPWD. NDEP requires a licensed operator of record and stringent testing and monitoring of this new system.</i>
---	---

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>Vendor is the operator of record under the project through SPWD and there are no state personnel qualified to perform these services. This contract would allow these required services to be maintained while a formal solicitation is developed and conducted</i>
---	--

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	x
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	<i>We were informed by SPWD that NDVS needs to put a contract in place for these services and that this vendor is the most qualified with this system having been part of the installation process and their have the required certifications to serve as the Operator of Record. This contract would allow NDVS to develop a formal RFP for all needed services.</i>				
	b. <u>If not</u> , why were alternatives not evaluated?				
	<i>We were informed by SPWD that NDVS needs to put a contract in place for these services and that this vendor is the most qualified with this system having been part of the installation process and their have the required certifications to serve as the Operator of Record. This contract would allow NDVS to develop a formal RFP for all needed services.</i>				

Purchasing Use Only:

Approval #:

20090402

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>A complete shutdown of the water system and the need for an alternative emergency water system to be put in place with the potential for a legionella outbreak. Or, a complete shutdown of the SNSVH until such time.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>NDVS will be performing a formal solicitation for these services. The vendor was provided to us by SPWD as the most qualified at this time and was able and willing to perform these services.</i>

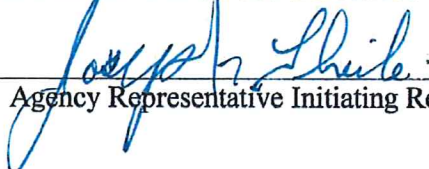
9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				
	<i>NDVS will be conducting a formal solicitation process following State Purchasing processes and guidelines.</i>				

Purchasing Use Only:

Approval #:

200904CD

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



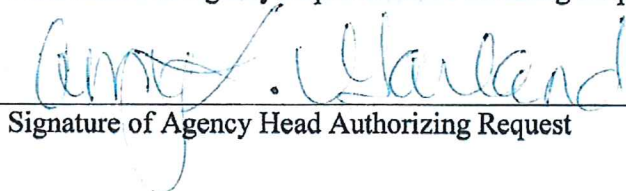
Agency Representative Initiating Request

Joseph Theile, Management Analyst III

09/04/2020

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Amy Garland, Deputy Director of Support

09/04/2020

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

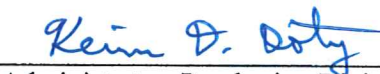
Print Name of Representative Providing Review

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:



Administrator, Purchasing Division or Designee

9/8/2020

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23630**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2561-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CRAIG M. JORGENSEN, M.D. LTD DBA SOUTHERN NEVADA HOSPITALISTS**Contractor Name: **CRAIG M. JORGENSEN, M.D. LTD DBA SOUTHERN NEVADA HOSPITALISTS**Address: **SOUTHERN NEVADA HOSPITALISTS
9975 S EASTERN AVE STE 110**City/State/Zip: **LAS VEGAS, NV 89113-7950**Contact/Phone: **CRAIG JORGENSEN, M.D. 702/361-2273**Vendor No.: **T27004653**NV Business ID: **NV20001396722**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Medical Director**

5. Purpose of contract:

This is a new contract to provide ongoing Medical Director services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$156,000.00**

Payment for services will be made at the rate of \$3,250.00 per month

Other basis for payment: Monthly, upon submission of approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 449.74513 Medical Director. A facility for skilled nursing shall employ a medical director who is licensed to practice medicine in this State.

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

No State employees or agencies are able to provide a medical director to this facility.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 #: 200905

Approval Date: 09/14/2000

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

Vendor presents with significant understanding of SNSVH operations, staff and specific knowledge of the care of the veteran residents.

d. Last bid date: 09/14/2020 Anticipated re-bid date: 09/13/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor is currently providing services as the Medical Director at the SNSVH and services have been satisfactory.

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

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

Not Applicable

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

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	dgree6	09/29/2020 13:34:12 PM
Division Approval	dgree6	09/29/2020 13:34:17 PM
Department Approval	dgree6	09/29/2020 13:34:24 PM
Contract Manager Approval	jtheil1	09/29/2020 13:36:12 PM
Budget Analyst Approval	afrantz	10/09/2020 08:38:28 AM
BOE Agenda Approval	bwooldri	10/09/2020 08:56:41 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:

Approval#: 2009050

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: Nevada Department of Veterans Services		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Kurt Green, CFO	775-530-1492	greenk@veterans.nv.gov
	Joseph Theile, Deputy CFO	775-825-9752	theilej@veterans.nv.gov

7	Vendor Information:	
	Identify Vendor:	T27004653
	Contact Name:	Craig M. Jorgenson, M.D.
	Complete Address:	2269 Candlestick Ave., Henderson, NV 89052
	Telephone Number:	702-361-2273
	Email Address:	craigjorgenson@yahooe.com

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

1d	Contract Information:			
	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#(new number pending; current contract 18353)		

1e	Term:			
	One (1) Time Purchase:			
	Contract: 4 years	Start Date:	01/01/2021	End Date: 12/31/2024

1f	Funding:	
	State Appropriated:	
	Federal Funds:	65%
	Grant Funds:	
	Other (Explain):	35% Private/County

Purchasing Use Only:

Approval #:

20090502

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$156,000.00
2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>The Medical Director provides services and care to the residents and staff to the Southern Nevada State Veterans Home (SNSVH) in Boulder City, NV to include: Direct and coordinate medical care in the facility; Participating in review and recommendations of new policies and procedures and in review and revision of existing P&P's related to resident care to ensure adequate comprehensive services; Review pertinent incident/event report and recommend corrective or preventative actions and identify hazards to health and safety; Recommend in-service training programs for staff as necessary to promote high quality of care; Make rounds on each of the three neighborhoods at least once a month with Director of Nursing Services and/or Neighborhood Manager, observing resident care and making recommendations for optimal operations of the facility. Intervene with attending physician when concerns are raised about his/her resident's care; Assist to arrange for continuous physician coverage to handle medical emergencies when the attending or covering physicians are not available; Intercede with staff physicians when requested by Medical Staff Coordinator to urge compliance with rules, regulations, policies and procedures of SNSVH, federal government, and State of Nevada; Participate in/Chair Medical Advisory Committee and Quality Assurance Committee; Monitor physician performance related to privileges granted; Perform pre-employment physicals for new staff members and monitor employee health status; Review and analyze Quality Indicators for potential areas of concern; Perform random or planned drug regimen review to ensure that drugs are appropriately prescribed and necessary; Provide medical expertise for facility when necessary to respond to regulatory agency survey concerns; Assist in developing and strengthening community relations; and Participate in interactive ongoing regulatory awareness training with physicians on the medical staff.</i></p>
3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>Dr. Jorgenson has substantial experience in long term care, dealing with geriatric patients, and expertise with the complex needs and care required in the treatment of the veteran population. Dr. Jorgenson has served as the SNSVH Medical Director since October 2004, replacing the original Medical Director who had given 30-days notice. The continuation of Dr. Jorgenson as Medical Director will provide for the continuation of quality of care over time for the SNSVH residents. It will ensure there is no disruption in the process by which the veteran resident and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care. This continuity of care is also imperative in the day to day operations with SNSVH staff. Dr. Jorgenson has a matchless understanding of the operations and processed of the SNSVH and of staff backgrounds and capabilities that has been developed over time. No other vendor can provide this continuity of care.</i></p>
4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>The SNSVH in Boulder City is currently the only State of Nevada owned and operated skilled nursing facility; is not comparable to any other State facility; and has special needs and requirements that do not always align with the State procurement process and therefore necessitate distinctive consideration. Dr. Jorgenson has served as the SNSVH Medical Director since October 2004. The</i></p>

Purchasing Use Only:

Approval #: 20090502

Medical Director for SNSVH is a CMS required professional position uniquely involved and intertwined in the day to day treatment of the veteran residents and the development of staff. The only times a medical director is replaced in the skilled nursing facility industry is by termination, resignation or retirement. Medical Director Jorgenson has become intimately involved with the veteran residents and their day-to-day care.

Were alternative services or commodities evaluated? Check One.

Yes:

No:

X

a. If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.

b. If not, why were alternatives not evaluated?

Only two doctors responded to the solicitation. The Home decided to continue with the current Medical Director due to his experience with the Homes' resident population; experience as a Medical Director; knowledge of VA and CMS regulatory compliance; and his advanced knowledge of the special care and needs with respect to veterans.

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.

Yes:

X

No:

a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:

Term
Start and End Dates

Value

Short Description

Type of Procurement
(RFP#, RFQ#, Waiver #)

01/01/17 12/31/20

\$105,000

Medical Services to veteran residents in the SNSVH. (Medical Director) Vendor has performed adequately.

Solicitation waiver

02/12/13 12/31/16

\$105,000

Medical Services to veteran residents in the SNSVH. (Medical Director) Vendor has performed adequately.

Solicitation waiver

01/01/09 02/13/13

\$100,000

Medical Services to veteran residents in the SNSVH.

Solicitation waiver

10/01/04 2008

\$70,000

Information incomplete as was entered through old Purchasing System and created by initial CETS conversion process.

Agency completed due to dollar amount

\$

Purchasing Use Only:

Approval #:

2009050

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<p><i>The potential impact is substantial. Continuity of care is a bedrock principle of the patient-doctor relationship and is considered to be a fundamental attribute of high-quality medical care. Mounting evidence suggests that continuity of care for patients with chronic conditions prevents hospitalizations, reduces health care costs, and may prolong life in some populations. The SNSVH is the only state-run veterans home in the State of Nevada and Dr. Jorgenson's knowledge of federal VA criteria is unique.</i></p> <p><i>Because patients are most likely to have longitudinal relationships with their pediatricians, family physicians, and internists, taken together, these primary care doctors are integral to translating continuity into meaningful care coordination. The Medical Director has developed a continuity of care with the residents and staff spanning approximately 16 years.</i></p> <p><i>The loss of Dr. Jorgenson and replacement of this Medical Director would mean significant adjustment by residents and staff to a potential new Medical Director and could result in a decrease in resident medical care during a transition; loss of the Homes 5-star rating; and risk to the health and well-being of the residents.</i></p> <p><i>Guarantees loss of continuity of care.</i></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?
8	<p><i>Currently, in three Idaho state veterans homes the medical director position is paid monthly as follows:</i></p> <p><i>\$4,160 (Pocatello 66 bed facility)</i></p> <p><i>\$3,500 (Lewiston 66 bed facility)</i></p> <p><i>\$4,750 (Boise 120 bed facility)</i></p> <p><i>Currently, in Oregon two state veterans homes the medical director position is paid monthly as follows:</i></p> <p><i>\$4,000.00 (The Dalles 51 bed facility)</i></p> <p><i>\$3,600.00 (Lebanon - 154 bed facility)</i></p> <p><i>Dr. Jorgenson has ben paid \$2,000 per month up until this current contract. This new contract will be at \$3,250 a month. The SNSVH is a 180-bed facility. As is demonstrated by the numbers above this is a significant savings over our neighboring states. Continuing the services of Dr. Jorgenson would guarantee the continuity of care that is imperative to the treatment of the residents and successful operation of the SNSVH.</i></p>

	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
9	<p><i>a. If yes, please provide details regarding future obligations or needs.</i></p> <p><i>It is the intent of NDVS to maintain the continuity of care provided by Medical Director Jorgenson. The health, well-being, and care we provide to our veteran residents are our top priority. We are seeking a four-year contract to assure these critical services continue uninterrupted. We respectfully urge this waiver be granted as it is the best interest of our veteran residents who deserve nothing less</i></p>				

Purchasing Use Only:

Approval #:

20090502

than the best care available. We are available to answer any questions and/or further clarify any area that is required. Thank you.

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.

Joseph Theile
Agency Representative Initiating Request

Joseph Theile, Management Analyst III
Print Name of Agency Representative Initiating Request

09/11/2020

Date

Amy Garland
Signature of Agency Head Authorizing Request

9/11/2020

Amy Garland, Deputy Director of Support
Print Name of Agency Head Authorizing Request

09/11/2020

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
Administrator, Purchasing Division or Designee

9/14/2020
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23427**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3213-22**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SAGE PURSUITS, INC. DBA ENVISION TECHNOLOGY PARTNERS**Contractor Name: **SAGE PURSUITS, INC. DBA ENVISION TECHNOLOGY PARTNERS**Address: **ENVISION TECHNOLOGY PARTNERS****7995 East Prentice Avenue Suit**City/State/Zip: **Greenwood Village, CO 80111**Contact/Phone: **Claire Murchie 303/914-9797**Vendor No.: **T29029330**NV Business ID: **NV20101518662**To what State Fiscal Year(s) will the contract be charged? **2021**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **C17658**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/25/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

The Immunization Program (NSIP) requested CARES Act funds to purchase and implement this module to support COVID-19 vaccine distribution. A contract was developed in anticipation of seeking approval at the September 2020 BOE meeting. Approval to use these funds was not granted in time, and the contract was not heard. NSIP recently received supplemental funding for COVID-19 vaccine activities and included the purchase of this module in the budget. Grant award 9/23/20.

3. Termination Date: **06/30/2021**Contract term: **278 days**4. Type of contract: **Contract**Contract description: **Nevada WebIZ Enhance**

5. Purpose of contract:

This is a new contract to implement an approved technology investment which provides deployment of the Mobile WebIZ module application to the Nevada WebIZ immunization information system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$126,604.17**

Payment for services will be made at the rate of \$126,604.17 per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The Immunization Program must assure capacity to support the distribution and documentation of vaccinations during a pandemic response or localized vaccine-preventable disease outbreak. The addition of this module will allow the Program to support offsite mass vaccination events, whether hosted by the State or a local health authority, without the need for an internet connection.

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

WebIZ is a proprietary software system developed and managed by Envision Technology Partners, Inc.; only Envision employees may perform the work described.

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 #: 200705

Approval Date: 07/14/2020

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? 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:

Since August, 2010 with Division of Public and Behavioral Health. 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	kquinter	07/24/2020 14:46:20 PM
Division Approval	rmille8	09/29/2020 10:05:32 AM
Department Approval	mwinebar	09/29/2020 17:11:09 PM
Contract Manager Approval	rmille8	10/01/2020 10:33:29 AM
EITS Approval	tgalluzi	10/01/2020 10:54:50 AM
Budget Analyst Approval	afrantz	10/06/2020 08:10:18 AM
BOE Agenda Approval	bwooldri	10/06/2020 08:30:48 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

Purchasing Use Only:

Approval#: 200705(CD)

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: Division of Public and Behavioral Health		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Tessa Grundy, PO1, Contract Unit	775-684-5915	tgrundy@health.nv.gov
	Shannon Bennett, HPM2, Immunization Program	775-684-2225	sbennett@health.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Envision Technology Partners, Inc.
	Contact Name:	Claire Murchie
	Complete Address:	7995 East Prentice Avenue Suite 305-E, Greenwood Village, CO 80111
	Telephone Number:	303-914-9797 x104
Email Address:	cjmurchie@envisiontechnology.com	

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

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	September 9, 2020	End Date: December 31, 2020

1f	Funding:	
	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	X
	Other (Explain):	

Purchasing Use Only:

Approval #:

20070500

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$126,604.00

Provide a description of work/services to be performed or commodity/good to be purchased:

Nevada WebIZ, the statewide immunization information systems (IIS), will be enhanced as part of the CARES Act funding allocated to the Nevada State Immunization Program to prepare for the distribution and documentation of COVID-19 vaccine:

1) A Mobile WebIZ module will be deployed to the Nevada WebIZ system to facilitate the conduct of mass vaccination clinics, whether or not an internet connection is available. It is app-based, designed for offsite ("mobile") use, allows for customization of patient questionnaires, facilitates the use of QR code and driver's license scanning technology to improve efficiency and assure accuracy of data collected, and can support a variety of clinic flow models and stations.

2

CDC awards funds to each jurisdiction (including Nevada), requiring the existence of an Immunization Program, and directing jurisdictions to meet certain goals and objectives related to prevention of vaccine-preventable disease. A major part of these requirements is the existence of an immunization information system, or IIS. In 2000, Nevada began the procurement process to use the WebIZ software product developed and sold by Envision Technology Partners, Inc., referring to the IIS as "Nevada WebIZ." An IIS is a confidential, population-based, computerized database that records the immunization doses administered to persons residing within a given geopolitical area. Additionally, IIS have grown over the past several years into robust tools that support many aspects of an Immunization Program. For example, Nevada WebIZ is used to support dissemination and accountability of millions of dollars of vaccine doses for the federal Vaccines for Children (VFC) Program. Nevada is charged with conducting, as well as the generation of reports for CDC-required quality assurance visits. Because so many Program activities leverage the IIS, CDC directs jurisdictions such as Nevada to meet standards of IIS capacity, quality, operation, and, and expects jurisdictions to identify supplemental funding to assure IIS integration. CDC now expects the Nevada State Immunization Program to leverage available funding, such as the CARES Act funding, to enhance the IIS to ensure capacity to support the mass distribution of COVID-19 vaccine.

Envision Technology Partners, Inc. (Envision) will deploy their Mobile WebIZ module to the Nevada WebIZ system September-December 2020, which is dependent upon the purchase of companion hardware, including tablets, barcode scanners, and handheld printers. This hardware will be purchased separately by Nevada State Immunization Program (NSIP).

The CARES Act funding being leveraged must be expended by December 31, 2020. All work will be completed by that date, and support for the module will be provided through June 30, 2021, at which time annual support will be incorporated into the main Envision support and maintenance agreement.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

3

WebIZ, a proprietary product developed and maintained by Envision, has been leveraged as Nevada's statewide IIS since its initial procurement in 2000 (rolled out for use in 2003). Only Envision may develop enhancements to this system, including changes to functionality, management of access, and creation of replica and analytic environments in support of data extraction and report generation.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

4

After 20 years of investment, use, and development, Nevada WebIZ has evolved into a robust system relied upon by medical providers (including, but not limited to pediatricians, family practices, hospitals, pharmacies, and urgent/emergent cares), child care, schools, welfare/social services, parents and adult individuals, public health preparedness, state and local health officials (including disease investigators), and all program areas of NSIP. As such, the WebIZ system is embedded in our community.

Given the length of time the system has been in use in Nevada, the amount of time and funding invested, and its high level of performance, it would not be realistic or cost-effective to pursue implementation of an entirely new system for the sake of gaining the functionality outlined in #2 above.

--	--

	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.			
	b. <u>If not</u> , why were alternatives not evaluated?			
5	<p>No other cost-effective or time-efficient options exist for the operation of Nevada WebIZ, so no other options were evaluated. WebIZ is the system currently implemented in Nevada, and only Envision may make enhancements to their proprietary system. To consider an alternative would require full replacement of the IIS, which is not practical for several reasons:</p> <ul style="list-style-type: none"> -Other IIS software applications do exist; however, Nevada would lose the right to call our IIS "WebIZ" and adopting a different vendor's product would require not only a significant investment of funding (estimated at anywhere from \$500,000 to over \$1 million to start, based upon anecdotal experiences of other Immunization Program awardees), but significant time and effort from Immunization Program staff at all levels, as well as Bureau and Division administration staff time and effort. -Adopting another software product would mean that significant staff time and effort would be spent developing curriculum and materials to train the approximately 18,000 individuals that use the IIS daily on how to use a new IIS, as well as testing and migrating over 700 HL7 electronic data exchange interfaces which encompass over 140 different immunizing organizations- it is estimated that a cumulative total of over 5 years of time went into testing and establishing these interface projects. -Continuity and ease of use as well as the availability of tried and tested training products are integral to IIS and Immunization Program operations. <p>Therefore, evaluating an alternative is not an option, because choosing a different IIS vendor is not a cost-effective or practical option.</p>			

Purchasing Use Only:

Approval #:

#20090502

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			Yes:	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>						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)	
	03/10/20	02/28/21	\$190,400.00	New contract to improve patient matching and duplicate management in Nevada WebIZ		Waiver #200202	
	03/10/20	06/30/20	\$120,000.00	New contract to enhance Nevada WebIZ for Power BI use		Waiver #200105	
	08/14/12	12/31/15	\$545,978.00	Amendment 2 – To include cloud-based hosting and management as part of contracted services.		Waiver #120609B	
	08/14/12	12/31/15	\$422,900.00	Amendment 1 - To include HL7 enhancements and to add a VTrekS Module to Nevada WebIZ		Waiver #120609A	
	08/14/12	12/31/15	\$422,900.00	Ongoing services to upgrade and maintain Nevada WebIZ		Waiver #120609	
	08/01/10	09/30/12	\$308,477.00	New contract to maintain, upgrade & enhance Nevada WebIZ		Waiver #100603	
	08/01/10	09/30/12	\$0.00	Amendment 2 – To extend contract end date		Waiver #100603B	

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	For this enhancement work to be competitively bid, Nevada would need to seek bids for full replacement of the immunization information system (IIS); WebIZ is a proprietary system, and can only be enhanced by Envision Technology Partners, Inc. Nevada's current IIS is embedded in and supports both the Immunization Program and state's communities. The time and effort necessary to complete such a competitive bid process and subsequent full, statewide implementation (including establishment of contracts/agreements, initial cost investment, system testing, re-training of over 18,000 end users and over 2900 sites, migration of over 700 current electronic interfaces, etc.) would severely impact NSIP's ability to meet grant objectives, lead to data loss, impact public trust in the IIS, and would cause NSIP to lose the opportunity to take advantage of this time-sensitive funding.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	This enhancement work can only be performed by Envision; the only way for another entity to perform such work would be to completely replace the IIS in Nevada.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> WebIZ, a proprietary product developed and maintained by Envision, has been leveraged as Nevada's statewide IIS since its initial procurement in 2000 (rolled out for use in 2003). Only Envision may develop enhancements to this system, including changes to functionality, management of access, and creation of replica and analytic environments in support of data extraction and report generation.				

After 20 years of investment, use, and development, Nevada WebIZ has evolved into a robust system relied upon by medical providers (including but not limited to pediatricians, family practices, hospitals, pharmacies, and urgent/emergent cares), child care, schools, welfare/social services, parents and adult individuals, public health preparedness, state and local health officials (including disease investigators), and all program areas of NSIP. As such the WebIZ system is embedded in our community.

Given the length of time the system has been in use in Nevada, the amount of time and funding invested, and its high level of performance, it is not, for the foreseeable future, necessary or cost-effective to pursue implementation of an entirely new system, but rather continue to maintain and build upon the foundation established with the current system.

Known future obligations include continuing hosting and management, maintenance and support, and annual report generation. Potential future obligations include development of new or improved functionality to meet CDC cooperative agreement and/or grant directives or to address needs or disparities identified by NSIP.

Purchasing Use Only:

Approval #:

200705C

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

THOMAS TILTON, MAIV, CONTRACT MANAGER
Print Name of Agency Representative Initiating Request

6/23/2020
Date

Signature of Agency Head Authorizing Request

Debi Reynolds, Deputy Administrator
Print Name of Agency Head Authorizing Request

6/24/2020
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.

*TIN Attached to this document - Please include
TIN approval memo as an attachment in CETS*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 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:

Administrator, Purchasing Division or Designee

7/14/2020
Date



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

M E M O R A N D U M

TO: Julia Peek, Deputy Administrator, DPBH
Ashley Pinney, MA II, DPBH
Amanda Harris, IIS Integration Manager, DPBH
Lorraine McMullen, ITP III, DPBH

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completed – *DPBH - Nevada WebIZ COVID-19 Tracking Mobile App* – T3213175

DATE: July 14th, 2020

We have completed the review for Department of Public and Behavioral Health's (DPBH) – *Nevada WebIZ COVID-19 Tracking Mobile App TIN*.

The submitted TIN, with an estimated value of \$126,000, supports the implementation of new technology not currently in place or in use by the agency.

The Mobile WebIZ module is an addition to the existing statewide immunization information system (IIS), Nevada WebIZ, that will facilitate the conduct of mass vaccination clinics, regardless of internet connection. It is app-based, designed for offsite ("mobile") use, allows for customization of patient questionnaires, facilitates the use of QR code and driver's license scanning technology to improve efficiency and assure accuracy of data collected.

It is expected that this investment will continue to follow state security standards and policies.

If there are any further changes to this investment that may cause an impact to the state infrastructure, please reach out to EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



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

M E M O R A N D U M

TO: Julia Peek, Deputy Administrator, DPBH
Ashley Pinney, MA II, DPBH
Amanda Harris, IIS Integration Manager, DPBH
Lorraine McMullen, ITP III, DPBH

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If I can be of further assistance, please feel free to contact me.



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



DATE: September 25, 2020

MEMORANDUM

TO: Christina Hadwick, ASO IV
Division of Public and Behavioral Health

THROUGH: Candice McDaniel, MS, Chief *KL fr CM*
Bureau of Child, Family & Community Wellness

FROM: Shannon Bennett, Manager *SB*
Immunization Program

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL, Envision Technology Partners, Inc.; CETS # 23427

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: Envision Technology Partners, Inc.
- Services to be provided: Nevada's IIS (Nevada WebIZ) is an implementation of Envision Technology Partners ("Envision") commercial off-the-shelf (COTS) IIS software application, also called WebIZ, and is hosted and managed by Envision in the Microsoft Azure Government Cloud. Upon approval of this contract:
 - Envision will schedule deployment of the existing Mobile WebIZ module to the Nevada WebIZ Test environment approximately 2 weeks to 1 month after contract approval.
 - Envision will schedule the remote configuration of the tablets to interact with the module (upon receipt of dependent hardware).
 - NSIP staff will conduct testing exercises to ensure the module is functioning properly once deployed to the Test environment.
 - Once testing is complete, NSIP will coordinate the deployment of the module to the Nevada WebIZ Production environment.
 - The module will be fully functional in the Nevada WebIZ Production environment and all hardware configured (dependent upon timely receipt of hardware) no later than December 31, 2020.
 - Envision will invoice a pro-rated support fee as indicated below in December 2020 to cover the months of December 2020 through June 2021 to match the Program's funding cycle and existing Envision maintenance and support agreement. NSIP will identify funding to sustain support for the module July 2021 forward.
- Funding source and expenditure category: BA#3213 - CAT 22; Grant # 6 NH23IP922609-02-02
- Requested start date of work: September 25, 2020
- Expected execution date of contract (BOE approval date or N/A): November 10, 2020
- Detailed explanation as to why a retroactive contract is necessary, including:
 - Reason(s) why the contract was not submitted timely:
 - The Nevada State Immunization Program (NSIP) was given the opportunity to request use of CARES Act funds to purchase and implement this module to support COVID-19 vaccine distribution. A contract was developed in anticipation of seeking approval at the September 2020 BOE meeting. Approval to use these funds was not granted in time, and the contract was not heard. NSIP recently received supplemental funding for COVID-19 vaccine activities and included the purchase of this module in the budget. Notice of Grant Award was received September 23, 2020, and authority granted September 25, 2020. To meet the anticipated vaccine distribution timeline, work to prepare the module for deployment must begin as soon as possible. A retroactive start date of September 25, 2020 will allow the vendor to adhere to the timeline outlined in the scope of work. This module will be used to support more accurate clinical decisions and rapid data collection at mass vaccination events; NSIP seeks to ensure the module is in place and ready to use prior to such events beginning.

- Describe the impact to the program/services if this work is not started prior to the execution of the agreement: This module facilitates access to immunization histories onsite during mass vaccination events. It is anticipated that COVID-19 vaccination will require special consideration of past immunization history. Without it, event staff will be less able to make accurate clinical decisions related to COVID-19 vaccination and will prevent or significantly delay the collection and required reporting of COVID-19 vaccination data to State and Centers for Disease Control & Prevention authorities.
- Explain how the program/bureau will prevent future retroactive requests: NSIP will continue to ensure the contract process begins as soon as funding opportunities arise.

If you have any questions, please contact Amanda (Mandy) Harris, IIS Integration Manager, at (775) 230-6566 or asharris@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23639**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	MONEY MANAGEMENT INTERNATIONAL, INC.
Agency Code:	406	Contractor Name:	MONEY MANAGEMENT INTERNATIONAL, INC.
Appropriation Unit:	3218-28	Address:	2650 S. JONES BLVD
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	LISA MARTIN 702/364-5856
		Vendor No.:	T27042153
		NV Business ID:	NV20031242278

To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

Agency Reference #: **C17730**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**Anticipated BOE meeting date **11/2020**Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract in response to the COVID-19 Pandemic. It is necessary to continue fielding the increased call volume to the Nevada 2-1-1 Information and Referral Program and the Nevada Coronavirus Hotline. The Division has resources to fund the contract through December 23, 2020.

3. Termination Date: **12/23/2020**Contract term: **84 days**4. Type of contract: **Contract**Contract description: **COVID-19 Call Center**

5. Purpose of contract:

This is a new contract to provide continuing call coverage and web maintenance in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,139.46**

Payment for services will be made at the rate of \$75,139.46 per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

The increased call volume to Nevada 2-1-1 in response to the COVID-19 emergency.

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

Nevada 2-1-1, the Information and Referral Program administered by Money Management International, is the established call center.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is an emergency contract approved by State Purchasing. Money Management International is already in place and has the organizational, management and administrative systems capable of fulfilling the increased number of Call Specialists to accommodate the contract requirements for COVID-19.

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 Department of Health and Human Services - Public and Behavioral Health since 2019 and the Director's Office since 2018 with satisfactory performance.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	10/05/2020 15:18:20 PM
Division Approval	chadwic1	10/06/2020 12:52:06 PM
Department Approval	mwinebar	10/06/2020 15:32:56 PM
Contract Manager Approval	rmille8	10/06/2020 15:44:44 PM
Budget Analyst Approval	afrantz	10/19/2020 17:23:03 PM
BOE Agenda Approval	bwooldri	10/19/2020 18:01:31 PM
BOE Final Approval	Pending	

Kelli Quintero

From: Kevin D. Doty
Sent: Wednesday, July 1, 2020 1:42 PM
To: Kelli Quintero
Subject: Re: Emergency COVID-19 Contract

Hi Kelli,
Pursuant to NAC 333.114, you are authorized to continue contracting with MMI.
I hope you are staying safe and doing well.
Kevin

Sent from my iPhone

On Jul 1, 2020, at 12:04 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Good morning Mr. Doty.

I would like permission to continuing contracting with Money Management International (MMI) to provide call coverage in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus Hotline for the duration of the Pandemic. MMI has now hired and trained the call center specialists and continue to take calls for COVID-19; I have secured more funding and would like to continue contracting with them.

Thank you for your consideration.

Kelli Quintero -ASOIII
775-684-4207

From: Kevin D. Doty <kddoty@admin.nv.gov>
Sent: Tuesday, May 5, 2020 10:21 AM
To: Kelli Quintero <kquintero@health.nv.gov>
Subject: RE: Emergency COVID-19 Contract

Hi Kelli,

Pursuant to NAC 333.114, you are authorized to proceed with this contract with Money Management International.

Kevin

Kevin D. Doty
Administrator
Purchasing Division
Nevada Department of Administration
(775) 684-0183
kddoty@admin.nv.gov



DATE: October 1, 2020

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero
Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Money Management International
(CETS # 23639)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Money Management International**
- Services to be provided: **This is a new contract to provide ongoing call coverage and web maintenance in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.**
- Funding source and expenditure category: **BA 3218 - CAT 28 Coronavirus**
- Requested start date of work: **September 30, 2020**
- Expected execution date of agreement: **November 10, 2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: **This is an emergency contract in response to the COVID-19 emergency. It was necessary to continue fielding the increased call volume to the Nevada 2-1-1 Information and Referral Program and Nevada Coronavirus Hotline. The Division has resources to fund the contract through December 23, 2020.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The State would not be able to respond to Pandemic calls from the citizens of Nevada seeking information and resources related to the COVID-19 emergency.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23274** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **CARAHSOFT TECHNOLOGY CORPORATION**

Agency Code: **406** Contractor Name: **CARAHSOFT TECHNOLOGY CORPORATION**

Appropriation Unit: **3219-13** Address: **11493 SUNSET HILLS RD STE 100**

Is budget authority available?: **Yes** City/State/Zip: **RESTON , VA 20190-5230**

If "No" please explain: Not Applicable Contact/Phone: Jonathan Rodger 703-871-8505

Vendor No.: PUR0004357

NV Business ID: NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **05/30/2021**

Termination Date:

Contract term: **363 days**4. Type of contract: **Contract**Contract description: **Contact Tracer**

5. Purpose of contract:

This is the first amendment to the original contract which provides Cloud Solutions for use by state, local, tribal and contract staff utilizing the contract tracing tool. This amendment increases the maximum amount from \$986,337.60 to \$1,485,283.58 due to increasing the number of licenses by 450.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$986,337.60	\$986,337.60	\$986,337.60	Yes - Action
2. Amount of current amendment (#1):	\$498,945.98	\$498,945.98	\$498,945.98	Yes - Action
3. New maximum contract amount:	\$1,485,283.58			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Finance Office, through the Division of Public and Behavioral Health, has requested this emergency procurement for Contact Tracing and Tracking (CTT) to support COVID-19 government efforts.

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

State employees do not have the expertise.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DPBH since June 2020 - 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	kquinter	09/25/2020 08:02:12 AM
Division Approval	chadwic1	09/25/2020 10:18:22 AM
Department Approval	mwinebar	09/25/2020 16:34:39 PM
Contract Manager Approval	rmille8	09/25/2020 16:37:31 PM
EITS Approval	tgalluzi	09/28/2020 08:20:52 AM
Budget Analyst Approval	afrantz	10/01/2020 10:56:51 AM
BOE Agenda Approval	bwooldri	10/01/2020 15:23:50 PM

Kelli Quintero

From: Kevin D. Doty
Sent: Friday, August 14, 2020 8:31 AM
To: Kelli Quintero
Subject: Re: Emergency Amendment for COVID19 Contract Tracing

Hi Kelli,

Pursuant to NAC 333.114, you are authorized to increase this contract for contact tracing.

I hope you are staying safe and doing well.

Kevin

Sent from my iPhone

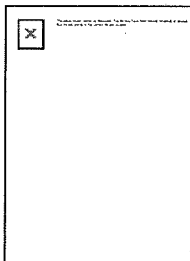
On Aug 14, 2020, at 8:25 AM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Good morning Administrator Doty.

I am respectfully requesting an emergency Amendment to increase the contract for contact tracing licenses with Carahsoft / Salesforce in order to meet the deadline of bringing Southern Nevada Health District and the additional hired contract tracers on board by August 24, 2020.

Please find attached the original approved contract.

Thank you for your consideration.



Kelli Quintero

Administrative Services Officer III
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Contracts and Grants
4150 Technology Way | Carson City, Nevada 89706
T: (775) 684-4207 | F: (775) 684-4211 | E: kquintero@health.nv.gov
www.dhhs.nv.gov | <http://dphh.nv.gov>

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23455**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	CSAA INSURANCE SERVICES, INC.
Agency Code:	406	Contractor Name:	CSAA INSURANCE SERVICES, INC.
Appropriation Unit:	3219-12	Address:	3055 Oak Road
Is budget authority available?:	No	City/State/Zip	Walnut Creek, CA 94597
If "No" please explain: Non IFC Work Program C52386 to carry forward funds from SFY 20 to SFY 21 is pending.		Contact/Phone:	Christopher Knievel, Jr. 715-722-6678

Vendor No.: **T27042501**
 NV Business ID: **NV19691002311**

To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

Agency Reference #: **C 17704**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/27/2020**Anticipated BOE meeting date **11/2020**Retroactive? **Yes**

If "Yes", please explain

This is a COVID19 emergency contract and approved by State Purchasing. The contract was delayed due to contract negotiations.

3. Termination Date: **12/30/2020**Contract term: **156 days**4. Type of contract: **Contract**Contract description: **Contact Tracing**

5. Purpose of contract:

This is a new contract to provide assistance with COVID-19 case investigations and contact tracing support.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,825,600.00**

Other basis for payment: Per monthly invoice and acceptance of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is temporary funding for the COVID-19 pandemic response. CSAA already has the structure of their call center in place and will be able to quickly deploy staff to assist.

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

State staff do not have the 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?

This is an emergency contract approved by Administrator Doty according to NRS 333.114.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other

Foreign Nonprofit 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	ttilto1	07/31/2020 12:03:53 PM
Division Approval	kquinter	10/21/2020 14:41:38 PM
Department Approval	sjohnso9	10/21/2020 14:54:44 PM
Contract Manager Approval	rmille8	10/21/2020 15:41:31 PM
Budget Analyst Approval	afrantz	10/21/2020 16:55:49 PM
BOE Agenda Approval	nhovden	10/21/2020 16:59:47 PM
BOE Final Approval	Pending	

Kelli Quintero

From: Kevin D. Doty
Sent: Friday, July 17, 2020 3:22 PM
To: Julia Peek
Cc: Caleb Cage; Debi Reynolds; Gideon K. Davis
Subject: Contract with AAA for call center

Hi Julia,

Gideon forwarded your request to contract with AAA for call center support to me so I can give emergency approval. Pursuant to NAC 333.114, you are authorized to contract with AAA for call center support.

Kevin

Sent from my iPhone



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
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DATE: October 8, 2020

MEMORANDUM

TO: Aaron Frantz, Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick, Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero, Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – CSAA Insurance Services, Inc. CETS #23455

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: CSAA Insurance Services, Inc.
- Services to be provided: CSAA to provide assistance with COVID-19 case investigations and contact tracing support.
- Funding source and expenditure category: COVID Relief Funds (CRF) Treasury BA 3219 – CAT 12
- Requested start date of work: July 27, 2020
- Expected execution date of agreement: November 10, 2020
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - This contract was delayed due to edits and contractual negotiations that needed to be approved by the Deputy Attorney General. The contract was provided by the program to the contract unit on July 24, 2020. Edits were required and changes made between program and the contract unit between July 24, 2020 and August 5, 2020. Between August 8th and August 27th, negotiations took place regarding State insurance requirements. On August 27th, DPBH, DAG, Risk Management, and the vendor had a conference call regarding the insurance requirements the vendor had requested waived. This was approved, updated, and sent to the vendor September 1st for signature. The vendor signed and returned the contract on September 4th, and the contract was sent to the DAG for signature on the same day. DAG notified us of a conflict of interest and stated this needed to be reviewed and approved by a different DAG. The contract was returned September 16th. At that time, the contract was given to the ASO for review and approval; however, it was held until funding was verified. The non-IFC Work Program was in process and submitted to GFO in late October.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: If the services were not started in July, it would have put Nevadans at risk due to an insufficient amount of COVID-19 case investigators and contact tracers to assist with the overflow of cases in Southern Nevada.
 - Explain how the program/bureau will prevent future retroactive requests: This was unavoidable due to the COVID-19 pandemic.

If you have any questions, please contact Ashlyn Torrez at atorrez@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23577**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Talus Analytics, LLC
Agency Code:	406	Contractor Name:	Talus Analytics, LLC
Appropriation Unit:	3219-12	Address:	1855 57th Street, Ste 200
Is budget authority available?:	No	City/State/Zip	Boulder, CO 80301-2816
If "No" please explain: WP C52386 is a non-IFC carry forward request to establish authority in CAT12.		Contact/Phone:	Ellie Graeden 541-207-7318
		Vendor No.:	T32010088
		NV Business ID:	NV20201893131
To what State Fiscal Year(s) will the contract be charged?	2021		

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

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

Agency Reference #: C 17711

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract requested by the Governor's Office and was delayed due to not having a Nevada Business License and having to acquire one, other COVID-19 related activities taking precedence and not receiving the contract until after the start date.

3. Termination Date: **12/30/2020**Contract term: **90 days**4. Type of contract: **Contract**Contract description: **COVID-19 Analytics**

5. Purpose of contract:

This is a new contract to provide statewide analysis of COVID-19 trends for multiple reporting sources.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Due to the COVID-19 pandemic, monthly visual reports need to be developed as requested by the Governor's Office combining Nevada's dashboard data, National Trends data and CDC data.

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

State staff does not have the 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?

This is an emergency contract approved by Administrator Doty according to NRS 333.114.

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	rmille8	10/16/2020 11:39:55 AM
Division Approval	rmille8	10/16/2020 11:40:01 AM
Department Approval	sjohnso9	10/20/2020 09:35:46 AM
Contract Manager Approval	rmille8	10/20/2020 10:33:12 AM
Budget Analyst Approval	afrantz	10/20/2020 14:25:08 PM
BOE Agenda Approval	nhovden	10/20/2020 15:01:19 PM
BOE Final Approval	Pending	



DATE: October 1, 2020

MEMORANDUM

TO: Aaron Frantz, Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick, Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero, Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL Talus Analytics CETS: 23577

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: Talus Analytics, LLC
- Services to be provided: Assist the State of Nevada in doing a thorough review of the current COVID-19 data dashboard, frequency of reporting, methodology for calculating COVID-19 data, etc.
- Funding source and expenditure category: BA# 3219 - CAT 12;
- Requested start date of work: October 1, 2020
- Expected execution date of agreement (IFC approval date or N/A): N/A
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - This contract was delayed due to Talus Analytics not having their Nevada Business License which delayed the contract from being sent to the Deputy Attorney General's office.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: All COVID-19 activities conducted by the vendor will not be covered prior to the contract being executed.
 - Explain how the program/bureau will prevent future retroactive requests: This contract was delayed due to COVID-19 activities taking precedence and not receiving the contract until after the start date.

If you have any questions, please contact Kailynn Griffith at kgriffith@helath.nv.gov

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23454**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3228-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PUBLIC CONSULTING GROUP, INC.**Contractor Name: **PUBLIC CONSULTING GROUP, INC.**Address: **PO BOX 845308**City/State/Zip: **BOSTON, MA 02284-5308**Contact/Phone: **617/426-2026**Vendor No.: **T32000898A**NV Business ID: **NV20021466314**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

X	General Funds	26.70 %	Fees	0.00 %
X	Federal Funds	73.30 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 40DHHS-S973**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Income Verification**

5. Purpose of contract:

This is a new contract to provide ongoing employment, income and asset verification services to determine eligibility for the Federal Assistance Programs administered by the Division, including the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicaid and the Energy Assistance Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced monthly by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Law requires that income information is verified prior to issuing benefits. The contract also provides automated services to participating incarceration centers to decrease capitation payments for individuals incarcerated for over 12 months, as well as provide data analytic solutions to enhance the division's current processes of eligibility criteria.

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

State employees do not have the expertise or resources 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):

TALX
Pondera Solutions
Public Consulting Group
Accuity Asset Verification Services, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S973 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: 01/10/2020 Anticipated re-bid date: 02/10/2024

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and other DHHS divisions and providing satisfactory service.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Lisa Swearingen, Chief, Eligibility and Payments Ph: 775-684-0560

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bberry	09/18/2020 08:52:34 AM
Division Approval	bberry	09/18/2020 08:52:38 AM
Department Approval	mwinebar	09/23/2020 15:14:25 PM
Contract Manager Approval	sjon23	09/23/2020 16:49:21 PM
EITS Approval	tgalluzi	09/23/2020 16:53:22 PM
Budget Analyst Approval	bwooldri	10/06/2020 15:46:55 PM
BOE Agenda Approval	bwooldri	10/06/2020 15:46:57 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Steve Fisher, Administrator, DWSS
Bart London, CITM, DWSS
Dara Ludi, ASO III, DWSS

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, DOA, EITS

SUBJECT: TIN Review Completed: DWSS – *Income and Employment Verification* -
T407191122090348

DATE: January 06, 2020

We completed the review of the Division of Welfare and Supportive Services' (DWSS) – *Income and Employment Verification* TIN.

The submitted TIN, for an estimated \$6,328,000, supports a Request for Proposal (RFP) for the implementation of a new technology not currently in place at the agency. The RFP is requesting proposals for a cloud-based SaaS Solution for Citizenship and Employment verification for benefits eligibility. The agency reports that the proposed solution will meet Federal and State Security Policies and Regulations.

Since sensitive data will be stored and used it will be extremely important that the State understands how their data will be protected and that individual PII data is not compromised. Steps should be taken within the contract to ensure that the State's data can be moved/retrieved in an efficient and scheduled manner when and if the cloud-based contract is terminated.

The Office of Information Security (OIS) is available for pre and post-implementation security review, at no additional cost, so any potential security risks can be identified and mitigated to ensure the safety of the data collected and mitigation of any potential threat vectors. It is expected that this implementation will follow established State security policies and procedures.

A copy of this completion memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23260**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: University of Kentucky Research Foundation

Contractor Name: **University of Kentucky Research Foundation**Address: **202 Kinkead Hall**City/State/Zip: **Lexington, KY 40506**

Contact/Phone: Sara Poll 859-257-9420

Vendor No.: T27043587

NV Business ID: NV20201793415

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

The Division is requesting a retroactive contract due to several contracting issues and extensive negotiations with the contractor.3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **CANS/TCOM Implem**

5. Purpose of contract:

This is a new contract to provide implementation of the Child and Adolescent Needs Strengths assessment tool and its use in service planning and decision support.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$185,000.00**

Payment for services will be made at the rate of \$46,250.00 per federal fiscal year

Other basis for payment: Upon receipt and approval of invoice(s)

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada has ranked very low on access to behavioral health services and has shown poor outcomes for those receiving services. The CANS has been identified as an effective multi-purpose tool to support decision making and care planning; it facilitates quality improvement initiatives and allows for monitoring services outcomes. The CANS is being used in all 50 states and in countries around the world. For the CANS statewide implementation to be successful, ongoing training, support and technical assistance from experts in the field is needed.

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

CANS/TCOM developer and technical assistance staff are located at the University of Kentucky, Center for Innovation in Population Health. They are the experts in the field that provide consultation, training and technical assistance to all states and jurisdictions that use the CANS to ensure successful implementation.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

Approval #: 200505

Approval Date: 05/19/2020

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

This is a sole source contract.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

Tiffany Ontiveros, Grants & Projects Analyst 2 Ph: 775-486-5004

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	08/04/2020 17:36:46 PM
Division Approval	knielsen	09/18/2020 19:26:31 PM
Department Approval	mwinebar	10/01/2020 15:09:54 PM
Contract Manager Approval	sknigge	10/06/2020 14:09:58 PM
Budget Analyst Approval	jyou23	10/07/2020 13:41:53 PM
BOE Agenda Approval	bwooldri	10/20/2020 09:41:11 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

** Revised 10/06/2020 @ **

Purchasing Use Only:	
Approval#:	200505 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: DCFS-Planning and Evaluation Unit		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Linda Guastella, Statewide Manager, PEU	702-486-0086	Lguastella@dcfs.nv.gov

1b	Vendor Information:	
	Identify Vendor:	University of Kentucky Research Foundation
	Contact Name:	Sarah Poll
	Complete Address:	202 Kinkead Hall, Lexington KY, 40506
	Telephone Number:	859-257-9420
	Email Address:	Sara.Poll@UKY.EDU

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

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	Upon approval 1/1/2020	End Date:	8/31/2023 12/31/2023

1f	Funding:	
	State Appropriated:	
	Federal Funds:	100%
	Grant Funds:	System of Care
	Other (Explain):	

*Revised 10/06/2020 * @

Purchasing Use Only:	
Approval #:	200555 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ 185,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p>The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices.</p> <p>The purpose of the CANS is to accurately represent the shared vision of the child/youth service system. As such, completion of the CANS is accomplished in order to allow for effective communication of this shared vision for use at all levels of the system. The primary purpose of the CANS is communication tool. By working with the child/youth and family during the assessment process and talking together to identify and understand their strengths and needs, care providers can develop treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.</p> <p>The CANS was developed by Dr. John Lyons in 1999. It is currently being used in all 50 states and internationally. In April 2016, a group of statewide stakeholders, in consultation with Chapin Hall at the University of Chicago, created the first version of the Nevada CANS, the NV-CANS 1.0. In June 2016, the CANS became required for every youth within the specialized foster care at intake, discharge, and every 6 months while in care. In February of 2017, the NV-CANS 1.0 was implemented within DCFS. In August 2018, the CANS was updated and the NV-CANS 2.0 went live. Currently, Washoe County Health and Human Services also uses the CANS for treatment planning within their programs.</p> <p>The goal is for statewide implementation for all child serving providers. As explained CANS is currently implemented within DCFS children's mental health and specialized foster care. Other agencies are using it, but it is not required. We have planned for this to roll-out statewide and to replace the CASII for level of care determination, but this requires a change in Medicaid policy and requires training of ALL mental health providers in the state of Nevada billing Medicaid for services for children.</p> <p>The additional population would be Medicaid-eligible children requiring mental health services seen by any community provider. This statewide implementation has proven to have many hurdles, including funding and person-power necessary to carry out this very large implementation.</p> <p>This contract will provide ongoing CANS Training, CANS User surveys, reporting, technical assistance, and consultation for the tool as well as support and technical assistance for statewide implementation and rollout efforts.</p>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	There is a single developer of the CANS, Dr. John Lyons. The Praed Foundation holds the copyright for CANS, this is so no University holds the intellectual property rights for the CANS. Dr. Lyons employs fellows/faculty to provide training and technical assistant to public and private agencies using the CANS.

Revised 10/04/2020 @
#200505 @

	Prior contracts were through Chapin Hall at the University of Chicago. The whole CANS project (and team) has now moved to the Center for Innovation in Population Health at the University of Kentucky (UK). The (UK) is the <i>only</i> organization that provides this service in the United States and abroad.
--	---

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	The Praed Foundation works through the University of Kentucky Research Foundation. Praed is affiliated with UK and UK provides all the technical support for the Praed Foundation.

	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
5	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>			
	There are no alternatives to evaluate.			

* Revised 10/04/2020 # (C)

Purchasing Use Only:

Approval #:

200505 (C)

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.					Yes:	X	No:	
a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:								
Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)			
10/01/2018	09/30/2019	\$68,440	CANS Training, Performance Measurement, Feedback, Use of CANS across Nevada, Technical Assistance and Consultation		Subgrant			
10/01/2017	09/30/2018	\$64,502	Implementation consultation and planning, Algorithm and Decision Support Development, Training, Ongoing Coaching and Technical Support, Advanced Analytics and Customized report Design, Individual Subscriptions to TCOMtraining.com		Subgrant			
12/01/2016	09/30/2017	\$ 57,212	Implementation consultation and planning, Algorithm and Decision Support Development, Training, Ongoing Coaching and Technical Support, Advanced Analytics and Customized report Design		Subgrant			
03/25/2016	09/30/2016	\$ 8,408	Training and Development of Nevada CANS Plan,		Subgrant			

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
7	This will significantly delay or hinder our statewide implementation of the CANS. The services provided by Dr. Lyons and his team are vital to our continuing implementation of CANS across Nevada; without their support the project will fail.

What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?	
8	An Internet search was conducted. Upon finding that the Praed Foundation's website also discussed CANS, staff researched the various roles of the entities as outlined above. There is not another service that provides this support to compare.

Revised 10/4/2020 (2)
#200950

	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	Future technical assistance will be needed on an ongoing yet lesser basis than what will be needed throughout the implementation and rollout phases. Although it is anticipated that this vendor will still be the only entity available to provide technical assistance, this purchase does not obligate the State to future purchases.				

* Revised 10/06/2020 * (C)

Purchasing Use Only:
Approval #: 200605 (C)

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.

Linda Gnastella
 Agency Representative Initiating Request

Print Name of Agency Representative Initiating Request

4/29/2020
 Date

Mandi Davis
 Signature of Agency Head Authorizing Request

Mandi Davis, Deputy Administrator
 Print Name of Agency Head Authorizing Request

Updated
9/29/20 MD
5/12/20
 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 10/06/2020

Kevin D. Doty
 Administrator, Purchasing Division or Designee

5/19/2020
 Date

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Child and Family Services
Helping people. It's who we are and what we do.



Ross Armstrong
Administrator

MEMORANDUM

TO: Jessica Young, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

THROUGH: Mark Winebarger, Administrative Services Officer IV
Department of Health and Human Services, Director's Office

FROM: Katrina Nielsen, Admin Services Officer IV
Division of Child and Family Services

DATE: 9/17/2020

SUBJECT: Retroactive Contract Request: 23260 University of Kentucky Research Foundation

We are requesting that a retroactive contract effective date of January 1, 2020 be approved for the University of Kentucky (UK).

The Child and Adolescent Needs and Strengths assessment tool, (CANS) is a project that DCFS/Planning and Evaluation Unit (PEU) has been working on for over 4 years in an effort to be able to roll out and sustain the tool statewide. The creator of the CANS, Dr. John Lyons, and his team were initially located out of Chapin Hall at the University of Chicago. In September 2019, they moved their operations to the University of Kentucky, Center for Innovation in Population Health. In order to continue receiving our ongoing training and TA that is vital to the program, we needed to continue our work with them during the time when the new contract (with UK) was being drafted.

The contract that we had with the team at CANS while they were at Chapin Hall expired with the previous System of Care Grant on 9/30/19.

In January 2020, we were told that a Sole Solicitation Waiver would need to be completed prior to contracting with UK. Tiffany Ontiveros sent the contract initiation form to Fiscal on 2/11/20.

Timeline 9/30/2019-Present

- 9/30/2019: Contract ends with Chapin Hall/ CANS
- 11/15/2019: UK attempted to send contract documents prepared by their contract's office to DCFS/PEU
- 12/9/2019: Grants unit notified PEU that DCFS/State of Nevada needed to create our own contract and cannot sign the contract prepared by UK
- 12/12/2019: Grants unit notified PEU that we need to begin an interlocal agreement process with UK
- 12/17/2019: PEU seeks consultation from Fiscal on Scope of Work (SOW) and budget sent by UK as they did not match any format currently used by State of Nevada

- 12/2019 to 1/2020: Repeated communications with UK about concerns regarding the SOW and budget they had submitted. (e.g. SOW and budget lacking information/detail, deliverables tab lacking deliverables, request for salary support).
- 1/23/20: PEU requests consultation from Fiscal on UK SOW/budget
- 1/28/20: Contracts unit directs PEU to create a contract initiation form
- 2/26/2020: Contracts unit determines that the contract will actually be with UK Research Foundation, not University of Kentucky. Informed by Contracts unit that we need a Sole Source Solicitation Waiver due to UK Research Foundation being a not-for-profit Kentucky corporation rather than being a part of the university system.
- 3/27/2020: Sole Solicitation waiver sent to Contracts unit for review
- 4/29/2020: Sole Solicitation Waiver submitted to Contracts unit
- 5/12/2020: Deputy Administrator approves Sole Solicitation Waiver
- 5/14/2020: Contracts unit reports that the contract was sent to State Purchasing for approval
- 7/30/2020: Contracts unit reaches out to Grants unit and program ASO with question regarding conflicting information on contract start date
- 7/30/2020: Grants unit reached out to Clinical Program Planner requesting clarification on start date for contract (10/1/2020 or 1/1/2020)
- 7/30/2020: Clinical Program Planner reaches out to Sara Poll at UK to clarify retroactive contract start date of 1/1/2020
- 9/16/2020: Clinical Program Planner reaches out to Contracts unit for contract status and finds that requested UK edits had been added and the contract is with them to be signed.

Billable Services Timeline for UK (1/1/2020-Present)

- NV Trainers Coaching Calls with consultant Laura Rogers: 1/8/20, 1/29/20, 2/5/20, 2/19/20, 3/04/20, 8/12/20, 8/19/20, 9/2/20, 9/16/20
- 2/14/20: Meeting with Consultant Laura Rogers and PEU
- 5/1/20: Dr. April Fernando conducted a demo of CANS training via videoconferencing platform via Zoom for Amy Guevara, lead Nevada CANS trainer
- 6/19/20: Dr. April Fernando consulted to DCFS Children's Mental Health & Child Welfare regarding the use of CANS in Qualified Residential Treatment Programs
- 7/8/2020: Dr. April Fernando conducted the CANS training via videoconference demo for all five NV Certified Trainers

Moving forward, to ensure a retroactive request is not needed for a situation such as this, we will confirm earlier in the process that any interlocal agreements we attempt to initiate with universities will actually be executed with the university and not with a not-for-profit research foundation that we were unaware of.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23560**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BROADBENT & ASSOCIATES, INC.**Contractor Name: **BROADBENT & ASSOCIATES, INC.**Address: **5450 LOUIE LN Suite 101**City/State/Zip: **RENO, NV 89511-1832**Contact/Phone: **Jef Peake 775-322-7969**Vendor No.: **T80989610B**NV Business ID: **NV19891031637**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2024**Contract term: **3 years and 303 days**4. Type of contract: **Contract**Contract description: **Hazwaste Mgmt Plan**

5. Purpose of contract:

This is a new contract to provide professional environmental engineering services to update and align the Nevada Army National Guard Statewide Hazardous Waste/Materials Management Plan with the most current Environment Protection Agency Generator Improvement Rules.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The NV National Guard is seeking to update their Hazardous Waste/Hazardous Materials Management Plan to align the organization with the most current EPA Generator Improvements Rule. The plan will include updating forms and creation of new forms to monitor compliance with Federal environmental regulations.

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

Lack of qualification.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):

Bec Environment, Inc.
Broadbent & Associates, Inc.
McGinley & Associates, Inc.

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	09/29/2020 16:12:53 PM
Division Approval	ctyle1	09/29/2020 16:12:56 PM
Department Approval	ctyle1	09/29/2020 16:12:58 PM
Contract Manager Approval	ctyle1	09/29/2020 16:13:03 PM
Budget Analyst Approval	jrodrig9	10/12/2020 23:24:54 PM
BOE Agenda Approval	jrodrig9	10/12/2020 23:24:59 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 CONTRACT1. Contract Number: **23606**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Address: **5485 RENO CORPORATE DR. SUITE 100**City/State/Zip: **RENO, NV 89511-2262**Contact/Phone: **MAX HERSHENOW 775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2021**Contract term: **1 year and 9 days**4. Type of contract: **Contract**Contract description: **HRTC Utilities Study**

5. Purpose of contract:

This is a new contract to provide professional engineering services to develop a facility capacity/utilities expansion study for the Harry Reid Training Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,700.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Assess the workload capability of the utilities components of the Harry Reid Training Center.

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

Lack of necessary knowledge and skills

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. 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	ctyle1	09/29/2020 16:20:19 PM
Division Approval	ctyle1	09/29/2020 16:20:22 PM
Department Approval	ctyle1	09/29/2020 16:20:24 PM
Contract Manager Approval	ctyle1	09/29/2020 16:20:27 PM
Budget Analyst Approval	jrodrig9	10/12/2020 23:04:25 PM
BOE Agenda Approval	jrodrig9	10/12/2020 23:09:12 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 CONTRACT1. Contract Number: **23644**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Address: **5485 Reno Corporate Drive**City/State/Zip: **Reno, NV 89511**Contact/Phone: **Max Hershenow 775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/30/2021**Contract term: **1 year and 59 days**4. Type of contract: **Contract**Contract description: **Swan Lake ACFT**

5. Purpose of contract:

This is a new contract to provide a feasibility study and cost estimate to construct an Army Combat Fitness Test site at Swan Lake, including a running track and the addition of a 5,000-7,000 square foot general purpose building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,700.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

New army fitness test site requires this study to determine costs prior to construction.

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

Lack of qualification.

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 Applicableb. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/01/2020 09:21:51 AM
Division Approval	ctyle1	10/01/2020 09:21:55 AM
Department Approval	ctyle1	10/01/2020 09:21:57 AM
Contract Manager Approval	csnido1	10/02/2020 10:40:10 AM
Budget Analyst Approval	jrodrig9	10/19/2020 16:37:51 PM
BOE Agenda Approval	jrodrig9	10/19/2020 16:37:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23646**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Address: **5485 Reno Corporate Drive SUITE 100**City/State/Zip: **Reno, NV 89511**Contact/Phone: **Max Hershenow 775-322-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/08/2024**Contract term: **4 years and 38 days**4. Type of contract: **Contract**Contract description: **NO NV Site Plan**

5. Purpose of contract:

This is a new contract to provide professional engineering services to develop a Hawthorne Armory Range Complex Master Plan, site development plan and feasibility studies for possible future site/facility renovations.

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?

To determine costs for locations of future construction.

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

Lack of qualifications.

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 Applicableb. 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	ctyle1	10/01/2020 09:09:22 AM
Division Approval	ctyle1	10/01/2020 09:09:25 AM
Department Approval	ctyle1	10/01/2020 09:09:27 AM
Contract Manager Approval	csnido1	10/02/2020 10:39:37 AM
Budget Analyst Approval	jrodrig9	10/19/2020 16:43:59 PM
BOE Agenda Approval	jrodrig9	10/19/2020 16:44:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23578**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	OPTIMAL GEO INCORPORATED
Agency Code:	431	Contractor Name:	OPTIMAL GEO INCORPORATED
Appropriation Unit:	3650-10	Address:	118 W MARKET ST.
Is budget authority available?:	Yes	City/State/Zip	ATHENS, AL 35611
If "No" please explain:	Not Applicable	Contact/Phone:	JUSTIN KLINKENBERG 256-882-7788
		Vendor No.:	T32010114
		NV Business ID:	NV20201850352
To what State Fiscal Year(s) will the contract be charged?	2021-2025		

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

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

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/09/2024**Contract term: **4 years and 9 days**4. Type of contract: **Contract**Contract description: **Optimal GEO**

5. Purpose of contract:

This is a new contract to provide ongoing support for Geographic Information System including mapping and software support and associated training for Nevada Guard environmental projects staff.

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?

CONTRACT WORK REQUIRED BY FEDERAL LAW.

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

STATE EMPLOYEES ARE NOT SKILLED OR QUALIFIED FOR THE WORK.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #43ADG-S1092, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	09/10/2020 09:52:40 AM
Division Approval	ctyle1	09/10/2020 09:52:42 AM
Department Approval	ctyle1	09/10/2020 09:52:45 AM
Contract Manager Approval	ctyle1	09/10/2020 09:55:21 AM
Budget Analyst Approval	jrodrig9	10/13/2020 00:33:42 AM
BOE Agenda Approval	jrodrig9	10/13/2020 00:33:45 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 CONTRACT1. Contract Number: **23605**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Contractor Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Address: **DBA PUGSLEY SIMPSON COULTER 151 E. WARM SPRINGS Rd.**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **JOY RINEER 702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2021**Contract term: **1 year and 9 days**4. Type of contract: **Contract**Contract description: **LVRC Entry Study**

5. Purpose of contract:

This is a new contract to provide a feasibility and constructability study for moving the main entrance of the Las Vegas Readiness Center from West Silverado Ranch Boulevard to Arville Street.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Entry gate relocated to be more practical and safer location.

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

Lack of necessary knowledge and skill

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 Applicableb. 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	ctyle1	09/29/2020 16:23:36 PM
Division Approval	ctyle1	09/29/2020 16:23:39 PM
Department Approval	ctyle1	09/29/2020 16:23:42 PM
Contract Manager Approval	ctyle1	09/29/2020 16:23:44 PM
Budget Analyst Approval	jrodrig9	10/19/2020 17:59:38 PM
BOE Agenda Approval	jrodrig9	10/19/2020 17:59:41 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 CONTRACT1. Contract Number: **23645**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Contractor Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Address: **DBA PUGSLEY SIMPSON COULTER
151 E WARM SPRINGS RD**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **Joy Rineer 702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

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

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/08/2024**Contract term: **4 years and 38 days**4. Type of contract: **Contract**Contract description: **FETC SiteDevelopment**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to develop a Site Development Plan for the Floyd Edsall Training Center and provide various feasibility studies relating to future site/facility expansion options.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This requires cost estimates for locations and feasibility for future construction.

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

Lack of qualification.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 Applicableb. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/01/2020 09:18:04 AM
Division Approval	ctyle1	10/01/2020 09:18:06 AM
Department Approval	ctyle1	10/01/2020 09:18:09 AM
Contract Manager Approval	csnido1	10/02/2020 10:39:06 AM
Budget Analyst Approval	jrodrig9	10/13/2020 01:20:56 AM
BOE Agenda Approval	jrodrig9	10/13/2020 01:20:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23647**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Contractor Name: **WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**Address: **DBA PUGSLEY SIMPSON COULTER
151 E WARM SPRINGS RD.**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **Joy Rineer 702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/08/2021**Contract term: **1 year and 37 days**4. Type of contract: **Contract**Contract description: **Henderson MEDDET**

5. Purpose of contract:

This is a new contract to provide professional engineering services to develop a feasibility/constructability study for determining the feasibility of moving the current Medical Detachment Unit from the Las Vegas Readiness Center to the Henderson Armory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,100.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To determine feasibility of renovating the Henderson Armory for the MEDDET unit.

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

Lack of qualifications.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 Applicableb. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

No

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

Not Applicable

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/01/2020 08:59:13 AM
Division Approval	ctyle1	10/01/2020 08:59:16 AM
Department Approval	ctyle1	10/01/2020 08:59:18 AM
Contract Manager Approval	csnido1	10/02/2020 10:38:07 AM
Budget Analyst Approval	jrodrig9	10/13/2020 01:08:17 AM
BOE Agenda Approval	jrodrig9	10/13/2020 01:08:19 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 CONTRACT1. Contract Number: **23550**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3759-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Building Control Services, Inc.

Contractor Name: **Building Control Services, Inc.**Address: **4750 Longley Lane
Suite 102**City/State/Zip: **Reno, NV 89502-5981**

Contact/Phone: Jesse Jensen 775-826-8998

Vendor No.: PUR0005209

NV Business ID: NV20161538859

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

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

Agency Reference #: 440

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2024**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Temp Controls PM**

5. Purpose of contract:

This is a new contract to provide ongoing semi-annual preventative maintenance service and repairs for the Alerton Temperature Control System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,000.00**

Other basis for payment: 3759-09 G/L 7060 FY21 \$19,500.00 ~ FY22 \$19,500.00 ~ FY23 \$19,500.00 ~ FY24 \$19,500.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance of the digital temperature control systems is vital for the health and safety of the staff and inmates.

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

No agency employee is trained or licensed for this work. No other State agency performs this work.

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

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

Submitted for sole source exemption.

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:

Beginning in 11/29/18, NDOC has engaged in the following contracts with this vendor: 21291, 22817, 22076, 22358 and 22419. Work is 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	dbretche	09/02/2020 08:37:21 AM
Division Approval	amonro1	09/03/2020 08:04:32 AM
Department Approval	jborrowm	09/03/2020 16:32:08 PM
Contract Manager Approval	aroma2	09/22/2020 16:52:14 PM
Budget Analyst Approval	bmacke1	09/29/2020 09:21:40 AM
BOE Agenda Approval	jrodrig9	10/12/2020 23:32:56 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:	
Approval#:	2009030

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: <i>Nevada Department of Corrections</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Alicia Roman</i>	<i>775-977-5673</i>	<i>aroman@doc.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Building Control Services</i>
	Contact Name:	<i>Jesse Jensen</i>
	Complete Address:	<i>4750 Longley Lane, Suite 102, Reno, NV 89502</i>
	Telephone Number:	<i>775-826-8998</i>
	Email Address:	<i>jjensen@bcsnv.com</i>

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

1d	Contract Information:			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS: <i>Per A Roman's email</i>	# <i>23550</i>		

09/01/2020 2:27 PM

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

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

Purchasing Use Only:

Approval #:

2089030

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$78,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>To provide semi-annual preventative maintenance and repairs of the Alerton temperature control system at Lovelock Correctional Center. This service is required, as the temperature control systems at Lovelock Correctional Services were replaced within the last year as a State Public Works project.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Per the attached letter, the manufacturer, Alerton has indicated that Building Control Services is the only factory-trained dealer for parts and service in Nevada.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>As noted above, per the attached, the manufacturer, Alerton has indicated that Building Control Services is the only factory-trained dealer for parts and service in Nevada.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.			
	b. <u>If not</u> , why were alternatives not evaluated?			
	<i>After calling other service providers and learning that none of them service Allerton temperature control systems, the manufacturer was contacted directly and NDOC was notified that Building Control Services, Inc was the only factory approved service provider in Nevada.</i>			

Purchasing Use Only:

Approval #:

20090301

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The temperature control systems will not be maintained timely. Additionally, if service providers are not properly certified to perform this work, it can void any warranties existing on the new systems and may cause damage to the units.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>After calling other service providers and learning that none of them service Allerton temperature control systems, the manufacturer was contacted directly and NDOC was notified that Building Control Services, Inc was the only factory approved service provider in Nevada, via the attached letter.</i>

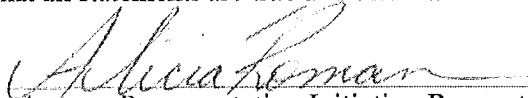
9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. If yes, please provide details regarding future obligations or needs.				
	<i>Continued service is required to ensure proper operation of the temperature control systems.</i>				

Purchasing Use Only:

Approval #:

20090302

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.

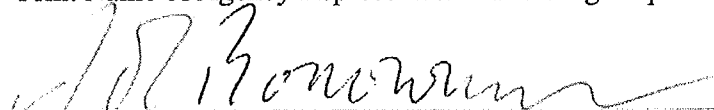

Agency Representative Initiating Request

Alicia Roman, Contracts Manager

08/31/20

Print Name of Agency Representative Initiating Request

Date


Signature of Agency Head Authorizing Request

John Borrowman, Deputy Director, Support Services

8/31/2020

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:


Administrator, Purchasing Division or Designee

9/8/2020
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23609**Agency Name: **DPS-EMERGENCY MANAGEMENT**Agency Code: **654**Appropriation Unit: **3673-23**Is budget authority available?: **No**

If "No" please explain: work program C53154 being submitted to increase available authority.

Legal Entity Name: **Blue Raster**Contractor Name: **Blue Raster**Address: **2200 Wilson Blvd.****Suite 400**City/State/Zip: **Arlington, VA 22201**Contact/Phone: **Michael Lippmann 703-875-0911**Vendor No.: **T29043509**NV Business ID: **NV20191665041**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2022**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **PDA Tool**

5. Purpose of contract:

This is a new contract to provide a cloud-based, Geographic Information System-enabled Preliminary Damage Assessment tool to be utilized by state agencies and local and tribal jurisdictions statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$89,000.00**

Other basis for payment: per consideration section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The current method of damage assessment data collection is inefficient, cumbersome and time consuming. Data is not collected by a consistent method and what data collected is not readily available or accessible statewide by the Division without necessitating travel.

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

DEM staff as well as staff at local and tribal jurisdictions do participate in the overall effort to collect data required by these assessments, however, neither DEM nor local or tribal jurisdictions have the technical expertise to facilitate real time access to the information or development of a mobile app to assist with data collection as well as meet Dept of Homeland Security (DHS) FEMA guidelines.

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):

FuturityIT
GP Strategies
Geoplant
Blue Raster

b. Solicitation Waiver: **Not Applicable**

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

The vendor chosen received the highest rank during evaluation.

d. Last bid date: 12/23/2019 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:

Lyman, Judith, MA I Ph: 687-0324

Coyote, Susan, GPA III Ph: 687-0327

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdibasil	10/06/2020 08:46:34 AM
Division Approval	jdibasil	10/06/2020 08:46:39 AM
Department Approval	cboegle	10/06/2020 10:37:21 AM
Contract Manager Approval	cboegle	10/06/2020 10:37:24 AM
Budget Analyst Approval	nkephart	10/12/2020 08:23:19 AM
BOE Agenda Approval	jrodrig9	10/19/2020 17:56:56 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 CONTRACT1. Contract Number: **23629**Agency Name: **DPS-RECORDS,
COMMUNICATIONS, AND
COMPLIANCE**Agency Code: **655**Appropriation Unit: **4709-22**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: NorSoft Consulting

Contractor Name: **NorSoft Consulting**Address: **8452 133rd Court**City/State/Zip: **Apple Valley, MN 55124**

Contact/Phone: Scott Norberg 952-997-3888

Vendor No.: NV201014196

NV Business ID: NV20101419648

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

X	General Funds	10.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	90.00 % Fees

Agency Reference #: NCJIS Mod/JLink PhaseOut

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **NCJIS/JLink PhaseOut**

5. Purpose of contract:

This is a new contract to provide ongoing consulting services and exit planning for the update and replacement of the Nevada Criminal Justice Information Systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Payment for services will be made at the rate of \$28,500.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The software is proprietary and the vendor's services and expertise are a required component for the successful implementation of the NCJIS Modernization Program.

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

State employees are not skilled in the proprietary software.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

Approval #: 200403

Approval Date: 04/21/2020

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?

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:

Vendor has successful performed in multiple contracts with the Department of Public Safety since 1999.

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

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

Not Applicable

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

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

No b. If "No", please explain:

Mr. Norberg operates as a sole proprietor.

The Transacting Business Name is Norsoft Consulting

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Melissa Costa, Management Analyst Ph: 775.684.6259

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	09/29/2020 14:13:11 PM
Division Approval	twollan1	09/29/2020 14:13:13 PM
Department Approval	cboegle	10/06/2020 13:10:05 PM
Contract Manager Approval	cboegle	10/06/2020 13:10:10 PM
EITS Approval	tgalluzi	10/13/2020 09:15:49 AM
Budget Analyst Approval	jrodrig9	10/19/2020 16:20:52 PM
BOE Agenda Approval	jrodrig9	10/19/2020 16:20:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:
Approval#: 2004030

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
State Agency Name: Dept. of Public Safety - Records Communications and Compliance Division (655)			
1a	Contact Name and Title	Phone Number	Email Address
	Melissa Costa, Management Analyst	775.684.6259	mcosta@dps.state.nv.us

Vendor Information:	
Identify Vendor:	NorSoft Consulting
Contact Name:	Scott Norberg
Complete Address:	8452 133rd Court // Apple Valley MN 55124
Telephone Number:	(952) 997-3888
Email Address:	john@norsoftconsulting.com

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

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

Term:			
One (1) Time Purchase:			
1e Contract:	Start Date:	BOE Approval	End Date: June 30, 2023
*RCCD would like the option to extend to December 31, 2025 based on the needs of the Nevada Criminal Justice Information System (NCJIS) Modernization Implementation (PROGRAM) Term to 12/31/2025 is denied. Agency will need to resubmit a new extension request prior to 06/30/2023.			

Funding:	
State Appropriated:	
1f Federal Funds:	
Grant Funds:	
Other (Explain):	Reserves in Budget Account 4709 (Cat 86) and General Funds

1g Total Estimated Value of this Service Contract, Amendment or Purchase:
\$1,548,000.00

Provide a description of work/services to be performed or commodity/good to be purchased:

As the current provider of the State of Nevada message switch, NorSoft Inc. will be actively involved in the preparation and implementation of the Nevada Criminal Justice Information System (NCJIS) Modernization Implementation (PROGRAM). Working with Heather Moon at State Purchasing, RCCD released an RFP, recently completed evaluations and a Letter of Intent to Award has been issued to Unisys. NorSoft will be responsible for working cohesively with the successful RFP vendor (Unisys) in phasing-out the current message switch (JLink), proprietary to NorSoft, allowing RCCD to provide a higher level of information security by excessing end-of-life equipment. Responsibilities in these phases include, but are not limited to the following:

Preparation Phase:

- Participate in all PROGRAM meetings as outlined herein and requested by the NCJIS Modernization Program Administrator
- Immediately report significant and imminent risks associated with the existing environment that would impact the approach, scope, and schedule of the PROGRAM to the RCCD designated NCJIS Modernization Program Administrator
- Provide documentation of the JLink environment and configuration to the NCJIS repository; including providing the existing, current database design to the PROGRAM team
- Provide documented information and configurations for all interfaces to JLink to the RCCD designated NCJIS Modernization Program Administrator, as needed throughout the PROGRAM to ensure all documentation is received by the end of the contract
- Make any changes to the JLink environment necessary to prepare for PROGRAM implementation in a timely manner so as not to delay the PROGRAM schedule
- Organize existing user/management enhancement requests and present them to the RCCD designated NCJIS Modernization Program Administrator monthly for purposes of triage
- Work cohesively with the PROGRAM team to develop and execute a plan for successful data migration/conversion to the replacement system
- Develop a phase-out plan which shall be discussed with and coordinated with the PROGRAM team prior to the start of any phase-out effort
- Document any requirements for state actions and compliance

Implementation Phase:

- Participate in all PROGRAM meetings as outlined herein and requested by the NCJIS Modernization Program Administrator
- Work cohesively with the PROGRAM team to ensure successful connection between JLink and the new NCJIS message switch
- Support and provide assistance with the gradual transfer of functions from JLink to the new NCJIS message switch, to include, but not be limited to, all JLink interfaces
- Work with the PROGRAM team to ensure a smooth successful transition from JLink to the new NCJIS message switch. A successful transition shall include, but not be limited to, facilitating technical discussions, detailed explanation of system documentation and configurations, troubleshooting issues, etc.
- Contribute documentation of the JLink environment, any changes, and configuration to the NCJIS repository as needed throughout the PROGRAM to ensure all documentation is received by the end of the contract
- Work with the PROGRAM team to ensure any required and necessary changes to JLink necessary to support the broader NCJIS implementation are made in the least amount of time necessary as to not delay the PROGRAM schedule

Purchasing Use Only:

Approval#:

20040300

Phase-out Phase:

- Participate in all PROGRAM meetings as outlined herein and requested by the NCJIS Modernization Program Administrator
- Work with the State and PROGRAM team to decommission JLink and turn off all JLink functionality in accordance with all security governance
- Execute any closeout procedures required by the State Enterprise Information Technology Services (EITS), to include, but not be limited to, any written and/or supporting documentation

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

- 3 NorSoft has been actively involved with the Nevada Criminal Justice Information System and civil applications including an accounting application since approximately 1996 and owns the code for each system. The existing system code owned by NorSoft is proprietary and will not be shared by NorSoft with any competing vendors, except with the successful contracted vendor for PROGRAM.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

- 4 NorSoft is the owner of the proprietary code for the systems being replaced by the PROGRAM and given the length of time NorSoft has been under contract with the Department of Public Safety for the criminal justice information system and civil applications for the State of Nevada, it is not reasonable to use financial resources to secure another vendor and the time to get the new vendor up to date with the existing systems and PROGRAM. NorSoft will not share the code with any competing vendors, except with the successful contracted vendor for PROGRAM. Working with Heather Moon at State Purchasing, RCCD released an RFP, recently completed evaluations and a Letter of Intent to Award has been issued to Unisys. The successful RFP vendor is also aware of the requirement to work cohesively with NorSoft for successful transition to the new message switch.

Were alternative services or commodities evaluated? Check One.

Yes:

No:

XXXXX

a. **If yes**, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.

N/A

b. **If not**, why were alternatives not evaluated?

NorSoft is the owner of the code for the existing systems; their knowledge and participation is critical to the success of PROGRAM implementation. The existing system code owned by NorSoft is proprietary and will not be shared by NorSoft with any competing vendors.

Has the agency purchased this service or commodity in the past? Check One.

Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.

Yes:

No:

XXXXX
see below

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:

6	Term	Value	Short Description	Type of Procurement
	Start and End Dates			(RFP#, RFQ#, Waiver #)
Previous relationships between RCCD and NorSoft include more than 15 contracts for implementation, modification, enhancements and maintenance for the existing criminal justice information system and the civil applications.				

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

- 7 In the event this Solicitation Waiver is not approved, the State risks losing access to criminal history and other criminal justice information that is vital to officer and public safety as well as employment, licensing, volunteering among other civil purposes, not only statewide but nationwide. Additionally, losing access will

Purchasing Use Only:

Approval#: 200403 @

result in Nevada being non-compliant with the FBI's security policies governing access to and use of criminal history during the transition to the new system which is sanctionable. One of the systems is the message switch which is the only source of connection for communication for criminal justice agencies to access state and national criminal justice information necessary to carry out their critical missions on a daily basis. Having the message switch down or inoperable for any length of time places our officers and communities at risk, statewide and nationwide.

Additionally, Nevada would be out of compliance with the National Crime Prevention and Privacy Compact set forth in NRS 179A.800 as well as 28 CFR Part 20 (federal regulations) should the message switch lose its functionality for an extended length of time. This means that entities that license, employee and utilize volunteers wouldn't have access to fingerprint based criminal history record information necessary to make determinations to license, employee or utilize volunteers thus putting the vulnerable population at risk of harm. The message switch is vital and necessary for accessing the FBI's National Crime Information Center (NCIC), the National Instant Criminal background Check System (NICS) for firearms transfers and the Interstate Identification Index containing national criminal history records as well as accessing Nlets - The International Justice and Public Safety Network used to access other state criminal justice information files.

In summary, loss of these systems would cause the entire State of Nevada's criminal justice agencies and civil applicant agencies businesses to cease leaving them unable to comply with laws and regulations governing their operations and ultimately would place everyone at risk of harm up to and including the loss of life.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	RCCD received a quote from NorSoft for the services outlined and the amount is consistent with other contracts held with NorSoft.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the Instructions.</u>	Yes:		No:	xxxxx
	a. <u>If yes, please provide details regarding future obligations or needs.</u>	N/A			

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.

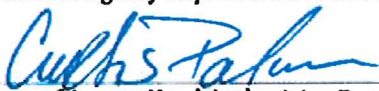


Agency Representative Initiating Request

Mindy McKay, Division Administrator

Print Name of Agency Representative Initiating Request

4-7-2020
Date



Signature of Agency Head Authorizing Request

4/7/2020
Date

Curtis Palmer, Administrative Services Officer

Print Name of Agency Head Authorizing Request

Date

APPROVALS CONTINUED...

Purchasing Use Only:

Approval#: _____

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.

Enterprise IT Services

Name of agency or entity who provided information or review: _____

Suzie Block, Chief IT Manager, Agency IT Services

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

Administrator, Purchasing Division or Designee

4/21/2020

Date

* NOTE: This waiver terms 06/30/2023. The agency will need to resubmit a request prior to the term date of 06/30/2023 if more time is required *

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23583**Agency Name: **DPS-FIRE MARSHAL**Agency Code: **656**Appropriation Unit: **3816-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TS HAZMAT CONSULTING SERVICES, LLC, dba SIGNET NORTH AMERICA**Contractor Name: **TS HAZMAT CONSULTING SERVICES, LLC, dba SIGNET NORTH AMERICA**Address: **2133 W. GUADALUPE DR.**City/State/Zip: **PUEBLO WEST, CO 81007**Contact/Phone: **TODD SKOGLUND, PRESIDENT/OWNER 719-251-8458**Vendor No.: **T29032255**NV Business ID: **NV20131612196**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 50% Transfer from SERC, 50%transfer from NDEP

Agency Reference #: **RFP # 65DPS-S1258**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**Anticipated BOE meeting date **12/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Hazmat Training**

5. Purpose of contract:

This is a new contract to provide ongoing services for classroom and hands-on instruction/training of the Hazardous Material Technician Level curriculum.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$627,028.00**

Other basis for payment: \$156,757.00 per class: books, equipment, materials, curriculum, printing, etc (\$34,210); instruction (\$58,100); and miscellaneous for travel, lodging, meals, support services, overhead and taxes (\$64,447).

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477.045, the State Fire Marshal shall establish a statewide training program for the response to spills of hazardous materials and related fires. The division has received an increase in requests for hazardous materials training from local jurisdictions. This contract will provide for the hazardous material technician training throughout the state.

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

State agencies do not have the resources or expertise to develop the curriculum and instruct the 160 hour courses.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):

Campus Safety Products
Chemical Safety Company
Ritz Safety

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S1258, 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: 08/10/2020 Anticipated re-bid date: 08/01/2025

10. 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 Fire Marshal 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 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:

Dennis Pinkerton, Bureau Chief Fire Services and Training Ph: 775-684-7520

Jennifer Ramos, ASO Ph: 775-684-7509

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	09/21/2020 14:44:18 PM
Division Approval	twollan1	09/21/2020 14:44:23 PM
Department Approval	cboegle	10/06/2020 10:09:00 AM
Contract Manager Approval	cboegle	10/06/2020 10:09:04 AM
Budget Analyst Approval	jrodrig9	10/13/2020 01:02:03 AM
BOE Agenda Approval	jrodrig9	10/13/2020 01:02:06 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 CONTRACT1. Contract Number: **21568**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity
Name: **DYER ENGINEERING CONSULTANTS,
INC.**Agency Code: **702**Contractor Name: **DYER ENGINEERING CONSULTANTS,
INC.**Appropriation Unit: **4461-17**Address: **9160 DOUBLE DIAMOND PARKWAY**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **SHANE DYER 775-852-1440**Vendor No.: **T29030589**NV Business ID: **NV19981192874**To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	60.00 %	X Bonds	40.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 19-41

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **04/09/2019**
Examiner's approval?

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2023**
Termination Date:Contract term: **3 years and 357 days**4. Type of contract: **Contract**Contract description: **Cave Creek Dam**

5. Purpose of contract:

This is the first amendment to the original contract which provides assessment and feasibility through engineering, environmental and geotechnical studies. This amendment increases the maximum amount from \$617,467.91 to \$826,823.76 due to updates to the scope of work to include Phase 3 of the Boating Access project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$617,467.91	\$617,467.91	\$617,467.91	Yes - Action
2. Amount of current amendment (#1):	\$209,355.85	\$209,355.85	\$209,355.85	Yes - Action
3. New maximum contract amount:	\$826,823.76			

II. JUSTIFICATION

7. What conditions require that this work be done?

Design from professional engineers is required to improve dam safety and dam facilities.

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

This work requires expertise in the design and evaluation of dams.

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	09/03/2020 15:23:45 PM
Division Approval	kdailey	09/03/2020 15:31:29 PM
Department Approval	kdailey	09/03/2020 15:31:35 PM
Contract Manager Approval	zalbert	09/16/2020 15:57:46 PM
Budget Analyst Approval	mlynn	10/14/2020 08:44:54 AM
BOE Agenda Approval	laaron	10/14/2020 10:22:42 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23584**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4462-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TRUCKEE MEADOWS PARKS FOUNDATION**Contractor Name: **TRUCKEE MEADOWS PARKS FOUNDATION**Address: **50 COWAN DR**City/State/Zip: **RENO, NV 89509-1009**Contact/Phone: **HEIDI ANDERSON 775-410-1702**Vendor No.: **T32008705**NV Business ID: **NV20121181070**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **21-24**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Americorps WL Ed**

5. Purpose of contract:

This is a new contract to provide wildlife education programming and volunteer services for five full-time AmeriCorps volunteers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$205,996.00**

Payment for services will be made at the rate of \$12,499.75 per quarter

Other basis for payment: Price increases yearly

II. JUSTIFICATION

7. What conditions require that this work be done?

The opportunity to foster a strong partnership with a well-known organization within our communities, as well as build a program to offer young professionals an opportunity to grow, learn, and give back to the wildlife field.

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

State employees cannot do this work due to a limited amount of staff and the Americorps program is a national volunteer program.9. Were quotes or proposals solicited? **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 #: 200902

Approval Date: 09/08/2020

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?

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

JULIE WATSON , STAFF CONSERVATION EDUCATOR Ph: 775-688-1406

CHRIS VASEY , CON ED ADMINISTRATOR Ph: 775-688-1553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	09/24/2020 14:02:34 PM
Division Approval	kdailey	09/25/2020 10:19:36 AM
Department Approval	kdailey	09/30/2020 14:54:34 PM
Contract Manager Approval	btait	10/05/2020 15:13:09 PM
Budget Analyst Approval	mlynn	10/14/2020 16:09:21 PM
BOE Agenda Approval	laaron	10/16/2020 15:22:13 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:

Approval#:

200902 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: <i>Department of Wildlife</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Chris Vasey</i>	<i>775-688-1553</i>	<i>cvasey@ndow.org</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Truckee Meadows Parks Foundation</i>
	Contact Name:	<i>Heidi Anderson</i>
	Complete Address:	<i>50 Cowan Drive</i>
	Telephone Number:	<i>775-410-1702</i>
	Email Address:	<i>heidi@tmparksfoundation.org</i>

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

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>September 2020</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>X - License plate fees funding</i>

Purchasing Use Only:

Approval #:

200902 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$50,000/ year = \$200,000 for 4 year term

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>We seek to be a host site for Americorps interns. We utilize these 5 interns to do conservation education programming in K-12 classrooms throughout Nevada as well as assist with volunteer recruitment and management. These interns serve a minimum of 1700 hours over the course of 11 months.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Americorps program has different projects. Within these projects are different metrics that a sponsor organization (Truckee Meadows Parks Foundation) must meet. To meet these metrics the sponsor organization places Americorps interns at host sites (Nevada Department of Wildlife). Our needs as an organization are conducive to the metrics of Truckee Meadows Parks Foundation's Americorps project.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>This can not be competitively bid because of the specific nature of Americorps project metrics. The Americorps project is to provide work experience to young conservationist. The cost of this program is only to share the cost with the Truckee Meadows Parks Foundation. This Partnership not only provide the work experience of the interns it also shares the cost of the program.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	<i>We could not find other Americorps sponsor organizations in our area that met our needs. They were not willing to take us on as a host site and their project metrics did not align as well as Truckee Meadows Parks Foundation.</i>				
	b. <u>If not</u> , why were alternatives not evaluated?				

Purchasing Use Only:

Approval #:

200902 @

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	10/29/19	6/30/2020	\$47,500	Volunteer services	N/A			
			\$					
			\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The Nevada Department of Wildlife would not be able to conduct Wildlife Educational Programs at the capacity of current statewide levels of demand, statewide K-12 wildlife education programing, and volunteer programs would be greatly reduced.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Due to the nature of the specificity of the Americorps program's metrics per project we found that the other Americorps sponsor organizations throughout the state don't meet our needs and would not be able to meet the cost sharing of the Americorps .</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

Purchasing Use Only:

Approval #:

200902 @

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

8/18/20

Chris Vasey

8/18/20

Print Name of Agency Representative Initiating Request

Date


Signature of Agency Head Authorizing Request

J. Robb

9-4-2020

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

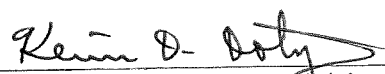
Print Name of Representative Providing Review

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:


Administrator, Purchasing Division or Designee

9/8/2020

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23603**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AMERICAN LION SPECIALISTS, LLC**Contractor Name: **AMERICAN LION SPECIALISTS, LLC**Address: **3656 E MOCKING BIRD LN**City/State/Zip: **CAMP VERDE , AZ 86322**Contact/Phone: **BRIAN JANSEN 978-925-8189**Vendor No.: **T32010260**NV Business ID: **NV20201867998**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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 % Game Predator Management**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **RFP # 72DOW-S1271**

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Mountain Lion Proj**

5. Purpose of contract:

This is a new contract to provide lethal removal, capture and collar services of mountain lions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$480,000.00**

Other basis for payment: Removal, capture, collar services: \$600 per day; Cost per mountain lion: \$2,000; Supplies: \$2,000 per year. As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mountain lion populations must be controlled and monitored.

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

This is highly specialized work and requires an expert in the field.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):

**ARNESON LAND AND LIVESTOCK LLC
AMERICAN LION SPECIALISTS LLC
NATIVE RANGE CAPTURE SERVICES**b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S1271, 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: 08/10/2020 Anticipated re-bid date: 08/10/2024

10. 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:

null, null Ph: null

PAT JACKSON , Predator Management Staff Specialist Ph: 775-688-1676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	10/06/2020 10:15:31 AM
Division Approval	kdailey	10/06/2020 14:15:43 PM
Department Approval	kdailey	10/06/2020 14:15:48 PM
Contract Manager Approval	btait	10/06/2020 14:18:38 PM
Budget Analyst Approval	laaron	10/15/2020 14:19:02 PM
BOE Agenda Approval	laaron	10/15/2020 14:19:04 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 CONTRACT1. Contract Number: **23649**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Heliwild LLC**Contractor Name: **Helicopter Wildlife Services**Address: **501 W Powell Lane
Suite 201**City/State/Zip: **Austin, TX 78753**Contact/Phone: **Mary Helen Renteria 979-203-6735**Vendor No.: **T29043537**NV Business ID: **NV20201907017**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **50.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **50.00 % Game Donations and Heritage Tag Auctions**Agency Reference #: **72DOW-S1266 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/11/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2022**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Aerial Capture**

5. Purpose of contract:

This is a new contract to provide aerial wildlife capture and transport services to support research projects statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

To more effectively manage our big game herds by better understanding herd distribution, seasonal movements, migration corridors, survival rates, pathogen exposure, and critical use areas. Big game captures are also conducted to collaborate on research projects with academia and universities to support graduate research and assist in collecting scientifically credible information for future use in conservation of critical big game habitat.

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

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter. We do have NDOW pilots and biologists conducting aerial big game surveys, but this contract would further assist in conducting more timely surveys to augment the existing NDOW aircraft when they are unavailable or when NDOW aircraft are already conducting surveys and there are additional survey needs not being met.

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):

Heliwild LLC
Wildlife Capture Inc
Quicksilver Air

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S1266, 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: 08/14/2020 Anticipated re-bid date: 08/14/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	10/06/2020 10:16:14 AM
Division Approval	kdailey	10/06/2020 14:07:35 PM
Department Approval	kdailey	10/06/2020 14:07:38 PM
Contract Manager Approval	btait	10/15/2020 14:02:20 PM
Budget Analyst Approval	mlynn	10/15/2020 14:41:58 PM
BOE Agenda Approval	laaron	10/16/2020 16:32:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23648**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **QUICKSILVER AIR, INC.**Contractor Name: **QUICKSILVER AIR, INC.**Address: **2721 CORMORANT ST**City/State/Zip: **FAIRBANKS, AK 99709-2565**

Contact/Phone: Sharon Swisher 719-684-4192

Vendor No.: T27015472

NV Business ID: NV20161543544

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **50.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **50.00 % Game Donations and Heritage Tag Auctions**

Agency Reference #: 72DOW-S1266

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/11/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/10/2022**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Aerial Capture**

5. Purpose of contract:

This is a new contract to provide aerial wildlife capture and transport services to support research projects statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

To more effectively manage our big game herds by better understanding herd distribution, seasonal movements, migration corridors, survival rates, pathogen exposure, and critical use areas. Big game captures are also conducted to collaborate on research projects with academia and universities to support graduate research and assist in collecting scientifically credible information for future use in conservation of critical big game habitat.

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

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter. We do have NDOW pilots and biologists conducting aerial big game surveys, but this contract would further assist in conducting more timely surveys to augment the existing NDOW aircraft when they are unavailable or when NDOW aircraft are already conducting surveys and there are additional survey needs not being met.

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):

Quicksilver Air
Heliwild LLC
Wildlife Capture Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S1266, 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: 08/14/2020 Anticipated re-bid date: 08/14/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	tdoucett	10/06/2020 10:16:32 AM
Division Approval	kdailey	10/06/2020 14:07:59 PM
Department Approval	kdailey	10/06/2020 14:08:04 PM
Contract Manager Approval	btait	10/06/2020 14:11:19 PM
Budget Analyst Approval	mlynn	10/15/2020 14:43:30 PM
BOE Agenda Approval	laaron	10/16/2020 17:02:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18413**Amendment Number: **4**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Legal Entity Name: **U.S. Department of the Interior**Agency Code: **705**Contractor Name: **U.S. Department of the Interior**Appropriation Unit: **4105-10**Address: **U.S. Geological Survey**Is budget authority available?: **Yes****2730 N. Deer Run Road**If "No" please explain: **Not Applicable**City/State/Zip: **Carson City , NV 89701**Contact/Phone: **Kip Allander 775-887-7600**Vendor No.: **PUR0000332C**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	57.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	43.00 % Water District Assessments

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2017**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **02/28/2021**

Termination Date:

Contract term: **4 years and 183 days**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Lower Humboldt Basin**

5. Purpose of contract:

This is the fourth amendment to the original Joint Funding Agreement which provides modeling studies of the Lower Humboldt River Basin to determine surface water and ground water interaction. This amendment extends the termination date from February 28, 2021 to September 30, 2021 and increases the maximum amount from \$284,941 to \$357,171 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:	\$218,500.00	\$218,500.00	\$218,500.00	Yes - Action
a. Amendment 1:	\$37,241.00	\$37,241.00	\$37,241.00	Yes - Info
b. Amendment 2:	\$0.00	\$0.00	\$37,241.00	No
c. Amendment 3:	\$29,200.00	\$29,200.00	\$66,441.00	Yes - Action
2. Amount of current amendment (#4):	\$72,230.00	\$72,230.00	\$72,230.00	Yes - Action
3. New maximum contract amount:	\$357,171.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Groundwater pumping by junior water right holders may be conflicting with the rights of senior surface water right holders. This model will determine the extent of any conflict that may exist and is needed for future water management in the Humboldt River Basin.

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

These studies require a very high level of expertise and resources that the State does not have.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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 Division has executed many agreements with the U.S. Geological Survey that have resulted in many products widely used by governmental agencies to the public. The results have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	09/28/2020 14:06:05 PM
Division Approval	sweb4	09/30/2020 13:39:42 PM
Department Approval	pmisch	09/30/2020 14:12:39 PM
Contract Manager Approval	sweb4	09/30/2020 14:43:14 PM

Budget Analyst Approval
BOE Agenda Approval

laaron
laaron

10/12/2020 10:10:18 AM
10/12/2020 10:10:26 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23625**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Agency Code: **705**Appropriation Unit: **4157-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **U.S. Department of the Interior, US GEOLOGICAL SURVEY**Contractor Name: **U.S. Department of the Interior, US GEOLOGICAL SURVEY**Address: **U.S. Geological Survey
2730 N. Deer Run Rd.**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **Megan Poff 702-564-4526**Vendor No.: **PUR0000332D**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	40.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	60.00 % Water District Assessment

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

Documents necessary for the processing of this Joint Funding Agreement were received well after the September BOE deadline submissions. Also, the Division has been without a contract manager since August 2020, which resulted in missing the October BOE deadline submission.

3. Termination Date: **09/30/2021**Contract term: **364 days**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Eastern & Southern**

5. Purpose of contract:

This is a new Joint Funding Agreement to provide ongoing monitoring services of water resources in eastern and southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$196,960.00**

Payment for services will be made at the rate of \$49,240.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an on-going data collection program instituted to provide information regarding hydrologic conditions in the region. This information is necessary for the administration of the region's water resources.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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

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

Not Applicable

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

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

The U.S. Geological Survey (USGS) has the necessary equipment in place and the experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the USGS under NRS 532.170.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Hydrology Section Chief Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	09/24/2020 13:14:04 PM
Division Approval	sweb4	09/24/2020 13:14:07 PM
Department Approval	kwilliam	09/24/2020 13:50:31 PM
Contract Manager Approval	sweb4	09/30/2020 12:29:56 PM
Budget Analyst Approval	rjacob3	10/12/2020 11:56:38 AM
BOE Agenda Approval	laaron	10/12/2020 16:13:52 PM
BOE Final Approval	Pending	



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

901 South Stewart Street, Suite 2002

Carson City, Nevada 89701-5250

(775) 684-2800 • Fax (775) 684-2811

<http://water.nv.gov>

MEMORANDUM

September 24, 2020

To: Richard Jacobs, Budget Analyst, Governor's Finance Office

From: Shannon Webb, Accountant Technician II

Through: Tim Wilson, P.E., State Engineer

Re: Retroactive Request - Joint Funding Agreement with the U.S. Geological Survey for the Eastern and Southern Nevada Hydrology Monitoring Program

Accompanying this memorandum is the proposed Joint Funding Agreement (JFA) for the Eastern and Southern Nevada Hydrology Monitoring Program and associated documents. The contract start date is October 1, 2020 and expires September 30, 2021. The Division apologizes for the delay in submitting the forms. Documents necessary for the processing of the JFA were received well after the September BOE submission deadline. Also, the Division has been without a contract manager since August 2020, which resulted in missing the October BOE submission deadline. Funding for this program comes from B/A 4157.

Please feel free to contact me at 775-684-2880 with any questions or comments you may have regarding this matter.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22246**Amendment
Number: **1**Agency Name: **DEPARTMENT OF MOTOR
VEHICLES**Legal Entity
Name: **Explore Information Services, LLC**Agency Code: **810**Contractor Name: **Explore Information Services, LLC**Appropriation Unit: **4717-26**Address: **2750 BLUE WATER R
SUITE 200**Is budget authority
available?: **Yes**City/State/Zip **Eagan, MN 55121**

If "No" please explain: Not Applicable

Contact/Phone: **John Christenson 651-405-4268**Vendor No.: **T32008341**NV Business ID: **NV20021140479**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.70 %	Bonds	0.00 %
X Highway Funds	33.30 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **09/10/2019**
Examiner's approval?

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/26/2020**

Termination Date:

Contract term: **1 year and 108 days**4. Type of contract: **Contract**Contract description: **IRP IFTA System**

5. Purpose of contract:

This is the first amendment to the original contract which provides custom programming for the commercial motor vehicles International Registration Plan system for the state of Nevada. This amendment increases the maximum amount from \$1,200,000 to \$1,503,750 due to expansions in the scope of work: addition of a monthly maintenance fee of \$11,250 per month, restructure of the Milestone Schedule in two phases, completion of testing criteria and system, acceptance testing deliverables require for data transfers to be encrypted, system maintenance agreement, tracking of the Nevada Governmental Sales Tax and a system Data Sharing Security Agreement.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,200,000.00	\$1,200,000.00	\$1,200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$303,750.00	\$303,750.00	\$303,750.00	Yes - Action
3. New maximum contract amount:	\$1,503,750.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) requires all states to participate in International Registration Program (IRP) to establish, maintain or enforce commercial motor vehicle registration law, regulation or agreement that limits the operation in that State of a commercial motor vehicle that is not registered under the laws of the State, if the vehicle is registered under the laws of a State participating in the Plan (� 31704. Vehicle Registration); and International Fuel Tax Agreement (IFTA) to maintain compliance with the IFTA Articles of Agreement, Procedure Manual, Audit Manual and the Clearinghouse information exchange protocols and procedures.

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

None have the knowledge or resources to perform the duties needed

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 #: 190501

Approval Date: 05/03/2019

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

pgra1

09/01/2020 13:20:43 PM

Division Approval	asmit3	09/01/2020 14:26:45 PM
Department Approval	asmit3	09/01/2020 14:26:50 PM
Contract Manager Approval	mmason	09/01/2020 16:36:06 PM
EITS Approval	tgalluzi	09/02/2020 09:09:26 AM
Budget Analyst Approval	nkephart	10/13/2020 15:57:20 PM
BOE Agenda Approval	jrodrig9	10/19/2020 17:39:25 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne E. Contine
Director

Kevin D. Doty
Acting Administrator

Purchasing Use Only:	
Approval#:	190501

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>Department of Motor Vehicles</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Melaine Mason, MA 4</i>	<i>775-684-4501</i>	<i>mmason@dmv.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Explore Information Services, LLC</i>
	Contact Name:	<i>John Christenson@exploredata.com</i>
	Address:	<i>2900 Lone Oak Parkway Ste. 140, Eagan, MN 55121</i>
	Telephone Number:	<i>(651) 405-4268</i>
	Email Address:	<i>John.christenson@exploredata.com</i>

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

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

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

1f	Funding:	
	State Appropriated:	<i>\$1,013,200.00</i>
	Federal Funds:	<i>\$800,000.00</i>
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$1,813,200.00</i>

Provide a description of work/services to be performed or commodity/good to be purchased:

The Department of Motor Vehicles (DMV) is responsible for administering and implementing commercial motor vehicle registrations to include both based plated (100% Nevada) traveling intrastate; and apportioned (2 or more jurisdictions) under International Registration Plan (IRP). IRP provides a single point of registration to travel across the entire continental US and Canada. Registration fees are paid to the "base jurisdiction" and distributed to the jurisdictions where travel occurred on an apportioned basis.

The current in-house COBOL registration system is unable to update federal databases within required timeframes; check carrier safety status; offer web access for external uses; and identify, collect and maintain the USDOT Number and Tax Identification Number (TIN) for the Motor Carrier Responsible for Safety (MCRS) at the vehicle level to comply with Performance and Registration Information System (PRISM) federal mandates of October, 2020. Additionally, the Department of Public Safety, Highway Patrol Division (DPS) receives funding from the Motor Carrier Safety Assistance Program (MCSAP) Grant with PRISM being a component of that grant funding.

The Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) requires the State of Nevada to be a member of both the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).

Due to the current IFTA system having no provisions for filing amended, corrected or audited returns and having no financial component; resulting in IFTA non-compliance DMV/Motor Carrier Division (MCD) entered into a Joinder contract with the Commonwealth of Kentucky Finance and Administration Cabinet in May, 2018 through December 26, 2020, with an option to renew for 2 years (CETS #19931). Kentucky (KY) holds a contract with Explore Information Services, LLC (Explore) in which they maintain and host the IFTA Processing Consortium (IPC) system. The IFTA IPC was founded by the jurisdictions of California, Connecticut, Kentucky, Maryland, Michigan and New Hampshire for the purpose of maintaining compliance with the IFTA Articles of Agreement, Procedures manual, and Audit Manual. IPC jurisdictions achieve efficiencies, cost savings and compliance thru their collective expertise, collaboration, and a shared cost model.

Explore offers an IRP and IFTA software solution. The IRP software solution includes: on-line capabilities to provide customers the ability to manage accounts (electronic filing, credentialing, correspondence and payments), check carrier safety status before issuing registration, capture the MCRS at the vehicle level, audit module and permitting capabilities. Having Explore provide for both program requirements allows for a seamless experience by Nevada's motor carrier's utilizing one login, a reduction in pricing to add on the IRP platform through Explore, and is congruent with the IPC moving towards one vendor providing both platforms. Commonwealth of Kentucky is working with Explore to expand the platform to include the IRP software solution. Based on information from the Commonwealth of Kentucky, they are hopeful to have the agreement with Explore completed by the end of June

Information provided to Nevada DMV is that prior to the expiration of the existing IFTA contract through the IPC, the IPC will be soliciting for a single vendor providing both platforms. At such time the contract is solicited and awarded, it is intention of Nevada DMV to once again enter into a joinder contract to gain the benefits of collaborative pricing, optimize work flows with web-based service delivery and electronic

	communications inherent with the pooling of resources to achieve the consortiums' common goal.
--	--

	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
3	<p>Explore provides a common customer account for both IRP and IFTA with a single login and integrated account information for staff and customers; along with simplified audit validation. A common account for both IRP and IFTA will improve efficiencies by reducing operational costs and significantly improves customer service.</p> <p>Explore estimates the IRP system to be operational for internal users in 4-5 months and for external users 3-6 months later.</p> <p>Explore is in the process of completing the IFTA financial interface which can be used for IRP also.</p>

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	<p>The Department is currently in a Joinder contract with the Commonwealth of Kentucky to participate in the IFTA Processing Consortium (IPC) which is hosted by Explore Data Services. No other service provider has authority to integrate their IRP system with the IPC solution. Additionally, when the IFTA solutions available were considered, Explore offered one of the lowest implementation costs for both their IRP and IFTA solutions.</p>

	Were alternative services or commodities evaluated? Check One.	Yes:		No:	
	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>				
	Due to the Emergent business needs to replace the IFTA system, the DMV was authorized to enter into a joinder contract which allows State Agencies the ability to "join" or use a contract that had been competitively bid by another governing body outside of the state, which in this instance was the Common Wealth of Kentucky.				
5	However, prior to requesting authority to join the contract with Kentucky, all five (5) vendors offering both IRP and IFTA solutions were considered at that time. Even without going through the Joinder process with Kentucky, Explore offered one of the lowest implementation costs for both their IRP and IFTA solutions.				
	b. <i>If not, why were alternatives not evaluated?</i>				

	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.	Yes:		No:	
6	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>10/13/2009</i>	<i>11/30/17</i>	<i>\$1,868,386.34</i>	<i>Xerox State & Local Solutions</i>	<i>Waiver #090905- see attached</i>
		\$		
		\$		
		\$		
		\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	If the State of Nevada had to competitively bid for IRP services there is a potential for the loss of \$800,000 in grant funding due to expire September 30, 2019, as well as higher maintenance fees when utilizing a vendor other than Explore, which offers both programs on the same platform.
	<p>The current vendor providing IRP services, Xerox State and Local Solutions, Inc., provided notice of termination of the contract effective June 2019. The ability for DMV and State Purchasing to procure a vendor in a short period of time would not reasonably be completed by the end of June. Thus, Nevada DMV is in jeopardy of losing the ability to comply with IRP as well as provide the services to the motor carrier companies.</p> <p>Most notable, utilizing the same platform for IFTA and IRP services provides the user with one login, a seamless experience, and the ease of managing one software program rather than two potentially different platforms.</p>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	IFTA solutions are available through a variety of vendors. The DMV reached out to five (5) vendors and received quotes back from all five of those vendors on the IFTA and IRP systems. Explore came in below the average range provided from those quotes, thus DMV is confident in providing the information regarding the reduced maintenance expense. The reason for the lower cost to the State is due to the shared costs and resources of the IPC consortium.
	The IPC consortium plans to solicit IFTA and IRP systems as the existing IFTA contract reaches its expiration. During this process, competitive vendors providing both solutions will apply and a vendor will be selected. It is the intention of Nevada DMV to participate in this solicitation process, as well as enter into a joinder to the benefits of collaborative pricing.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	The only obligation will be during the expenses identified as part of the contract. Once the contract expires, all obligations to that vendor cease.				

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

Melaine Mason, MA 4

Print Name of Agency Representative Initiating Request

05/02/2019

Date



Signature of Agency Head Authorizing Request

Angela Lamb, Administrator

Print Name of Agency Head Authorizing Request

05/02/2019

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

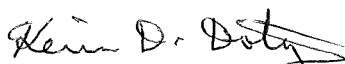
Print Name of Representative Providing Review

Date

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

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

Signed:



Administrator, Purchasing Division or Designee

5/3/19

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23654**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4735-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **INTELLECTUAL TECHNOLOGY, INC.**Contractor Name: **INTELLECTUAL TECHNOLOGY, INC.**Address: **2980 E. Coliseum Blvd**City/State/Zip: **Fort Wayne, IN 46805**Contact/Phone: **Brandon Smith 260-459-8800**Vendor No.: **T27006453**NV Business ID: **NV20101412115**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

Due to the difficulty obtaining sufficient information for the RFP, an unexpected retirement of the project lead during the COVID-19 lock down and insufficient RFP tracking, the Department no longer had sufficient time to perform a solicitation or extend the STS contract for additional time. As a result of the deficiencies, the DMV is requesting the ITI Lease and Maintenance Agreement be considered retroactive approved starting July 1, 2020 through June 30, 2022

3. Termination Date: **06/30/2022**Contract term: **1 year and 364 days**4. Type of contract: **Lease/Purchase Agreement**Contract description: **DL Testing System**

5. Purpose of contract:

This is a new contract to provide ongoing lease of software and equipment along with ongoing maintenance support services for Nevada Driver License Testing machines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$618,711.84**

Payment for services will be made at the rate of \$25,779.66 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Software, equipment, and maintenance are required for DMV to operate the Automated Driver's License Testing System throughout the State of Nevada.

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

There are no State employees in the area to provide this service.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	pgra1	10/05/2020 13:31:46 PM
Division Approval	asmit3	10/05/2020 14:12:56 PM
Department Approval	asmit3	10/05/2020 14:13:00 PM
Contract Manager Approval	mmason	10/05/2020 14:27:15 PM
EITS Approval	tgalluzi	10/12/2020 15:40:04 PM
Budget Analyst Approval	nkephart	10/13/2020 11:17:58 AM
BOE Agenda Approval	jrodrig9	10/19/2020 17:42:01 PM
BOE Final Approval	Pending	



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

M E M O R A N D U M

TO: Julie Butler, Director, DMV
Angela Smith, Administrator - ASD, DMV
Todd Hamblin, ITP IV, DMV
Louis Lanuza, PO III, DMV

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completed – *DMV – DL Testing System* – T810191206144543

DATE: September 15th, 2020

We have completed the review for Department of Motor Vehicles' (DMV) – *DL Testing System* TIN.

The submitted TIN, for an estimated value of \$1,237,424, supports the enhancement and/or upgrade of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

This TIN was submitted in support of the continuation/enhancement of the DMV's Drivers License Testing System.

As this TIN is Pre-RFP, it is expected that when the more specific information is available, after the RFP process, the TIN will be updated with specifics regarding the selected solution and scope.

The Office of Information Security (OIS) is available, at the agency's request, to conduct a security review of any solution. If there are any questions regarding support from OIS please reach out to the office directly. It is expected that this solution will follow state security policies and standards.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4501

MEMORANDUM

Date: October 5th, 2020

To: Natasha L. Kephart, Executive Branch Budget Officer

From: Brittney Jobe, Department of Motor Vehicles Contract Manager

CC: Angela Smith, Administrative Services Division Administrator

Subject: Retroactive Approval for a Software and Hardware Lease and Maintenance Agreement with Intellectual Technology, Inc. (ITI) for the Automated Driver's License Testing System throughout the State of Nevada

Attached is a retroactive Lease and Maintenance Contract Agreement between the Department of Motor Vehicles (DMV) and Intellectual Technology, Inc. (ITI). The purpose of this contract is for the ongoing services of leasing and providing maintenance to the Driver License Testing Machines located within the DMV Offices. These machines display the written Driver License test for the application of a Nevada driver license. The DMV is requesting retroactive approved for this Lease and Maintenance Agreement starting July 1, 2020.

During Fiscal Year 2019, DMV actively worked on preparing for an RFP to resolicit for the services described in the existing contract with Solutions Thru Software, Inc. (STS). The attached Software and Hardware Lease & Maintenance Agreement is with Intellectual Technology Inc. (ITI), a wholly owned subsidiary of Solutions Thru Software, Inc. Due to the difficulty obtaining sufficient information for the RFP, an unexpected retirement of the project lead during the COVID-19 lock down and insufficient RFP tracking, the Department no longer had sufficient time to perform a solicitation or extend the STS contract for additional time. As a result of the deficiencies, the DMV is requesting the ITI Lease and Maintenance Agreement be considered retroactive approved starting July 1, 2020 through June 30, 2022. To prevent the deficiencies in the future, the Department is working to implement stronger tracking of RFP's and to obtain early information from Subject Matter Experts on the complexities of the current contract in order to account for additional time for research and development of Scopes of Work and other RFP materials.

The DMV has prepared a Technology Investment Notification (TIN) with Enterprise IT Services (EITS), in preparation for the RFP process with State Purchasing, below is an excerpt from the TIN:

Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4501

"This TIN allows the Agency to continue using the vendor's services for Automated Testing Machines in the contract that expired on 06/30/2020. The vendor provides a capable and reliable statewide, in-office solutions to meet all knowledge testing demands and current testing demands of the Department.

ITI knowledge test machines are a vital part of our ability to process driver's licenses and instruction permits for both commercial and non-commercial drivers. Statewide, these machines process an average of 17,500 tests per month. Because the Department was closed for nearly 3 months during the COVID-19 lock down, we have a testing (issuance) back log of nearly 52,000 customers. Because of the need for social distancing and the restrictions places on customer allowed in the offices, our back log continues to rise. This impact will further lengthen the time to administer a knowledge test due to back log and manual process. This delay and reduces the amount of licenses we are able to issue impacting individual's quality of life, financial stability, job status, and their ability to provide for their families."

Once this Lease and Maintenance Agreement has been executed, State Purchasing has instructed the Department to complete a solicitation for the services requested as soon as possible. The time approved by State Purchasing will be utilized to complete the research submittal of an RFP and account for implementation of a new solution should a new vendor obtain the contract with the agency.

This memorandum is submitted pursuant to SAM 0324, Section 7. Your consideration in approval of this request is greatly appreciated. If you have any questions or concerns, please do not hesitate to contact me at 775-684-4504 or BJobe@dmv.nv.gov.

After this contract is approved, please mail the signed contract to the below address.

Thank you,



Brittney Jobe | Program Officer 2 | Contract Manager
Nevada Department of Motor Vehicles
555 Wright Way, Carson City NV 89711
Work: 775-684-4504
Email: bjobe@dmv.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: **21920** Amendment Number: **1**

Legal Entity Name: **The Abbi Agency**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Contractor Name: **The Abbi Agency**

Agency Code: **810** Address: **1385 Haskell Street**

Appropriation Unit: **4744-18** City/State/Zip: **Reno, NV 89509**

Is budget authority available?: **Yes** Contact/Phone: **Patrick Ty Whitaker 775-373-2977**

If "No" please explain: **Not Applicable** Vendor No.: **T27037235**

NV Business ID: **NV20081200897**

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

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

General Funds	0.00 %	X	Fees	34.00 %
Federal Funds	0.00 %		Bonds	0.00 %
X Highway Funds	66.00 %		Other funding	0.00 %

Agency Reference #: **RFP #81DMV-S532**

2. Contract start date:

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

Anticipated BOE meeting date **11/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Advertising/Media**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing marketing and media buying services. This amendment increases the maximum amount from \$1,452,696 to \$1,502,696 to revise the scope of work to include the revision/update of the Department's website.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,452,696.00	\$1,452,696.00	\$1,452,696.00	Yes - Action
2. Amount of current amendment (#1):	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
3. New maximum contract amount:	\$1,502,696.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Marketing and media buying is necessary to keep the public informed about Nevada Department of Motor Vehicles.

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

The marketing and media buying requires specialized skills that State employees do not have.

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 #81DMV-S532, 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: 02/21/2019 Anticipated re-bid date: 02/01/2023

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?

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	pgra1	09/18/2020 12:36:48 PM
Division Approval	asmit3	09/18/2020 12:43:59 PM
Department Approval	asmit3	09/18/2020 12:44:05 PM
Contract Manager Approval	mmason	09/18/2020 12:54:39 PM
EITS Approval	tgalluzi	10/13/2020 09:10:18 AM
Budget Analyst Approval	nkephart	09/30/2020 08:29:13 AM
BOE Agenda Approval	jrodrig9	10/19/2020 16:33:46 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21200**Amendment Number: **2**Agency Name: **DETR - EMPLOYMENT SECURITY**Legal Entity Name: **FutureWork Systems, LLC**Agency Code: **902**Contractor Name: **FutureWork Systems, LLC**Appropriation Unit: **4770-11**Address: **153 Skylands Rd**Is budget authority available?: **Yes**City/State/Zip: **Ringswood, NJ 07456**

If "No" please explain: Not Applicable

Contact/Phone: **Geoff Smith 800-448-2266**Vendor No.: **T32007383**NV Business ID: **NV20101246516**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 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **3275-20-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2018**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2020**Contract term: **2 years and 199 days**4. Type of contract: **Contract**Contract description: **FutureWorkSys**

5. Purpose of contract:

This is the second amendment to the original contract which provides data warehousing, processing and validation services to support performance reporting and analysis for the Workforce Innovation and Opportunity Act. This amendment extends the termination date from December 31, 2020 to June 30, 2021 and increases the maximum amount from \$48,000 to \$60,000 due to the continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
a. Amendment 1:	\$24,000.00	\$24,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#2):	\$12,000.00	\$12,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount:	\$60,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Product assists local board to project, renew and correct data for required performance outcomes.

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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is only Vendor that has product that meets needs of Department and Local Board

- 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:

Previous contract Feb 10, 2009 - July 31, 2010, and satisfactorily completed contractual 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:

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mjohns43	09/15/2020 12:21:50 PM
Division Approval	aallen	09/18/2020 13:48:09 PM
Department Approval	aallen	09/18/2020 13:48:13 PM
Contract Manager Approval	aallen	09/18/2020 13:48:17 PM
Budget Analyst Approval	dbaughn	09/29/2020 09:41:26 AM
BOE Agenda Approval	cbrekken	09/29/2020 17:29:32 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21208**Amendment Number: **3**Agency Name: **DETR - EMPLOYMENT SECURITY**Legal Entity Name: **NEVADAWORKS**Agency Code: **902**Contractor Name: **NEVADAWORKS**Appropriation Unit: **4770-00**Address: **639 ISBELL RD STE 420**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89509-4967**

If "No" please explain: Not Applicable

Contact/Phone: **John Thurman 775/284-1338**Vendor No.: **T27003177**NV Business ID: **Governmental entity**To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

Agency Reference #: **3276-20-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/17/2018**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2020**Contract term: **2 years and 195 days**4. Type of contract: **Revenue Contract**Contract description: **NVWks Revenue**

5. Purpose of contract:

This is the third amendment to the original revenue contract which provides for the cost of the data warehousing, processing and validation services to support performance reporting and analysis for the Workforce Innovation and Opportunity Act. This amendment extends the termination date from December 31, 2020 to June 30, 2021 and increases the maximum amount from \$48,000 to \$60,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$24,000.00	No
b. Amendment 2:	\$24,000.00	\$24,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#3):	\$12,000.00	\$12,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount:	\$60,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Local board will use FutureWorks Systems application to project, review and correct data for required WIOA/PIRL/ Federal reporting performance outcomes.

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

Resources of manpower and expertise are not available to provide service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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:

NevadaWorks is currently under contract with DETR for WIOA services.

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

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

Not Applicable

15. The contractor is 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	aallen	10/01/2020 07:43:06 AM
Division Approval	aallen	10/01/2020 07:43:09 AM
Department Approval	aallen	10/01/2020 07:43:13 AM
Contract Manager Approval	aallen	10/01/2020 07:43:16 AM
Budget Analyst Approval	dbaughn	10/01/2020 07:47:37 AM
BOE Agenda Approval	cbrekken	10/01/2020 08:43:26 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23479**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4771-77**Is budget authority available?: **No**

If "No" please explain: This contract will require a work program to bring in REED Act funding.

Legal Entity Name: **CAPGEMINI AMERICA, INC.**Contractor Name: **CAPGEMINI AMERICA, INC.**Address: **79 FIFTH AVENUE, 3RD FLOOR**City/State/Zip: **NEW YORK, NY 10003**Contact/Phone: **PRASAD ALLAMPALLI 770-769-8246**Vendor No.: **Pending**NV Business ID: **NV20001512572**To what State Fiscal Year(s) will the contract be charged? **2021**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **3445-21-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/05/2020**Anticipated BOE meeting date **11/2020**Retroactive? **Yes**

If "Yes", please explain

UI IT Staffing needed due to COVID19 case load and UI system edits and changes related to the Cares Act.3. Termination Date: **06/30/2021**Contract term: **298 days**4. Type of contract: **Contract**Contract description: **UI IT Staffing**

5. Purpose of contract:

This is a new contract to provide Unemployment Insurance (UI) Information Technology staffing services to support Information Development and Processing staff with UI modernization.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$688,500.00**

Payment for services will be made at the rate of \$135.00 per hour

Other basis for payment: 5 coders at 170 hours per month at \$135.00 ((5*170=850) *\$135.00 = \$114,750.00)

II. JUSTIFICATION

7. What conditions require that this work be done?

The UINV system is in need of edits and changes do to the overwhelming caseload from the COVID pandemic.

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

The state programming staff not experienced ad Sr. Java developers9. 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?

This vendor has experience with the UINV system and Nevada/SCUBI code. Emergency NAC 333.114 approved.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Capgemini was the main contractor on the UINV implementation.

14. Is the contractor currently involved in litigation with the State 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:

Laxmi Bokka , null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aallen	10/06/2020 14:48:59 PM
Division Approval	aallen	10/08/2020 16:17:15 PM
Department Approval	aallen	10/08/2020 16:17:18 PM
Contract Manager Approval	aallen	10/08/2020 16:17:20 PM
EITS Approval	tgalluzi	10/15/2020 12:53:13 PM
Budget Analyst Approval	dbaughn	10/15/2020 13:22:56 PM
BOE Agenda Approval	cbrekken	10/15/2020 16:47:49 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: October 7, 2020

TO: Darlene C. Baughn, Budget Analyst IV
Department of Administration

FROM: Elisa Cafferata, Director

SUBJECT: RETROACTIVE CONTRACT
Capegemini America, Inc.

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract to provide payment for the attached UI IT staffing services to support IDP staff for UI modernization. The UINV system is in need of edits and changes due to the overwhelming caseload from the COVID pandemic. The emergency contract was approved by Kevin Doty on May 21, 2020 and will be in effect from September 1, 2020 through February 28, 2021.

Thank you for your consideration of this request.

Andrea Allen
Contract Manager

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 10/7/20

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23610**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Lewis Roca Rothberger Christie, LLP
Agency Code:	BDC	Contractor Name:	Lewis Roca Rothberger Christie, LLP
Appropriation Unit:	B007 - All Categories	Address:	1 East Liberty St, Suite 300
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	Alfredo Alonso 775-321-3421
		Vendor No.:	
		NV Business ID:	NV19981000045
To what State Fiscal Year(s) will the contract be charged?	2021-2023		

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

General Funds	0.00 %	X	Fees	100.00 % License and Application fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2022**Contract term: **1 year and 302 days**4. Type of contract: **Contract**Contract description: **Legislative Services**

5. Purpose of contract:

This is a new contract to provide professional assistance in preparing, planning and responding to legislative issues, statute changes, regulation changes and public protection matters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,000.00**

Other basis for payment: \$5,000 per month during legislative session year & \$3000 per month during the interim year

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes require the Nevada State Board of Dental Examiners to recommend the creation and/or amendment of laws regarding the practice of dentistry in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government and legislative affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it services.

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

Assistance and time is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with limited staff and does not have the ability, expertise or knowledge that can be uniquely performed by the contractor.

9. Were quotes or proposals solicited?

Yes

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

No

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

Perkins Company
Alpha Omega Strategies
Lewis Roca Rothberger Christie LLP
McDonald Carano

b. Solicitation Waiver: **Not Applicable**

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

The contractor has unique knowledge, experience and history in representing information before the legislature. The information provided during the solicitation process matched the needs of the Board over the other proposals.

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	09/23/2020 15:49:19 PM
Division Approval	vwind1	09/23/2020 15:49:21 PM
Department Approval	vwind1	09/23/2020 15:49:23 PM
Contract Manager Approval	vwind1	09/23/2020 15:49:26 PM
Budget Analyst Approval	hfield	10/08/2020 13:17:31 PM
BOE Agenda Approval	hfield	10/08/2020 13:17:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23592**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B008 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ALLISON MACKENZIE, LTD**Contractor Name: **ALLISON MACKENZIE, LTD**Address: **402 N DIVISION ST**City/State/Zip: **CARSON CITY, NV 89703**Contact/Phone: **Chris MacKenzie, Esq. 775-687-0202**Vendor No.: **T81035486A**NV Business ID: **NV19781001597**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2022**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$330,000.00**

Payment for services will be made at the rate of \$290.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessary engagement of Independent Contractor for purpose of accomplishing work of the Board under authority of NRS 284.173. In addition NRS authorizes the hiring of attorney for legal counsel services.

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

Current staff does not have legal expertise as provided by vendor. Legal services to be provided regarding specific knowledge of area and a need for continuity of services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

The firm has provided legal services to the Board for many years and possesses the necessary expertise resulting in a continuity of services and reduction of cost. Currently the Board's needs do not amount to requiring full time counsel and through the long term relationship with the current firm we are able to save money through the continuity the firm provides.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has had previous contracts with this Board as well as current a contract with the Nevada State Board of Accountancy.

14. Is the contractor currently involved in litigation with the State 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	vwind1	09/15/2020 13:47:56 PM
Division Approval	vwind1	09/15/2020 13:47:59 PM
Department Approval	vwind1	09/15/2020 13:48:11 PM
Contract Manager Approval	vwind1	09/15/2020 13:48:31 PM
Budget Analyst Approval	hfield	09/25/2020 14:09:51 PM
BOE Agenda Approval	hfield	09/25/2020 14:09:54 PM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAV SCIENCES	OTHER: VARIOUS AGENCIES	\$4,340,282	
	Contract Description:	This is a new contract to provide grant project evaluator services. These services include evaluating programs and projects including, but not limited to, developing data and evaluation plans, developing performance measures and providing quantitative and qualitative program assessments of federal and state grant activities.				
	Term of Contract:	10/12/2020 - 10/31/2021		Contract # 23627		
2.		VARIOUS STATE AGENCIES	ALLEGIAN AIR	OTHER: VARIOUS AGENCIES	\$1,000,000	Exempt
	Contract Description:	This is a new contract that provides discounted airfares for employees flying on state business.				
	Term of Contract:	Upon Approval - 11/30/2024		Contract # 23657		
3.		VARIOUS STATE AGENCIES	STRATEGIC PROGRESS, LLC	OTHER: VARIOUS AGENCIES	\$2,143,234	
	Contract Description:	This is a new contract to provide grant project evaluator services. These services include evaluating programs and projects including, but not limited to, developing data and evaluation plans, developing performance measures and providing quantitative and qualitative program assessments of federal and state grant activities.				
	Term of Contract:	10/12/2020 - 10/31/2021		Contract # 23632		
4.		VARIOUS STATE AGENCIES	WELLHEALTH MANAGEMENT, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide COVID-19 mobile testing sites, facility-based specimen collection and community-based testing sites.				
	Term of Contract:	Upon Approval - 08/31/2024		Contract # 23655		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23627**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAV SCIENCES**Contractor Name: **AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAV SCIENCES**Address: **1000 Thomas Jefferson St. NW**City/State/Zip: **Washington, DC 20007-3835**Contact/Phone: **202/403-5139**Vendor No.: **T81077847A**NV Business ID: **NV20121141774**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**Agency Reference #: **RFQ 3210 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

An RFP was originally completed and awarded to this vendor. Due to an over site, the contract expired. It is imperative to the Department to put a limited term contract into place to ensure uninterrupted services and to be used as a bridge to allow time to correct the error and complete the RFP process.

3. Termination Date: **10/31/2021**Contract term: **1 year and 19 days**4. Type of contract: **MSA**Contract description: **Grant Evaluator**

5. Purpose of contract:

This is a new contract to provide grant project evaluator services. These services include evaluating programs and projects including, but not limited to, developing data and evaluation plans, developing performance measures and providing quantitative and qualitative program assessments of federal and state grant activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,340,282.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The contractor will be available to assist State of Nevada agencies in evaluating programs and projects.

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

The state does not employ grant project evaluators.

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):

H. Gil Peach and Associates
Garrett Consulting, LLC
RMC Research

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed evaluation committee.

d. Last bid date: 11/10/2015 Anticipated re-bid date: 06/30/2021

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:

American Institutes for Research was previously under contract for Grant Evaluator Service RFP 3210.

14. Is the contractor currently involved in litigation with the State 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:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/06/2020 10:31:46 AM
Division Approval	jthom17	10/06/2020 10:31:51 AM
Department Approval	ldeloach	10/06/2020 10:53:24 AM
Contract Manager Approval	nfese1	10/06/2020 15:20:41 PM
Budget Analyst Approval	dcluever	10/12/2020 18:15:20 PM
BOE Agenda Approval	hfield	10/13/2020 09:50:38 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Office of Grant Procurement, Coordination, and Management
100 N. Stewart St. Ste. 200 | Carson City, NV 89701
775.684.0156 | www.grant.nv.gov | grants@admin.nv.gov

MEMORANDUM

September 29, 2020

TO: Shauna S. Tilley Executive Branch Budget Officer

FROM: JoVon Sotak Administrator
Office of Grant Procurement, Coordination, and Management

SUBJECT: Retroactive Memo – American Institutes for Research

This retroactive memo requests this contract be made retroactive as of October 12, 2020. An RFP was originally completed and awarded to this vendor. Due to an over site, the contract expired. It is imperative to the Department to put a limited term contract into place to ensure uninterrupted services and to be used as a bridge to allow time to correct the error and complete the RFP process.

This would mainly provide continued services to the Department of Education with evaluation services used to improve the State of Nevada's overall success and efficiency in evaluating data, performance measures and efficiency of federal grant activities. These efforts will verify and validate data and evaluate metrics that can be utilized to sustain grant funding, develop corrective actions for improvement of grant management, and evaluate whether the grant is meeting the identified goals of the program through services.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23657**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Allegiant Air
Agency Code:	MSA	Contractor Name:	Allegiant Air
Appropriation Unit:	9999 - All Categories	Address:	1201 North Town Center Drive
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89144
If "No" please explain:	Not Applicable	Contact/Phone:	Keith Hansen 702-830-8169
		Vendor No.:	
		NV Business ID:	NV20041015972
To what State Fiscal Year(s) will the contract be charged?	2021-2025		

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

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

Agency Reference #: Corp Travel Agreement tb

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2024**Contract term: **4 years and 30 days**4. Type of contract: **MSA**Contract description: **Discounted Airfare**

5. Purpose of contract:

This is a new contract that provides discounted airfares for employees flying on state business.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State employees often have the need to travel to conduct state business

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

Most state employees do not have the ability to fly on non-commercial flights9. 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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	10/06/2020 15:14:06 PM
Division Approval	jthom17	10/06/2020 15:14:09 PM
Department Approval	ldeloach	10/06/2020 15:17:45 PM
Contract Manager Approval	tbeck1	10/06/2020 15:19:09 PM
Budget Analyst Approval	dkluever	10/12/2020 18:07:03 PM
BOE Agenda Approval	hfield	10/13/2020 10:26:12 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 CONTRACT1. Contract Number: **23632**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **STRATEGIC PROGRESS, LLC**Contractor Name: **STRATEGIC PROGRESS, LLC**Address: **PO BOX 34294**City/State/Zip: **RENO, NV 89533-4294**Contact/Phone: **702/241-8033**Vendor No.: **T27029824A**NV Business ID: **NV20051774907**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**Agency Reference #: **RFQ 3210 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

An RFP was originally completed and awarded to this vendor. Due to an over site, the contract expired. It is imperative to the Department to put a limited term contract into place to ensure uninterrupted services and to be used as a bridge to allow time to correct the error and complete the RFP process.

3. Termination Date: **10/31/2021**Contract term: **1 year and 19 days**4. Type of contract: **MSA**Contract description: **Grant Evaluator**

5. Purpose of contract:

This is a new contract to provide grant project evaluator services. These services include evaluating programs and projects including, but not limited to, developing data and evaluation plans, developing performance measures and providing quantitative and qualitative program assessments of federal and state grant activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,143,234.23****II. JUSTIFICATION**

7. What conditions require that this work be done?

This vendor will be available to assist State of Nevada agencies in evaluating programs and project.

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

The state does employ grant project evaluators.

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):

H. Gil Peach and Associates
RMC Research
Garrett Consulting, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed evaluation committee.

d. Last bid date: 11/10/2015 Anticipated re-bid date: 06/30/2021

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:

Strategic Progress LLC was previously under contract for Grant Evaluator Service RFP 3210.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/06/2020 10:29:43 AM
Division Approval	jthom17	10/06/2020 10:29:47 AM
Department Approval	ldeloach	10/06/2020 11:13:11 AM
Contract Manager Approval	nfese1	10/06/2020 11:27:13 AM
Budget Analyst Approval	dkluever	10/12/2020 18:11:00 PM
BOE Agenda Approval	hfield	10/13/2020 10:31:31 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Office of Grant Procurement, Coordination, and Management
100 N. Stewart St. Ste. 200 | Carson City, NV 89701
775.684.0156 | www.grant.nv.gov | grants@admin.nv.gov

MEMORANDUM

September 29, 2020

TO: Shauna S. Tilley Executive Branch Budget Officer

FROM: JoVon Sotak Administrator
Office of Grant Procurement, Coordination, and Management

SUBJECT: Retroactive Memo – Strategic Progress

This retroactive memo requests this contract be made retroactive as of October 12, 2020. An RFP was originally completed and awarded to this vendor. Due to an over site, the contract expired. It is imperative to the Department to put a limited term contract into place to ensure uninterrupted services and to be used as a bridge to allow time to correct the error and complete the RFP process.

This will provide continued services to numerous state agencies with evaluation services used to improve the State of Nevada's overall success and efficiency in evaluating data, performance measures and efficiency of federal grant activities. These efforts will verify and validate data and evaluate metrics that can be utilized to sustain grant funding, develop corrective actions for improvement of grant management, and evaluate whether the grant is meeting the identified goals of the program through services.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23655**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: WellHealth Management, LLC

Contractor Name: **WellHealth Management, LLC**Address: **6827 Communications Pkwy Ste 320**City/State/Zip: **Plano, TX 75024**

Contact/Phone: Amir Kuzbari 469 636-5393

Vendor No.: T32010290

NV Business ID: NV20201902341

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: 99SWC-S1284 GD

2. Contract start date:

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

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2024**Contract term: **3 years and 304 days**4. Type of contract: **MSA**Contract description: **COVID-19 Testing**

5. Purpose of contract:

This is a new contract to provide COVID-19 mobile testing sites, facility-based specimen collection and community-based testing sites.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: as invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

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

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

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):

OptimuMedicine
Health Screening Solutions
Niznik Lab Corp
NICUSA
HR Support

b. Solicitation Waiver: **Not Applicable**

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

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 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:

Davis, Gideon, Purchasing Officer 3 Ph: 775-515-5173

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/06/2020 10:29:11 AM
Division Approval	jthom17	10/06/2020 10:29:18 AM
Department Approval	ldeloach	10/06/2020 10:46:11 AM
Contract Manager Approval	gdavi6	10/12/2020 20:38:19 PM
Budget Analyst Approval	dkluever	10/13/2020 08:49:29 AM
BOE Agenda Approval	hfield	10/13/2020 10:48:35 AM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - RENEWABLE ENERGY ACCOUNT	BRITT/MAKELA GROUP	OTHER: RENEWABLE ENERGY ABATEMENT TAX	\$24,500	
	Contract Description:	This is a new contract to provide data analysis of the Green Building Tax Abatement program and determine the effectiveness and necessity of the program that aims to improve building energy efficiency in new and existing buildings.				
	Term of Contract:	10/13/2020 - 05/01/2021	Contract # 23619			
2.	015	GOVERNOR'S OFFICE - GOVERNOR'S OFFICE OF FINANCE - SPECIAL APPROPRIATIONS	ACCRETIVE CONSULTING	GENERAL	\$28,000	Exempt
	Contract Description:	This is a new contract to provide automated phone calls and a peer to peer texting platform to encourage residents to complete the census in selected areas of Nevada that have low rates of completion.				
	Term of Contract:	09/25/2020 - 10/30/2020	Contract # 23618			
3.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	BRIDGE WEST, LLC	GENERAL	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness services for case number A-19-786888-J for ACC Enterprises, LLC vs. Department of Taxation.				
	Term of Contract:	09/29/2020 - 09/30/2021	Contract # 23569			
4.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	EKAY ECONOMIC CONSULTANTS, INC.	OTHER: TORT FUND	\$12,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides expert witness testimony in support of an active case. This amendment extends the termination date from November 1, 2020 to March 31, 2022 and increases the maximum amount from \$30,000 to \$42,000 due to the continued need for these services.				
	Term of Contract:	12/20/2019 - 03/31/2022	Contract # 22697			
5.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT (HAVA) ELECTION REFORM	GLOBAL MOBILE, LLC	FEDERAL	\$34,000	
	Contract Description:	This is a new contract to provide fast, secure signature validation services for all general election mail-in ballots.				
	Term of Contract:	09/25/2020 - 12/31/2020	Contract # 23621			
6.	060	CONTROLLER'S OFFICE	VERTIV CORPORATION	GENERAL	\$38,940	Sole Source
	Contract Description:	This is a new contract to provide preventative maintenance services for the data centers uninterruptible power system and batteries and 24/7 remote monitoring.				
	Term of Contract:	10/15/2020 - 08/31/2023	Contract # 23675			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ADVANCED LOCKSMITH SERVICES	OTHER: BUILDING RENT	\$16,189	
	Contract Description:	This is a new contract to provide ongoing locksmith services for state-owned buildings in northern Nevada.				
		Term of Contract:	10/12/2020 - 08/06/2024	Contract # 23492		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ALPEN GLOW STONE RESTORATION	OTHER: BUILDING RENT	\$18,897	
	Contract Description:	This is a new contract to provide stone floor care services including cleaning, re-honing, grinding, polishing, and sealing.				
		Term of Contract:	09/30/2020 - 08/31/2024	Contract # 23531		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CANYON ELECTRIC COMPANY, INC.	OTHER: BUILDING RENT	\$13,983	
	Contract Description:	This is a new contract to provide ongoing electrical maintenance and repair services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/13/2020 - 06/30/2024	Contract # 23287		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CASHMAN EQUIPMENT COMPANY	OTHER: BUILDING RENT	\$24,435	
	Contract Description:	This is a new contract to provide generator maintenance and repair services for state-owned buildings in northern Nevada.				
		Term of Contract:	09/30/2020 - 08/31/2024	Contract # 23525		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	GLOBAL SURVEILLANCE ASSOCIATES	OTHER: BUILDING RENT	\$39,600	Sole Source
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for the NexWatch system located in the Grant Sawyer Building.				
		Term of Contract:	10/13/2020 - 09/30/2024	Contract # 23568		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MCNEILS CLEANING SERVICE, INC.	OTHER: BUILDING RENT	\$14,267	
	Contract Description:	This is a new contract to provide ongoing hard floor maintenance and repair service for state-owned buildings in northern Nevada.				
		Term of Contract:	10/13/2020 - 06/30/2024	Contract # 23182		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MOJAVE ELECTRIC NV, LLC	OTHER: BUILDING RENT	\$12,897	
	Contract Description:	This is a new contract to provide ongoing electrical maintenance and repair services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/13/2020 - 06/30/2024	Contract # 23288		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SCHNEIDER ELECTRIC BUILDINGS	OTHER: BUILDING RENT	\$44,875	
	Contract Description:	This is a new contract to provide ongoing electrical and heating ventilation and air conditioning control system maintenance and repair services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/13/2020 - 06/17/2024	Contract # 23337		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	VERUS ASSOCIATES NEVADA, LLC	GENERAL	\$19,265	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Ely State Prison - Replace Door Locks & Controls CIP project: CIP Project No. 19-M35; SPWD Contract No. 113038. This amendment increases the maximum amount from \$298,765 to \$318,030 due to the need for new demolition and drawings for doors and control room counters.				
		Term of Contract:	01/14/2020 - 06/30/2023	Contract # 22634		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS 8% FEDERAL 92%	\$20,770	Professional Service
	Contract Description:	This is the fifth amendment to the original contract which provides professional architectural / engineering services for the North Las Vegas Nevada National Guard Readiness Center CIP project: CIP Project: 17-C05; SPWD Contract No. 111356. This amendment increases the maximum amount from \$2,247,311 to \$2,268,081 due to the need to update the drainage study and for additional site work.				
	Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19160			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JP ENGINEERING, LLC	BONDS	\$16,875	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City Railroad Fire System Upgrades CIP project, to include planning and site investigation, schematic design, construction and bid documents for the replacement of the dry fire sprinkler piping in the west end of the annex building and in the Nelson House at the Carson City Railroad Museum: CIP Project No. 19-S03-3; SPWD Contract No. 113720.				
	Term of Contract:	09/30/2020 - 06/30/2023	Contract # 23624			
18.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	COX COMMUNICATIONS, INC.	FEDERAL	\$49,999	
	Contract Description:	This is a new contract to provide internet services to students required to utilize distance learning for part of the 2020-2021 school year.				
	Term of Contract:	09/22/2020 - 06/30/2021	Contract # 23588			
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	EC CONSTRUCTION, LLC	GENERAL	\$17,437	
	Contract Description:	This is a new contract to provide the remodeling of counter tops, cabinets, and kitchen island in building 8A on the Reno campus.				
	Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23552			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	HOUSING AUTHORITY OF THE CITY OF RENO	FEDERAL	\$13,500	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing inspection services to meet compliance with the Department of Housing and Urban Development rules and regulations with regard to the Continuum of Care Program.				
		Term of Contract:	10/13/2020 - 12/31/2023	Contract # 21924		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	CARAHSOFT TECHNOLOGY CORP	FEDERAL	\$15,012	
	Contract Description:	This is a new contract to provide ongoing services using a cloud-hosted software application to track Naloxone including licensing and subscription and various activities.				
		Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23435		
22.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	UNIVERSITY OF PITTSBURGH	FEDERAL	\$48,988	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing access to the National Retail Data Monitor, a public health surveillance tool.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23466		
23.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - WELFARE FIELD SERVICES	CHANGE AND INNOVATION AGENCY, LLC	GENERAL 44% OTHER: UNIVERSAL ENERGY CHARGE (UEC) 1.5% FEDERAL 54.5%	\$37,409	
	Contract Description:	This is the first amendment to the original contract which provides ongoing Lobby Management system licensing/support. This amendment increases the maximum amount from \$1,679,501 to \$1,716,910 due to the continued need for these services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19859		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	INFORMATIX, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$16,014	
	Contract Description:	This is the first amendment to the original contract which provides Financial Institute Data Match services for the Child Support Enforcement Program, as mandated by federal regulations, to use as a tool for seizing assets in financial institutions for non-custodial parents that owe child support in arrears. This amendment extends the termination date from September 30, 2020 to September 30, 2021 and increases the maximum amount from \$98,544.00 to \$114,557.96 due to the continued need for these services.				
	Term of Contract:	10/01/2015 - 09/30/2021	Contract # 16579			
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	LRS SYSTEMS, LTD	GENERAL 25% FEDERAL 75%	\$10,500	
	Contract Description:	This is a new contract to provide court appointed on-line anger management/impulse control courses.				
	Term of Contract:	09/30/2020 - 06/30/2024	Contract # 23497			
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	THE ELECTRIC COMPANY	GENERAL 75% FEDERAL 25%	\$10,000	
	Contract Description:	This is a new contract to provide ongoing electrical maintenance and repair services for State buildings.				
	Term of Contract:	01/01/2021 - 06/30/2023	Contract # 23537			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	INTEGRATED MECHANICAL SERVICES	GENERAL 70% FEDERAL 30%	\$24,554	
	Contract Description:	This is a new contract to provide ongoing preventative maintenance and services as needed for the controls that govern the heating and air conditioning systems at Desert Willow Treatment Center (building 17) and the West Neighborhood Family Services Center (building 7).				
		Term of Contract:	09/30/2020 - 07/31/2024	Contract # 23418		
28.	500	DIVISION OF MINERAL RESOURCES	COMPUTER TECHNICAL SERVICES	FEE: MINING CLAIM	\$20,000	
	Contract Description:	This is a new contract to provide personal computer/local area network support for both offices located in Carson City and Las Vegas.				
		Term of Contract:	09/28/2020 - 09/30/2022	Contract # 23604		
29.	654	DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT DISASTER RESPONSE AND RECOVERY ACCT-NON-EXEC	OFFICE OF THE MILITARY	FEDERAL	\$32,010	Exempt
	Contract Description:	This is a new interlocal agreement to cover pro-rated utility costs associated with the operation of the Battelle Decontamination System at the Henderson Armory.				
		Term of Contract:	05/01/2020 - 12/30/2020	Contract # 23516		
30.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	ONSOLVE, LLC	FEDERAL	\$14,500	
	Contract Description:	This is a new contract to provide the state access to the national Emergency Alert System and Integrated Public Alert & Warning System to broadcast emergency notifications and alerts as needed and as provided for under Title 47 CFR, Chapter 73, Part 11.				
		Term of Contract:	09/30/2020 - 08/30/2022	Contract # 23512		
31.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	HALO PEST ELIMINATION	FEE: SPORTSMEN FEEA	\$33,200	
	Contract Description:	This is a new contract to provide ongoing pest control services at the Wildlife Management Areas, hatcheries and rearing station.				
		Term of Contract:	10/04/2020 - 07/31/2024	Contract # 23279		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	REBECCA MOSSOW DBA HULINGS ENTERPRISES	FEE: SPORTSMEN FEES	\$16,800	
	Contract Description:	This is a new contract to provide janitorial services to the Ely field office.				
		Term of Contract:	10/08/2020 - 09/30/2024	Contract # 23498		
33.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	NEW LEAF SOLUTIONS, LLC	FEE: SPORTSMEN FEES	\$10,920	
	Contract Description:	This is a new contract to provide tree trimming services at the Gallagher Fish Hatchery.				
		Term of Contract:	10/19/2020 - 05/30/2021	Contract # 23594		
34.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CARDNO, INC.	GENERAL	\$45,190	
	Contract Description:	This is the first amendment to the original contract which provides an environmental assessment of the Walker River State Recreation Area. This amendment increases the maximum amount from \$82,106 to \$127,296 due to updates to the scope of work to address the Yellow-billed cuckoo habitat, add cultural and historic resources desktop review, and add Phase II - Environmental Site Assessment.				
		Term of Contract:	05/12/2020 - 06/30/2021	Contract # 23064		
35.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	DEPARTMENT OF INTERIOR-UNITED STATES GEOLOGICAL SURVEY	FEDERAL	\$29,802	Exempt
	Contract Description:	This is a new joint funding agreement for operation and maintenance activities at the Fort Churchill gaging station located on the Carson River.				
		Term of Contract:	09/29/2020 - 09/30/2023	Contract # 23562		
36.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$25,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing assistance in applying Nevada laws governing public water systems. This amendment increases the maximum amount from \$250,000 to \$275,000 due to workload and a 2.25% cost of living increase.				
		Term of Contract:	07/09/2019 - 06/30/2021	Contract # 21647		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ALLPRO SERVICES, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$49,500	
		Contract Description:	This is a new contract to provide interior painting services at the Hoover Dam Cafe.			
		Term of Contract:	09/29/2020 - 12/31/2022	Contract # 23554		
38.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WASHOE COUNTY HEALTH DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$15,000	Exempt
		Contract Description:	This is a new interlocal agreement to provide ongoing immunizations for clients which may be required by employers or schools.			
		Term of Contract:	10/08/2020 - 12/31/2024	Contract # 23482		
39.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	COMSTOCK LOCK	FEDERAL	\$20,000	
		Contract Description:	This is a new contract to provide locksmith services to all northern Nevada offices.			
		Term of Contract:	09/29/2020 - 09/30/2022	Contract # 23536		
40.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	DANIEL G. LANG	FEDERAL	\$20,000	
		Contract Description:	This is a new contract to provide security window tinting and maintenance.			
		Term of Contract:	09/29/2020 - 09/30/2022	Contract # 23507		
41.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	MISSION CRITICAL SPECIALISTS	FEDERAL	\$20,000	
		Contract Description:	This is a new contract to provide a full circuit trace of the uninterrupted power supply at the Carson City office including all end user equipment, labeling of all circuitry and labeling the breaker panel.			
		Term of Contract:	09/22/2020 - 09/30/2021	Contract # 23544		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	NV LOCKSMITH, LLC	FEDERAL	\$20,000	
		Contract Description:	This is a new contract to provide locksmith services to all southern Nevada offices.			
		Term of Contract:	09/29/2020 - 09/30/2022	Contract # 23490		
43.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	TEAM ACME, INC.	FEDERAL	\$20,000	
		Contract Description:	This is a new contract to provide security window tinting and maintenance.			
		Term of Contract:	10/01/2020 - 08/31/2022	Contract # 23481		
44.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CONVERGEONE, INC.	OTHER: COST ALLOCATION	\$14,412	
		Contract Description:	This is a new contract to provide installation support services for the new Firepower firewall and associated Firepower Management Center.			
		Term of Contract:	09/22/2020 - 06/30/2021	Contract # 23403		
45.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CONVERGEONE, INC.	OTHER: COST ALLOCATION	\$48,448	
		Contract Description:	This is a new contract to provide support services for deployment of the new data center.			
		Term of Contract:	09/22/2020 - 06/30/2021	Contract # 23405		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	B012	LICENSING BOARDS AND COMMISSIONS - LANDSCAPE ARCHITECTURE	ALBERTSON CONSULTING, INC. DBA BIG PICTURE SOFTWARE	FEE: LICENSURE	\$39,060	
	Contract Description:	This is a new contract to provide licensing software, set up and training for licensure system.				
		Term of Contract:	09/25/2020 - 08/30/2023	Contract # 23543		
47.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	CASEY NEILON, INC.	FEE: LICENSURE	\$32,700	
	Contract Description:	This is the first amendment to the original contract which provides an independent financial audit. This amendment increases the maximum amount from \$17,000 to \$49,700 and extends the termination date from December 31, 2020 to December 31, 2022 due to the continued need for these services.				
		Term of Contract:	03/10/2020 - 12/31/2022	Contract # 22951		
48.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	RENO GREEN LANDSCAPING, INC.	FEE: LICENSURE	\$17,000	
	Contract Description:	This is a new contract to provide landscaping services.				
		Term of Contract:	10/02/2020 - 12/31/2022	Contract # 23587		
49.	B019	LICENSING BOARDS AND COMMISSIONS - DISPENSING OPTICIANS	KATHLEEN LAXALT	FEE: APPLICATION AND LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide assistance in preparing, planning and responding to legislative issues, statute changes, regulation changes and public protection matters.				
		Term of Contract:	09/25/2020 - 12/31/2021	Contract # 23372		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23619**Agency Name: **STATE ENERGY OFFICE**Agency Code: **011**Appropriation Unit: **4869-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Britt/Makela Group**Contractor Name: **Britt/Makela Group**Address: **PO Box 138**City/State/Zip: **Joseph, OR 97846**Contact/Phone: **Michelle Britt 509-554-8866**Vendor No.: **T29043507**NV Business ID: **NV20201899445**To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/01/2021**Contract term: **200 days**4. Type of contract: **Contract**Contract description: **GBTA Review**

5. Purpose of contract:

This is a new contract to provide data analyses collected by the GBTA program that is administered by the Governors' Office of Energy to provide a final report to see if the program still meets the original intent of the legislator.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

Budgetary BDR submitted for 2021 session to sunset the program. Independent review and analysis will either substantiate the requirement for sun setting or it will determine another avenue for the program that is more aligned to the states energy reduction.

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 full suite of skills and knowledge to be able to do the analysis.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):

PSD Consulting
Easley Consulting
SWEEP
Britt/Makela Group
The Mozingo Group

b. Solicitation Waiver: **Not Applicable**

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

This vendor was able to meet the needs for this contract

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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:

Robin Yockum, Energy Program Manager Ph: 775-434-30987

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/06/2020 14:19:11 PM
Division Approval	ddav12	10/06/2020 14:19:14 PM
Department Approval	ddav12	10/06/2020 14:19:17 PM
Contract Manager Approval	ddav12	10/06/2020 14:19:20 PM
Budget Analyst Approval	rjacob3	10/13/2020 06:56:55 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23618**Agency Name: **GOVERNOR'S FINANCE OFFICE**Agency Code: **015**Appropriation Unit: **1301-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Accretive Consulting**Contractor Name: **Accretive Consulting**Address: **8098 Lands End Avenue**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Kami Dempsey-Goudie 702-526-3666**Vendor No.: **T27043828**NV Business ID: **NV20061514595**To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/25/2020**Anticipated BOE meeting date **09/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/30/2020**Contract term: **35 days**4. Type of contract: **Contract**Contract description: **Census Outreach**

5. Purpose of contract:

This is a new contract to provide automated phone calls and a peer to peer texting platform to encourage residents to complete the census in selected areas of Nevada that have low rates of completion.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

With Census deadline coming up, this vendor will reach out to the areas in Southern Nevada that have low rates of census completion.

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

State employees do not have the expertise in this area9. 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

Pursuant to NRS 333.300(4) and NAC 333.114 emergency provisions. This vendor was able to perform these tasks within the tight deadline.

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:

Kami Dempsey-Goudie, Director of Strategic Initiatives Ph: 775-684-1923

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/25/2020 08:49:27 AM
Division Approval	ddav12	09/25/2020 08:49:31 AM
Department Approval	ddav12	09/25/2020 08:49:34 AM
Contract Manager Approval	ddav12	09/25/2020 08:49:37 AM
Budget Analyst Approval	cbrekken	09/25/2020 16:02:49 PM

From: Kate Wilson <wilsonk@ltgov.nv.gov>
Sent: Friday, September 25, 2020 3:57 PM
To: Catherine Bartlett <cebartlett@finance.nv.gov>
Subject: Fwd: Census texting program/ request for waiver of formal solicitation process

Approval from purchasing below!

Thanks,

Kate Wilson-Melin
Director of Strategic Initiatives
Lt. Governor Kate Marshall
775.684.1923

From: Kevin D. Doty <kddoty@admin.nv.gov>
Sent: Wednesday, September 23, 2020 2:37 PM
To: Kate Marshall
Cc: Kate Wilson; Christina Lopez
Subject: Re: Census texting program/ request for waiver of formal solicitation process

Hi Lieutenant Governor Marshall,
Pursuant to NAC 333.114, you are authorized to contract with Accretive Solutions on an emergency basis. Thank you for reaching out to multiple vendors. You still need a DAG approved contract and BOE approval, which in this case will be Clerk of the Board approval because the contract is for less than \$50k.
Please let me know if you have any questions.
Kevin

Sent from my iPhone

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23569**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1030-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BRIDGE WEST LLC**Contractor Name: **BRIDGE WEST LLC**Address: **1714 DUCHESS DR**City/State/Zip: **LONGMONT, CO 80501**Contact/Phone: **JIM MARTY 303-651-0304**Vendor No.: **T27043783**NV Business ID: **NV20201875385**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2021**Contract term: **1 year and 1 day**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide ongoing expert witness services for case number A-19-786888-J for ACC Enterprises LLC vs. Department of Taxation.

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?

Engagement of expert witness services on behalf of the Department of Taxation in the case of ACC Enterprises, LLC vs. State of Nevada Department of Taxation.

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

State employees do not have the expertise needed for this matter.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Professional Services - Expert Witness

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:

Luke K. Rath, null Ph: 702-486-0031

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	09/09/2020 15:08:06 PM
Division Approval	jhoba2	09/09/2020 15:08:11 PM
Department Approval	jhoba2	09/09/2020 15:08:14 PM
Contract Manager Approval	Iramire7	09/09/2020 16:20:01 PM
Budget Analyst Approval	jcoope8	09/29/2020 13:05:40 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22697**Amendment Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity Name: **EKAY ECONOMIC CONSULTANTS INC**Agency Code: **030**Contractor Name: **EKAY ECONOMIC CONSULTANTS INC**Appropriation Unit: **1348-15**Address: **550 W PLUMB LN B459**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89509-3503**

If "No" please explain: Not Applicable

Contact/Phone: **775-232-7203**Vendor No.: **T27043266**NV Business ID: **NV2010604656**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/01/2020**Contract term: **2 years and 101 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the original contract which provides expert witness testimony in support of an active case. This amendment extends the termination date from November 1, 2020 to March 31, 2022 and increases the maximum amount from \$30,000 to \$42,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$12,000.00	\$12,000.00	\$42,000.00	Yes - Info
3. New maximum contract amount:	\$42,000.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

Dr. Larmore will provide a rebuttal report and expert witness testimony in the case Kuklock v. State of Nevada.

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

State employees do not have the expertise needed for this testimony.

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	jhoba2	09/21/2020 09:53:01 AM
Division Approval	jhoba2	09/21/2020 09:53:05 AM
Department Approval	jhoba2	09/21/2020 09:53:09 AM
Contract Manager Approval	Iramire7	09/30/2020 07:55:17 AM
Budget Analyst Approval	hfield	09/30/2020 08:35:56 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23621**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1051-19**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Global Mobile, LLC**Contractor Name: **Global Mobile, LLC**Address: **1215 HIGHTOWER TRL
SUITE A100**City/State/Zip: **ATLANTA, GA 30350-6204**Contact/Phone: **LEE DURHAM 678-366-1302**Vendor No.: **T27043520**NV Business ID: **NV20201771590**To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/25/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2020**Contract term: **97 days**4. Type of contract: **Contract**Contract description: **TXT2Cure Platform**

5. Purpose of contract:

This is a new contract to provide fast, secure signature validation services for the all general election mail-in ballots.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Secretary of State, in close collaboration with the Governor, Attorney General, and county elections officials, decided to transition to an all mail-in ballot primary election as part of the statewide response to the COVID-19 pandemic. As Nevadans are not accustomed to an all mail-in ballot election, the Secretary of State and Elections Division are making a rapid and substantial effort to ensure that voters have access to the information needed to confidently and safely participate in the General election on November 3, 2020. The services provided by Global Mobile will enable Nevadans to quickly validate their signatures on their mail-in ballot using their mobile phones.

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 skills or expertise to provide this platform.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 Applicableb. Solicitation Waiver: **Not Applicable**

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

Emergency Contract

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	shudder	09/24/2020 12:31:47 PM
Division Approval	shudder	09/24/2020 12:31:50 PM
Department Approval	shudder	09/24/2020 12:31:57 PM
Contract Manager Approval	shudder	09/24/2020 12:32:03 PM
Budget Analyst Approval	hfield	09/25/2020 13:51:43 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23675**Agency Name: **CONTROLLER'S OFFICE**Agency Code: **060**Appropriation Unit: **1130-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VERTIV CORPORATION**Contractor Name: **VERTIV CORPORATION**Address: **PO BOX 70474**City/State/Zip: **CHICAGO, IL 60673-0001**Contact/Phone: **800/882-6474**Vendor No.: **T27043105A**NV Business ID: **NV 19901026220**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/15/2020**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2023**Contract term: **2 years and 320 days**4. Type of contract: **Contract**Contract description: **UPS Maintenance**

5. Purpose of contract:

This is a new contract to provide two preventative maintenance services annually for the Controller's Office Data Center Uninterruptible Power System (UPS) and batteries, plus 24/7 remote monitoring of the UPS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,939.91**

Payment for services will be made at the rate of \$12,979.97 per Annum

II. JUSTIFICATION

7. What conditions require that this work be done?

The UPS and battery backup provide regulated, consistent power and emergency power to computer hardware in the Controller's Office Data Center during power outages.

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 extensive technical experience nor the specialized equipment to maintain a UPS system. Testing, monitoring and maintenance of this system must be performed by factory trained and authorized technicians.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 #: 201001

Approval Date: 10/06/2020

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

Vertiv (Emerson Network Power/Liebert Global Services) is the original equipment manufacturer for the UPS system. Vertiv employs service engineers who are specifically trained at the factory to perform maintenance on the UPS system and associated batteries and monitoring system.

d. Last bid date: 07/01/2020 Anticipated re-bid date: 06/01/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State Controller's Office, agency satisfied

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhoove1	10/14/2020 14:46:46 PM
Division Approval	lhoove1	10/14/2020 14:46:50 PM
Department Approval	lhoove1	10/14/2020 14:46:53 PM
Contract Manager Approval	hbill1	10/14/2020 15:15:15 PM
Budget Analyst Approval	dkluever	10/15/2020 09:36:10 AM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:

Approval#:

201001 ②

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: <i>State Controller's Office</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>H. Wes Bills, Management Analyst 2</i>	<i>775-684-5636</i>	<i>wbills@controller.state.nv.us</i>
	<i>Kevin Law, IT Manager</i>	<i>775-684-5608</i>	<i>klaw@controller.state.nv.us</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Vertiv Corporation</i>
	Contact Name:	<i>JoAnn Tarantello</i>
	Complete Address:	<i>1050 Dearborn Drive, Columbus, OH 43082</i>
	Telephone Number:	<i>916-381-6666</i>
Email Address:	<i>jtarrantello@norman-wright.com</i>	

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

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>9/28/2020</i>	End Date: <i>8/31/2023</i>

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

Purchasing Use Only:

Approval #:

20100100

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$38,939.91

2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>Provide semi-annual preventive maintenance, support and 24/7 monitoring services for the Vertiv Emerson/Liebert Uninterruptable Power System (UPS), batteries and monitoring equipment located in the State Controller's Office Data Center at 515 E. Musser Street, Carson City, Nevada.</i>
---	--

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>Vertiv Emerson Network Power/ Liebert Global Services is the original equipment manufacturer for the UPS system. Vertiv employees service engineers who are specifically trained at the factory to perform maintenance on this UPS system and associated batteries and monitoring system.</i>
---	--

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>The Controller's Office information systems, which include the State's Integrated Financial System (IFS), are mission critical to the State of Nevada. The UPS provides clean filtered power during normal conditions, and emergency power during power outages. Testing, monitoring and maintenance of this system must be performed by factory trained and authorized technicians. Vertiv (Liebert Global Services/Emerson Network Power) is the original equipment manufacturer for the UPS system and trains the authorized service technicians. Other vendors do not have the factory trained service technicians authorized to perform maintenance on this UPS system.</i>
---	---

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	b. <u>If not</u> , why were alternatives not evaluated?				
	Other service vendors do not employ the highly-qualified, factory-trained service engineers who are authorized to service this specialized UPS system.				

Purchasing Use Only:

Approval #:

20100102

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.				Yes:	X	No:	
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	9/1/2016	8/31/2020	\$41,627.58	Service/Monitoring of UPS	Waiver # 160905			
	9/1/2012	8/31/2016	\$39,998.83	Service/Monitoring of UPS	No Waiver – the contract summary states the agency received 3 bids.			
	9/1/2009	8/31/2012	\$29,996.49	Service/Monitoring of UPS	Waiver # 090305			
	9/1/2006	8/31/2009	\$29,996.49	Service/Monitoring of UPS	Waiver # 110 dated 3/23/2006 for Amendment #3			
	8/31/2005	8/31/2006	\$7,298.00	Service/Monitoring of UPS	No Waiver			
	8/14/2004	8/31/2005	\$	Initial Service of UPS after the Controller's Office IT moved into 515 E. Musser Street	RFP			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>We have been informed that since the UPS equipment is specifically configured to the State Controller's Data Center and operations requirements, that the original equipment manufacturer authorized service provider is the best maintenance vendor, with local technicians and parts distribution in the Reno area. Other vendors who claimed they could support this equipment were out of the local area, do not employ factory-trained and authorized technicians, and some had only "used" equipment that they would cannibalize when they needed replacement parts. Our application is mission critical to the State, we need quick, reliable support backed by the manufacturer of the equipment. Also, this system utilizes specialized Liebert monitoring equipment, already owned by the State, which is maintained only by Vertiv.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>In 2004, Nevada Generator of Sparks expressed interest in maintaining the equipment. However, when asked to look into an existing problem with the UPS, they concluded that it was a job that should be left to the manufacturer, Emerson Network Power (now Vertiv). Since that time, I am not aware of another vendor who indicated they could provide factory authorized maintenance.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. If yes, please provide details regarding future obligations or needs.				

#20100102

Vertiv, formerly Liebert/Emerson Network Power, installed the 600 UPS system in the basement of 515 E. Musser Street building, and configured it specifically for the installation site and the building's Data Center requirements. It is reasonable to assume that Vertiv (Liebert/Emerson Network Power) as the manufacturer and only factory-authorized maintenance provider for this UPS system, should maintain the equipment until such time as the product reaches its normal end-of-life at approximately 20 years, at which time an RFP would be required to procure another UPS system and service provider, or is no longer required. With proper maintenance, this UPS system could remain operational well beyond its normal end-of-life.

Purchasing Use Only:

Approval #:

20100102

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

H. Wes Bills

Agency Representative Initiating Request

H. Wes Bills, CCM, A+, Management Analyst 2

Print Name of Agency Representative Initiating Request

9/24/2020

Date

Lori Hoover

Signature of Agency Head Authorizing Request

9/28/2020

Lori Hoover, CPA, Chief Deputy Controller

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

Administrator, Purchasing Division or Designee

10/6/2020

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23492**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ADVANCED LOCKSMITH SERVICES**Contractor Name: **ADVANCED LOCKSMITH SERVICES**Address: **PO BOX 4707**City/State/Zip: **SPARKS, NV 89432-4707**Contact/Phone: **775-425-5005**Vendor No.: **T81072313**NV Business ID: **NV20021516256**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rent Income Revenue

Agency Reference #: **ASD 2834406**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/06/2024**Contract term: **3 years and 299 days**4. Type of contract: **Contract**Contract description: **Locksmith**

5. Purpose of contract:

This is a new contract to provide ongoing locksmith services, repair and replace locks, re-key locks and duplicate keys for state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,189.19**

Other basis for payment: Labor rates \$85/per hours; Service call Reno \$60/per hour; Service call Carson City \$65/per hour; Keys- standard-DND-Restricted \$2.50 to \$15.50

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly and presentable as befitting a public property

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

Lack of equipment and manpower9. 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):

Advanced Locksmith
Howells Lock
Key Me

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 07/01/2020 Anticipated re-bid date: 06/30/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

since 1950 Buildings & Grounds 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 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:

Michael Johnson, Facility Manager Ph: 684-1816

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/18/2020 11:37:23 AM
Division Approval	ssands	08/18/2020 11:37:26 AM
Department Approval	ssands	08/18/2020 11:37:29 AM
Contract Manager Approval	ssands	10/01/2020 09:37:19 AM
Budget Analyst Approval	nkephart	10/12/2020 13:36:12 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23531**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: Stone Services, Inc.Contractor Name: **Alpen Glow Stone Restoration**Address: **1080 Lavender Way**City/State/Zip: **Reno, NV 89521**

Contact/Phone: 775-853-6985

Vendor No.: T29033084

NV Business ID: NV19951132117

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rent Income Revenue

Agency Reference #: ASD 2834430

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **09/30/2020**
Examiner's approval?

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2024**Contract term: **3 years and 336 days**4. Type of contract: **Contract**Contract description: **Stone floor care**

5. Purpose of contract:

This is a new contract to provide stone floor care services including cleaning, rehonng, grinding, polishing, and sealing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,897.18****II. JUSTIFICATION**

7. What conditions require that this work be done?

Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property.

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

Lack of expertise9. 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):

Majestic Marble Tile
Alpen Glow
Tahoe Tile and Stone Care
Fathers Stone Care

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 06/03/2020 Anticipated re-bid date: 07/03/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

No b. If "No", please explain:

this is a dba

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Tony Fondi, Custodial Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/10/2020 15:49:12 PM
Division Approval	ssands	09/10/2020 15:49:16 PM
Department Approval	ssands	09/10/2020 15:49:29 PM
Contract Manager Approval	ssands	09/10/2020 15:59:30 PM
Budget Analyst Approval	nkephart	09/30/2020 14:33:12 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23287**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CANYON ELECTRIC CO INC**Contractor Name: **CANYON ELECTRIC CO INC**Address: **PO BOX 363369**City/State/Zip: **NORTH LAS VEGAS, NV 89036-7369**Contact/Phone: **702-493-8301**Vendor No.: **T27003566**NV Business ID: **NV19881005351**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G BUILDING INCOME REVENUE

Agency Reference #: **ASD 2834272**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 261 days**4. Type of contract: **Contract**Contract description: **Electrical**

5. Purpose of contract:

This is a new contract to provide ongoing electrical services for state-owned businesses in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,982.92****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health, and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating, and air conditioning.

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

Lack of manpower9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Canyon Electric
Blue Apple Electric
Pacific Electric
Mojave Electric

b. Solicitation Waiver: **Not Applicable**

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

This is the only vendor who responded to the solicitation. This will be one of several plumbing companies Per SAM 0338.0, each contractor will be contacted to submit bids on projects

d. Last bid date: 03/15/2020 Anticipated re-bid date: 07/15/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/30/2020 16:03:56 PM
Division Approval	ssands	09/30/2020 16:03:58 PM
Department Approval	ssands	09/30/2020 16:04:01 PM
Contract Manager Approval	ssands	09/30/2020 16:04:04 PM
Budget Analyst Approval	nkephart	10/13/2020 10:25:35 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23525**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CASHMAN EQUIPMENT COMPANY**Contractor Name: **CASHMAN EQUIPMENT COMPANY**Address: **600 GLENDALE AVE**City/State/Zip: **SPARKS, NV 89431**Contact/Phone: **775-358-5111**Vendor No.: **PUR0000249**NV Business ID: **NV19601000406**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rent Income Revenue

Agency Reference #: **ASD 2834429**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2024**Contract term: **3 years and 336 days**4. Type of contract: **Contract**Contract description: **Generator maint**

5. Purpose of contract:

This is a new contract to provide for generator maintenance and repair services to various generators for all state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,435.43**

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

Other basis for payment: see Attachment CC for full details

II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health, and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating, and air conditioning.

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

Lack of personnel9. 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):

Industrial Equipments Repair
Capital Control Systems
Cashman Equipment

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects

d. Last bid date: 07/15/2020 Anticipated re-bid date: 06/15/2024

10. 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:

B&G since 2003 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:

Donnie Milner, Facility Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/10/2020 15:46:26 PM
Division Approval	ssands	09/10/2020 15:46:30 PM
Department Approval	ssands	09/10/2020 15:46:33 PM
Contract Manager Approval	ssands	09/10/2020 15:46:37 PM
Budget Analyst Approval	nkephart	09/30/2020 14:39:54 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23568**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **GLOBAL SURVEILLANCE
ASSOCIATES**Contractor Name: **GLOBAL SURVEILLANCE
ASSOCIATES**Address: **INC
3853 SILVESTRI LN**City/State/Zip: **LAS VEGAS, NV 89120-3922**Contact/Phone: **702/897-8400**Vendor No.: **T80918471**NV Business ID: **NV19871032399**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rent Revenue Income

Agency Reference #: **ASD2834465**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/13/2020**
Examiner's approval?Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2024**Contract term: **3 years and 353 days**4. Type of contract: **Contract**Contract description: **Software support**

5. Purpose of contract:

This is a new contract to provide maintenance and repair of the NexWatch system located in the Grant Sawyer Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,600.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health, and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating, and air conditioning.

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

Lack of personnel9. 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 #: 200901

Approval Date: 09/08/2020

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:

B&G since 1999 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:

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/05/2020 16:01:16 PM
Division Approval	ssands	10/05/2020 16:01:19 PM
Department Approval	ssands	10/05/2020 16:01:21 PM
Contract Manager Approval	ssands	10/05/2020 16:01:24 PM
Budget Analyst Approval	nkephart	10/13/2020 15:22:09 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:

Approval#: **200901 ②**

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: <i>SPWD Buildings and Grounds Section</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Martin Fisher, Facility Manager</i>	<i>(702)486-4099</i>	<i>mfisher@admin.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Global Surveillance Associates</i>
	Contact Name:	<i>Nick DiCerbo</i>
	Complete Address:	<i>3853 Silvestri Lane, Las Vegas, NV 89120</i>
	Telephone Number:	<i>(702)897-8400 Cell: (702)400-0479</i>
	Email Address:	<i>nick@globalsurv.com</i>

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

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date: <i>October 1, 2020</i>	End Date: <i>September 30, 2024</i>	

1f	Funding:	
	State Appropriated:	<i>Category 12</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

200901 ②

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$39,600 total contract; \$36,000 service contract and \$3,600 for extra service</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Maintain and repair security system/equipment to include quarterly inspection of all equipment, emergency calls for vital equipment, response within the next business day for non-vital equipment, labor to replace any defective equipment and annual NexWatch software support to the Grant Sawyer building.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Contractor has extensive knowledge of the electronic digital controls related to the Global Surveillance security system.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Global Surveillance Associates is the only local authorized dealer of this system.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
	a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.			
	b. <u>If not</u>, why were alternatives not evaluated?			

Purchasing Use Only:

Approval #:

200901 2

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.				Yes:	X	No:	
a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)			
10/1/2009	9/30/2013	\$49,495	Sole contract continuing Global Surveillance have been in place since 1995.	Waiver #090804			
10/1/2013	9/30/2017	\$60,000	Sole contract continuing with Global Surveillance	Waiver #130804			
10/1/2017	9/30/2020	\$29,000	Sole contract continuing with Global Surveillance	Contract #19263			
		\$					
		\$					

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
7	<i>Bidding of the security system and software to another contractor would require that contractor to obtain parts, material, and service with Global Surveillance for this proprietary system.</i>

What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?	
8	<i>Global Surveillance is the only local authorized dealer for this security system and software.</i>

Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>				Yes:		No:	X
a. If yes, please provide details regarding future obligations or needs.							
9	<i>This contract will be for ongoing maintenance and repair of the security system and software that has been installed at the Grant Sawyer building when the building was originally opened in 1995. This building will go through a remodel in the next 3 – 4 years and replaced with a new system.</i>						

Purchasing Use Only:

Approval #:

200901 @

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

Martin Fisher Facility Manager

Print Name of Agency Representative Initiating Request

9-2-2020

Date

Ron Cothran (Sep 2, 2020 14:29 PDT)

Signature of Agency Head Authorizing Request

Ron Cothran

Print Name of Agency Head Authorizing Request

Sep 2, 2020

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.

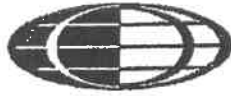
Approved by:



Administrator, Purchasing Division or Designee

9/8/2020

Date



GLOBAL SURVEILLANCE
A S S O C I A T E S

3853 Silvestri Lane
Las Vegas, NV 89120-3922

August 26, 2020

email: mfisher@admin.nv.gov

Mr. Martin J. Fisher
Facility Manager
Building and Grounds Section
2300 McLeod St.
Las Vegas, NV 89104

Dear Mr. Fisher,

This proposal is for continued maintenance at the Grant Sawyer Building, as described below:

Included:

- Quarterly inspection of all equipment
- Emergency calls for vital equipment
- Response within next business day for non-vital equipment
- Labor to replace any defective equipment
- Annual NexWatch software support

Not Included:

- Materials (billed separately)
- Any hardware or software upgrades to the system will need to have the Honeywell SSA reinstated at an additional cost.

Cost:

- \$9,000 per year for the next four years (total for four years: \$36,000), to be invoiced in quarterly installments of \$2,250 per quarter

Current access control system is no longer supported by Honeywell. No new parts are available from the factory. In the event of a hardware or software component failure, the system may need to be completely renovated depending on the severity and availability of failed components.

The extended maintenance agreement would begin upon the expiration of your current maintenance agreement, on October 1, 2020, extending through September 30, 2024.

Please feel free to contact us with any questions you may have. We look forward to hearing from you soon.

Sincerely,

NICHOLAS DICERBO
President

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23182**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MCNEILS CLEANING SERVICE INC**Contractor Name: **MCNEILS CLEANING SERVICE INC**Address: **3077 Meadowlands Dr**City/State/Zip: **Sparks, NV 89431**Contact/Phone: **775-359-4422**Vendor No.: **T81015272**NV Business ID: **NV20061269584**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rental Income Revenue

Agency Reference #: **ASD 2833603**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/13/2020**
Examiner's approval?Anticipated BOE meeting date **06/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 261 days**4. Type of contract: **Contract**Contract description: **Floor Care**

5. Purpose of contract:

This is a new contract to provide ongoing hard floor care for state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,266.81**

Payment for services will be made at the rate of \$0.47 per square foot

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property.

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

Lack of personnel9. 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 Applicableb. Solicitation Waiver: **Not Applicable**

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

Best pricing per quotes

d. Last bid date: 10/15/2019 Anticipated re-bid date: 10/15/2024

10. 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:

Cheryl Warren, Custodial Supervisor Ph: 684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/05/2020 16:00:18 PM
Division Approval	ssands	10/05/2020 16:00:22 PM
Department Approval	ssands	10/05/2020 16:00:25 PM
Contract Manager Approval	ssands	10/05/2020 16:00:28 PM
Budget Analyst Approval	nkephart	10/13/2020 10:13:12 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23288**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MOJAVE ELECTRIC NV, LLC**Contractor Name: **MOJAVE ELECTRIC NV, LLC**Address: **3755 W. Hacienda Avenue**City/State/Zip: **Las Vegas, NV 89118-1755**Contact/Phone: **702-798-2970**Vendor No.: **T80975069**NV Business ID: **NV20081583981**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rental Income Revenue

Agency Reference #: **ASD 2834273**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 261 days**4. Type of contract: **Contract**Contract description: **Electrical services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical services for all state-owned buildings in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,897.43**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health, and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating, and air conditioning.

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

Lack of manpower9. 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):

Pacific Electric
Canyon Electric
Mojave Electric
Blue Apple Electric

b. Solicitation Waiver: **Not Applicable**

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

This is one of several Electrical companies and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 05/15/2020 Anticipated re-bid date: 05/15/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facilities Manager Ph: 702-486-5635

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	07/14/2020 08:34:05 AM
Division Approval	ssands	10/05/2020 16:02:14 PM
Department Approval	ssands	10/05/2020 16:02:17 PM
Contract Manager Approval	ssands	10/05/2020 16:02:20 PM
Budget Analyst Approval	nkephart	10/13/2020 09:38:39 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23337**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SCHNEIDER ELECTRIC BUILDINGS**Contractor Name: **SCHNEIDER ELECTRIC BUILDINGS**Address: **AMERICAS INC
731 PILOT RD STE I
LAS VEGAS, NV 89119-4437**City/State/Zip
Contact/Phone: 702-896-8300
Vendor No.: PUR0001005C
NV Business ID: NV20071402383To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rent Income Revenue

Agency Reference #: **ASD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/17/2024**Contract term: **3 years and 248 days**4. Type of contract: **Contract**Contract description: **HVAC**

5. Purpose of contract:

This is a new contract to provide for electrical work and HVAC control services on an as-needed basis for all southern Nevada state-owned buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,874.82**

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

Other basis for payment: Please see Attachment DD for complete rate sheet.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating and air conditioning.

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

Lack of manpower9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Force Industrial
Enviser
Schneider Electric

b. Solicitation Waiver: **Not Applicable**

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

There is more than one vendor for electrical HVAC work and per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 05/15/2020 Anticipated re-bid date: 05/15/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facilities Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/01/2020 10:10:02 AM
Division Approval	ssands	10/01/2020 10:10:09 AM
Department Approval	ssands	10/01/2020 10:10:15 AM
Contract Manager Approval	ssands	10/01/2020 10:10:22 AM
Budget Analyst Approval	nkephart	10/13/2020 09:48:28 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22634** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **VERUS ASSOCIATES NEVADA, LLC**

Agency Code: **082** Contractor Name: **VERUS ASSOCIATES NEVADA, LLC**

Appropriation Unit: **1550-83** Address: **9210 PROTOTYPE DRIVE SUITE 101**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521**

If "No" please explain: Not Applicable Contact/Phone: **775-870-1004**

Vendor No.: **T29038999**

NV Business ID: **NV20161620968**

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

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

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

Agency Reference #: 113038

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 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2023**Contract term: **3 years and 167 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 Ely State Prison - Replace Door Locks & Controls CIP project: CIP Project No. 19-M35; SPWD Contract No. 113038. This amendment increases the maximum amount from \$298,765 to \$318,030 due need for new demolition and drawings for doors and control room counters.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$298,765.00	\$298,765.00	\$298,765.00	Yes - Action
2. Amount of current amendment (#1):	\$19,265.00	\$19,265.00	\$19,265.00	Yes - Info
3. New maximum contract amount:	\$318,030.00			

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	09/25/2020 11:35:10 AM
Division Approval	lwildes	09/25/2020 11:35:15 AM
Department Approval	lwildes	09/25/2020 11:35:19 AM
Contract Manager Approval	lwildes	09/25/2020 11:35:24 AM
Budget Analyst Approval	nkephart	09/30/2020 10:43:56 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19160**Amendment Number: **5**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Agency Code: **082**Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Appropriation Unit: **1577-33**Address: **DBA H&K Architects**Is budget authority available?: **Yes**City/State/Zip: **5485 RENO CORPORATE DR STE 100 RENO, NV 89511-2262**

If "No" please explain: Not Applicable

Contact/Phone: **Jeff@hkarchitects.com 775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **92.00 %** **X** Bonds **8.00 %**

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 111356

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 264 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides professional architectural / engineering services for the North Las Vegas Nevada National Guard Readiness Center CIP project: CIP Project: 17-C05; SPWD Contract No. 111356. This amendment increases the maximum from \$2,247,311 to \$2,268,081 due to drainage study update and site work needed for this project.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,173,195.00	\$2,173,195.00	\$2,173,195.00	Yes - Action
a. Amendment 1:	\$30,300.00	\$30,300.00	\$30,300.00	Yes - Info
b. Amendment 2:	\$32,750.00	\$32,750.00	\$63,050.00	Yes - Action
c. Amendment 3:	\$3,000.00	\$3,000.00	\$3,000.00	No
d. Amendment 4:	\$8,066.00	\$11,066.00	\$11,066.00	Yes - Info
2. Amount of current amendment (#5):	\$20,770.00	\$20,770.00	\$31,836.00	Yes - Info
3. New maximum contract amount:	\$2,268,081.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

Professional architectural/engineering services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	04/04/2020 07:49:00 AM
Division Approval	lwildes	04/04/2020 07:49:08 AM
Department Approval	lwildes	04/04/2020 07:49:14 AM

Contract Manager Approval
Budget Analyst Approval

lwildes
nkephart

04/04/2020 07:49:20 AM
09/29/2020 10:58:58 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23624**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-56**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JP ENGINEERING LLC**Contractor Name: **JP ENGINEERING LLC**Address: **10597 DOUBLE R BLVD STE 1**City/State/Zip: **RENO, NV 89521-8938**Contact/Phone: **775-852-2337**Vendor No.: **T29038896**NV Business ID: **NV20051447455**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **113720**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 273 days**4. Type of contract: **Contract**Contract description: **Arch / Engin**

5. Purpose of contract:

This is a new contract to provide professional Architectural / Engineering Services for the Carson City Railroad Fire System Upgrades project, which includes planning and site investigation, Schematic design, construction and bid documents for the replacement of the dry fire sprinkler piping in the west end of the annex building and in the Nelson House at the Carson City Railroad Museum: CIP Project No. 19-S03-3; SPWD Contract No. 113720

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,875.00**

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 Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Scarborough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	09/24/2020 13:08:24 PM
Division Approval	lwildes	09/24/2020 13:08:27 PM
Department Approval	lwildes	09/24/2020 13:08:29 PM
Contract Manager Approval	lwildes	09/24/2020 13:08:33 PM
Budget Analyst Approval	nkephart	09/29/2020 13:42:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23588**Agency Name: **STATE PUBLIC CHARTER SCHOOL AUTHORITY**Agency Code: **315**Appropriation Unit: **2711-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COX COMMUNICATIONS INC**Contractor Name: **COX COMMUNICATIONS INC**Address: **PO BOX 53262**City/State/Zip: **PHOENIX, AZ 85072-3262**Contact/Phone: **702/383-4000**Vendor No.: **T27017189D**NV Business ID: **NV20101844335**To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 315

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2020**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **281 days**4. Type of contract: **Contract**Contract description: **Internet Services**

5. Purpose of contract:

This is a new contract to provide internet services to students required to utilize distance learning for part of the 2020-2021 school year.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The State Public Charter School Authority requires a vendor to provide internet services to Agency students that may be required to utilize distance learning for part of the 2020-2021 school year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state agencies that are able to perform this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has a program that provides this type of 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?

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	dbowma1	09/14/2020 11:57:01 AM
Division Approval	ablackwe	09/14/2020 12:01:10 PM
Department Approval	ablackwe	09/14/2020 12:23:28 PM
Contract Manager Approval	dbowma1	09/14/2020 12:24:16 PM
Budget Analyst Approval	dbaughn	09/22/2020 14:13:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23552**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	EC Construction LLC
Agency Code:	406	Contractor Name:	EC Construction LLC
Appropriation Unit:	3162-95	Address:	105 E PARR BLVD
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89512-1006
If "No" please explain:	Not Applicable		
		Contact/Phone:	Bryan Johnson 775-345-5822
		Vendor No.:	T29014945
		NV Business ID:	NV19981014680

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 17720**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**Anticipated BOE meeting date **11/2020**Retroactive? **Yes**

If "Yes", please explain

This contract replaces the original contract (23155) which could not be completed due to the COVID-19 related issues. Delays did not allow sufficient time for scheduling, permitting, and construction which resulted in the contract expiring prior to work starting. It was necessary to begin work simultaneously with asbestos removal. Currently the agency is utilizing all resources during this emergency and prioritizing work and contracts.

3. Termination Date: **06/30/2021**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Kitchen remodel**

5. Purpose of contract:

This is a new contract to provide the remodeling of counter tops, cabinets, and kitchen island in building 8A on the Reno campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,436.54**

Payment for services will be made at the rate of \$17,436.54 per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The kitchen remodel is needed to meet CARF accreditation and HCQC licensing requirements. The services provided must be in coordination of asbestos abatement. The kitchen for Building 8A is in support of a psychiatric residential treatment center.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current staff do not have the specialized equipment, tools and expertise to perform this renovation.

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):

Avilla Construction
Diamond G construction, Inc.
EC Construction, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor scored highest from the evaluation committee.

d. Last bid date: 04/09/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Administration, satisfactory, December 2018

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Imran Hyman, null Ph: null

Andy Chao, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/16/2020 08:23:28 AM
Division Approval	kquinter	09/16/2020 08:23:40 AM
Department Approval	mwinebar	10/09/2020 10:42:36 AM
Contract Manager Approval	rmille8	10/09/2020 10:58:46 AM
Budget Analyst Approval	afrantz	10/15/2020 15:12:07 PM

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator
Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: October 8, 2020

MEMORANDUM

TO: Aaron Frantz, Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick, Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero, Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – EC Construction; LLC -CETS #23552

This memorandum requests that the following contract be approved for a retroactive start.

- The following information is required:
- Name of Contractor: **EC Construction, LLC**
- Services to be provided: **Demolition and removal of kitchen countertops, upper and lower cabinets and kitchen island. Also, repair flooring and plumbing.**
- Funding source and expenditure category: **BA#3162 - CAT 95**
- Requested start date of work: **July 1, 2020**
- Expected execution date of agreement (IFC approval date or N/A): **N/A**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: **Due to the COVID19 Pandemic there was limited staff available to process documents and the original contract was not finalized until 6/16/20 (CETS #23155). However, the time remaining in June 2020 did not allow for enough time for scheduling, permitting, and construction and the contract expired prior to work starting. It was necessary to begin work simultaneously with asbestos removal. Currently the agency is utilizing all resources during this emergency and prioritizing work and contracts.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The facility would be unusable**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4204 or kquintero@health.nv.gov

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **21924**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3162-19**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HOUSING AUTHORITY OF THE CITY**Contractor Name: **HOUSING AUTHORITY OF THE CITY**Address: **OF RENO
1525 E 9TH**City/State/Zip: **RENO, NV 89512-3012**Contact/Phone: **Amy Jones 775/329-3630**Vendor No.: **T80951713**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3162**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **3 years and 79 days**4. Type of contract: **Interlocal Agreement**Contract description: **Housing Compliance**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing inspection services by the Reno Housing Authority to meet compliance with the Department of Housing and Urban Development rules and regulations with regard to the Continuum of Care Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,500.00**

Other basis for payment: Inspection costs per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Housing and Urban Development (HUD) rules and regulations require Housing Quality Standards (HQS) inspections in order for NNAMHS to be in compliance with the Continuum of Care (CoC) Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified to make the determinations required. The RHA has experience and expertise in administration of HUD housing programs and inspections.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?

It is common for other government agencies to perform services to other agencies.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previous vendor of the DPBH since 2016 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	kquinter	07/24/2020 15:45:24 PM
Division Approval	kquinter	10/06/2020 09:07:32 AM
Department Approval	mwinebar	10/06/2020 14:12:55 PM
Contract Manager Approval	rmille8	10/06/2020 15:45:26 PM
Budget Analyst Approval	afrantz	10/13/2020 09:27:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23435**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	CARASOFT TECHNOLOGY CORP
Agency Code:	406	Contractor Name:	CARASOFT TECHNOLOGY CORP
Appropriation Unit:	3170-31	Address:	11493 Sunset Hills Rd Ste 100
Is budget authority available?:	Yes	City/State/Zip	RESTON, VA 20191
If "No" please explain:	Not Applicable		
		Contact/Phone:	Autumn Anderson 703/921-4084
		Vendor No.:	T27011089
		NV Business ID:	NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

This contract was not processed due to shortage in Bureau staff and emergency COVID19 contracts and subawards that needed immediate attention.

3. Termination Date: **06/30/2021**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Cloud Services**

5. Purpose of contract:

This is a new contract to provide ongoing services using a cloud-hosted software application to track Naloxone including licensing and subscription and various activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,011.80**

Payment for services will be made at the rate of \$15,011.80 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the mandated Federal requirements of continued grant funding, the contracted vendor will provide a cloud-hosted software application to track Naloxone, including licensing and subscription and various activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State personnel does not have the expertise.

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?

Mandatory Statewide Purchasing Contract (MSA).

d. Last bid date: 06/09/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current MSA holder via State Purchasing Division with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/23/2020 16:53:43 PM
Division Approval	kquinter	09/23/2020 16:53:46 PM
Department Approval	mwinebar	09/25/2020 10:53:32 AM
Contract Manager Approval	rmille8	09/25/2020 11:14:14 AM
EITS Approval	tgalluzi	09/25/2020 11:48:30 AM
Budget Analyst Approval	afrantz	10/15/2020 09:23:21 AM



DATE: September 9, 2020

MEMORANDUM

TO: Christina Hadwick, ASO IV
Division of Public and Behavioral Health

THROUGH: Brook Adie, Bureau Chief
Bureau of Behavioral Health Wellness and Prevention

FROM: Kim Riggs, Health Program Specialist I
Bureau of Behavioral Health Wellness and Prevention

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL- Carahsoft CETS #23435

This memorandum requests that the following Contract 17693 be approved for retroactive start.

The following information is required:

- Name of vendor: Carahsoft Technology
- Services to be provided: The contracted vendor will provide a cloud-hosted software application to track Naloxone, including licensing and subscription and various activities to set-up and deploy the application per mandated Federal requirements of grant funding continuation.
- Funding source and expenditure category: Budget Account 3170; Category: 31; Job #: 9395919; Federal Fiscal Year 2020, State Opioid Response (SOR) Federal Funds
- Requested start date of work: July 1, 2020
- Expected execution date of agreement (IFC approval date or N/A): N/A
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - This contract was not processed due to shortage in Bureau staff and emergency COVID19 contract/subawards that needed immediate attention.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
 - If the contract is not executed, the federal funds will not be expended and we will be out of the Federal grant compliance.
 - Explain how the program/bureau will prevent future retroactive requests:
 - The Bureau is now tracking all contractual obligations on a universal grant reconciliation to ensure that a subgrant is processed with a reasonable timeframe.

If you have any questions, please contact Kim Riggs at (775) 684-3490 or k.riggs@health.nv.gov.

cc: Contract Unit - Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23466**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	UNIVERSITY OF PITTSBURGH
Agency Code:	406	Contractor Name:	UNIVERSITY OF PITTSBURGH
Appropriation Unit:	3218-22	Address:	Dept of Biomedical Information 5607 BAUM BLVD
Is budget authority available?:	Yes	City/State/Zip:	PITTSBURGH, PA 15206-3701
If "No" please explain:	Not Applicable	Contact/Phone:	Maria Bond 412/624-8975
		Vendor No.:	T29009120A
		NV Business ID:	N/A

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C17642**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**Anticipated BOE meeting date **11/2020**Retroactive? **Yes**

If "Yes", please explain

The Division had personnel turnover in the Contract Unit which caused delays in the processing time. Additionally, with limited staff, social distancing, and telecommuting due to CDC guidelines for COVID-19 and COVID19 emergency contracts, this interlocal contract was delayed.

3. Termination Date: **06/30/2024**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Health Surveillance**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing access to the National Retail Data Monitor, a public health surveillance tool.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,988.07**

Other basis for payment: Annual per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Epidemiologist and Chief Medical Officer need to be able to monitor collected data on over-the-counter drug sales on a real-time basis to determine their possible effects on Nevada. This will enable them to identify disease outbreaks, as either naturally occurring or as a result of bio-terrorism. The Nevada Division of Public and Behavioral Health has implemented a public health surveillance system within its jurisdiction and utilizes the NRDM in order to protect public health.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This database is owned and operated by the University of Pittsburgh.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more public agencies to perform and governmental service, activity, or undertaking.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 3/2011 with the Division of Public and Behavioral Health. 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	kquinter	10/08/2020 16:36:48 PM
Division Approval	kquinter	10/08/2020 16:36:52 PM
Department Approval	mwinebar	10/09/2020 09:57:54 AM
Contract Manager Approval	rmille8	10/09/2020 10:57:57 AM
Budget Analyst Approval	afrantz	10/15/2020 14:51:57 PM

Steve Sisolek
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator
Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: September 16, 2020

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero
Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – University of Pittsburgh
(CETS #23466)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **University of Pittsburgh**
- Services to be provided: **This is a new interlocal agreement to provide access to the National Retail Data Monitor (NRDM), a public health surveillance tool which was created by the University of Pittsburgh; Real-time Outbreak and Disease Surveillance Laboratory (RODS Laboratory).**
- Funding source and expenditure category: **BA 3218 - CAT 22 CDC Federal Grant**
- Requested start date of work: **July 1, 2020**
- Expected execution date of agreement: **October 2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: **The Division had personnel turnover in the Contract Unit which caused delays in the processing time. Additionally, with limited staff, social distancing, and telecommuting due to CDC guidelines for COVID-19, this interlocal contract was overlooked.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The State would not be able to respond to identify disease outbreaks, as either naturally occurring or as a result of bio-terrorism.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19859**Amendment Number: **1**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Legal Entity Name: **CHANGE AND INNOVATION AGENCY, LLC**Agency Code: **407**Contractor Name: **CHANGE AND INNOVATION AGENCY, LLC**Appropriation Unit: **3233-26**Address: **LLC**Is budget authority available?: **Yes****8908 N GLENWOOD AVE****KANSAS CITY, MO 64157-7889**If "No" please explain: **Not Applicable**Contact/Phone: **573/230-7470**Vendor No.: **T32002127**NV Business ID: **NV20121733603**To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	44.00 %	Fees	0.00 %
X	Federal Funds	54.50 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	1.50 % Universal Energy Charge (UEC)

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 **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Lobby Management**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing Lobby Management system licensing/support. This amendment increases the maximum amount from \$1,679,501 to \$1,716,910 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,679,501.00	\$1,679,501.00	\$1,679,501.00	Yes - Action
2. Amount of current amendment (#1):	\$37,409.00	\$37,409.00	\$37,409.00	Yes - Info
3. New maximum contract amount:	\$1,716,910.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Lobby Management system is essential for maintaining the streamlined service process, increased client satisfaction, and enhanced productivity of DWSS District Office employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The system was previously purchased/installed and in use by the State.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	08/31/2020 12:21:30 PM
Division Approval	bberry	09/14/2020 08:41:46 AM
Department Approval	mwinebar	09/22/2020 10:45:04 AM
Contract Manager Approval	sjon23	09/23/2020 16:47:51 PM
EITS Approval	tgalluzi	09/24/2020 14:07:43 PM
Budget Analyst Approval	bwooldri	09/27/2020 09:28:13 AM

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
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 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Steve Fisher, Administrator, DWSS
Bart London, Chief IT Manager, DWSS
Brenda Berry, CFO, DWSS
Joe Garcia, Social Services Chief III, DWSS

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completed – DWSS - *Lobby Management System* – T3233178

DATE: September 23rd, 2020

We have completed the review for Division of Welfare and Supportive Services (DWSS) – *Lobby Management System* TIN.

The submitted TIN, for an estimated value of \$1,716,909, supports enhancement and or upgrade of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

DWSS has been using a Lobby Management System (LMS) since 2014 provided by Change and Innovation Agency, LLC(C!A). The solution has met all the functional and technical requirements and has streamlined DWSS services to our customers. The C!A solution is cloud base, software as a service (SaaS) solution tailored to DWSS' needs. C!A, in order to better serve their customers' needs in support of SNAP, TANF, and all related applications, has developed a new system named CURRENT with existing functional requirements and enhancements. The C!A SaaS solution, known as PathOS, is being decommissioned and all States are moving onto Current. DWSS is preparing for the transition and future use of the C!A LMS.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16579**

Amendment Number: **1**

Legal Entity Name: **INFORMATIX, INC.**

Agency Name: **DHHS - WELFARE AND SUPPORT SERVICES**

Contractor Name: **INFORMATIX, INC.**

Agency Code: **407**

Address: **2485 NATOMAS PARK DR STE 430**

Appropriation Unit: **3238-04**

City/State/Zip: **SACRAMENTO, CA 95833-2937**

Is budget authority available?: **Yes**

Contact/Phone: **916/830-1400**

If "No" please explain: **Not Applicable**

Vendor No.: **T29018702**

NV Business ID: **NV20081431872**

To what State Fiscal Year(s) will the contract be charged? **2016-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date **09/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2020**

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Financial Data Match**

5. Purpose of contract:

This is the first amendment to the original contract which provides Financial Institute Data Match services for the Child Support Enforcement Program, as mandated by federal regulations, to use as a tool for seizing assets in financial institutions for non-custodial parents that owe child support in arrears. This amendment extends the termination date from September 30, 2020 to September 30, 2021 and increases the maximum amount from \$98,544.00 to \$114,557.96 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:	\$98,544.00	\$98,544.00	\$98,544.00	Yes - Action
2. Amount of current amendment (#1):	\$16,013.96	\$16,013.96	\$16,013.96	Yes - Info
3. New maximum contract amount:	\$114,557.96			
and/or the termination date of the original contract has changed to:	09/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are currently no state resources to provide this specialized service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Informatic, Inc.
Maximus
Stellarware Corporation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The RFP was prepared by the multi-state FIDM Alliance and was released by the State of Michigan.

d. Last bid date: 12/14/2014 Anticipated re-bid date: 12/14/2021

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	09/03/2020 09:16:43 AM
Division Approval	bberry	09/18/2020 08:26:18 AM
Department Approval	mwinebar	09/21/2020 14:05:58 PM
Contract Manager Approval	mpomerle	09/22/2020 08:07:32 AM

EITS Approval
Budget Analyst Approval

tgalluzi
bwooldri

09/22/2020 11:25:43 AM
09/25/2020 09:21:28 AM

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
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 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Steve Fisher, Administrator, DWSS
Bart London, CITM, DWSS
Brenda Berry, Chief Financial Officer, DWSS

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completed – DWSS - *Informatix - CSEP Financial Data Match (FIDM)* – T3238176

DATE: September 2nd, 2020

We have completed the review for Division of Welfare and Supportive Services' (DWSS) – *Informatix - CSEP Financial Data Match (FIDM)* TIN.

The submitted TIN, for an estimated value of \$44,351, supports the update to a maintenance, licensing, or consulting agreement already in place. The TIN supports increasing the total value of the Informatix contract (CETS 16579) to approximately \$114,557.

The Division of Welfare and Supportive Services (DWSS) has chosen the Informatix solution to meet the needs of Financial Institution Data Matching (FIDM) required for our Child Support Enforcement Division. DWSS has chosen both methods one and two as outlined in the RFP. Child Support Enforcement uses the secure web application for information related to data matching daily. In addition to using the secure FIDM website, DWSS uploads client data to the FIDM System monthly. Based on the information provided through the file transfer, FIDM provides the weekly file which is uploaded to the NOMADS system. This exchange of data is provided through secure FTP from the State's mainframe to the FIDM System..

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23497**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	LRS SYSTEMS LTD
Agency Code:	409	Contractor Name:	LRS SYSTEMS LTD
Appropriation Unit:	3229-44	Address:	1900 E SAHARA AVE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89104-3816
If "No" please explain:	Not Applicable		
To what State Fiscal Year(s) will the contract be charged?	2021-2024		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			

X	General Funds	25.00 %	Fees	0.00 %
X	Federal Funds	75.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2024**Contract term: **3 years and 274 days**4. Type of contract: **Contract**Contract description: **On-Line Training**

5. Purpose of contract:

This is a new contract to provide court appointed on-line anger management/impulse control courses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,500.00**

Payment for services will be made at the rate of \$105.00 per Anger Mgmt. I/Impulse Control

Other basis for payment: \$105 per Drug & Alcohol and Petit Larceny; \$130 per Anger Management II; \$20 per additional courses

II. JUSTIFICATION

7. What conditions require that this work be done?

It is important that parents understand how to manage anger and how to deal with emotion. Anger can lead to violent behavior and this negatively impacts children and other family members. Learning specific skills and techniques to control angry impulses and to change these

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no employees within the Division with the expertise to teach this course.

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):

LRS Systems LTD.
Court Ordered Classes
Think Before You Act

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond. Courses are offered online as well as in person in the community.

d. Last bid date: 06/22/2020 Anticipated re-bid date: 05/20/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has provided services to DETR from 2008 to 2020. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

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	08/20/2020 08:18:51 AM
Division Approval	knielsen	09/11/2020 15:02:58 PM
Department Approval	mwinebar	09/21/2020 13:39:54 PM
Contract Manager Approval	sknigge	09/22/2020 11:09:32 AM
Budget Analyst Approval	jyou23	09/30/2020 16:28:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23537**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3281-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ELECTRIC COMPANY, THE**Contractor Name: **ELECTRIC COMPANY, THE**Address: **660 KRESGE LN**City/State/Zip: **SPARKS, NV 89431-7217**Contact/Phone: **Brandon Jared 775/355-7300**Vendor No.: **T27037950**NV Business ID: **NV20141544094**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	75.00 %	Fees	0.00 %
X	Federal Funds	25.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 179 days**4. Type of contract: **Contract**Contract description: **Electrical Services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical maintenance and repair services for State buildings on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$110.00 per Hour

Other basis for payment: Not to exceed 35% mark up on equipment and materials

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical services are for the health and safety of both staff and clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not have an employee with the necessary expertise.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nelson Electric
Eagle Electric
Action Electric
The Electric Company
Triumph Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The awarded vendor was the only vendor to respond.

d. Last bid date: 07/08/2020 Anticipated re-bid date: 07/30/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has previously been under contract with the Division. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Imran Hyman, Admin Services Officer II Ph: 775-688-1636

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	08/25/2020 08:30:55 AM
Division Approval	knielsen	09/28/2020 12:56:28 PM
Department Approval	mwinebar	09/29/2020 17:24:33 PM
Contract Manager Approval	sknigge	09/30/2020 10:42:30 AM
Budget Analyst Approval	jyou23	10/05/2020 08:33:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23418**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	INTEGRATED MECHANICAL SERVICES
Agency Code:	409	Contractor Name:	INTEGRATED MECHANICAL SERVICES
Appropriation Unit:	3646-07	Address:	LLC DBA EVOLUTION AIR COND 121 INDUSTRIAL PARK RD STE 105 HENDERSON, NV 89015-6605
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89015-6605
If "No" please explain:	Not Applicable	Contact/Phone:	Dennis Cope 702/912-1525
		Vendor No.:	T27037202
		NV Business ID:	NV20111413709

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	70.00 %	Fees	0.00 %
X	Federal Funds	30.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2024**Contract term: **3 years and 305 days**4. Type of contract: **Contract**Contract description: **HVAC Controls**

5. Purpose of contract:

This is an ongoing contract for preventative maintenance and services as needed for the controls that govern the heating and air conditioning systems at Desert Willow Treatment Center (building 17) and the West Neighborhood Family Services Center (building 7), located at 6171 W. Charleston Blvd., Las Vegas, NV.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,553.80**

Other basis for payment: Is based on quarterly maintenance fees, hourly charges and costs for parts and materials as detailed in the Consideration Section of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Routine and preventative maintenance of heating ventilation and air conditioning systems' controls is necessary to ensure the health of clients, families, visitors and staff at Desert Willow Treatment Center and the Children's Clinical Services building.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state agency or employee with the needed expertise or certifications9. 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):

Action Air
Best Air Conditioning
Climate Control Experts
Integrated Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to bid

d. Last bid date: 05/04/2020 Anticipated re-bid date: 04/01/2024

10. 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:

Darryl Lambert, Facility Supervisor Ph: (702) 249-2028

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	07/17/2020 12:15:47 PM
Division Approval	knielsen	09/14/2020 14:42:20 PM
Department Approval	mwinebar	09/17/2020 12:59:24 PM
Contract Manager Approval	sknigge	09/18/2020 16:26:13 PM
Budget Analyst Approval	jyou23	09/30/2020 16:38:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23604**

Agency Name: COMMISSION ON MINERAL RESOURCE	Legal Entity Name: COMPUTER TECHNICAL SERVICES
Agency Code: 500	Contractor Name: COMPUTER TECHNICAL SERVICES
Appropriation Unit: 4219-26	Address: INC
Is budget authority available?: No	5850 POLARIS AVE STE 500
If "No" please explain: Upon approval of WP C52743	City/State/Zip: LAS VEGAS, NV 89118-3184
	Contact/Phone: 800/276-3898
	Vendor No.: T29008518
	NV Business ID: NV19991456090
To what State Fiscal Year(s) will the contract be charged?	2021-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Mining Claim
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 500

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2022**Contract term: **2 years and 2 days**4. Type of contract: **Contract**Contract description: **PC/LAN Support**

5. Purpose of contract:

This is a new contract is to provide Personal Computer (PC)/Local Area Network (LAN) support for both Division of Minerals Carson City and Las Vegas offices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: As invoiced by the contractor and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Minerals IT was previously supported by the Department of Industrial Relations and IT support will no longer be available by Industrial Relations. EITS determined during FY21-23 that they are unable to support the Division's PC/LAN services due to staff capacity constraints, see attached documentation. This is the contract for the Division's PC/LAN support for both the Carson City and Las Vegas offices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Minerals does not employ any IT Staff.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

TerraSpectra Geomatics
Computer Technical Services
Top Speed Computer Services
ProTechnical
Sierra Computer Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the highest rated proposer as determined by Division evaluations.

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?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

15% for materials mark-up purchased under this contract

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	dvisher	09/21/2020 09:07:36 AM
Division Approval	dvisher	09/21/2020 09:07:40 AM
Department Approval	dvisher	09/21/2020 09:07:44 AM
Contract Manager Approval	rghighie	09/21/2020 12:04:00 PM
EITS Approval	tgalluzi	09/21/2020 14:26:55 PM
Budget Analyst Approval	mlynn	09/28/2020 17:23:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23516**Agency Name: **DPS-EMERGENCY MANAGEMENT**Agency Code: **654**Appropriation Unit: **3602-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Office of the Military

Contractor Name: **Office of the Military**Address: **2460 Fairview Drive**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Cheryl Tyler 775-884-8458

Vendor No.:

NV Business ID: n/a

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2020**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

The Division of Emergency Management has been incurring costs for the operation of this system from the Office of the Military since May 1, 2020, however, the negotiations between both of our agencies did not conclude until recently. The Battelle Decontamination System is used on N-95 masks so that they can be reused. To ensure that the operation of the system can continue, we respectfully request that the agreement be retroactively effective to May 1, 2020.

3. Termination Date: **12/31/2020**Contract term: **244 days**4. Type of contract: **Interlocal Agreement**Contract description: **Battelle 2**

5. Purpose of contract:

This is a new interlocal agreement with the Office of the Military to cover the ongoing costs related to the operation of the Battelle Decontamination System at the Henderson Armory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,010.00**

Other basis for payment: payment will be based on actual costs for the operation of the system

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Emergency Management Agency (FEMA) approved Nevada to be one of the 60 locations to receive a Battelle Decontamination System unit which can sterilize N95 masks up to 20 times. FEMA has provided the system to Nevada at no cost for up to 6 months. The Henderson Armory in Henderson Nevada was selected as the location for the system to be installed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Henderson Armory in Henderson Nevada was selected as the location for the system with the Division of Emergency Management agreeing to cover the costs associated with adjustments to the building needed to house and operate the system.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Jon Bakkedahl, EMPPM Ph: 687-0305

Judith Lyman, MA1 Ph: 687-0324

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aescude2	08/17/2020 13:12:23 PM
Division Approval	lgallow1	08/25/2020 14:32:22 PM
Department Approval	cboegle	10/12/2020 10:00:35 AM
Contract Manager Approval	cboegle	10/12/2020 10:00:38 AM
Budget Analyst Approval	nkephart	10/12/2020 10:30:02 AM

Steve Sisolak
Governor



Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Justin Luna
Chief

**Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701
Telephone (775) 687-0300 / Fax (775) 687-0322
DEM Website – <http://dem.nv.gov>

Memorandum

DATE: August 17, 2020

TO: Governor's Finance Office

FROM: Arsenio Escudero, ASO III

SUBJECT: Retroactive Memo- Agreement with the Office of the Military for the Operation of the Battelle Decontamination System

To Whom It May Concern,

The Department of Public Safety, Division of Emergency Management requests a retroactive agreement between our division and the Office of the Military for the monthly operation of the Battelle Decontamination System. The Division of Emergency Management has been incurring costs for the operation of this system from the Office of the Military since May 1, 2020, however, the negotiations between both of our agencies did not conclude until recently. The Battelle Decontamination System is used on N-95 masks so that they can be reused.

To ensure that the operation of the system can continue, we respectfully request that the agreement be retroactively effective to May 1, 2020. Thank you for your time and consideration on this matter.

Respectfully,

Arsenio Escudero

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23512**Agency Name: **DPS-EMERGENCY MANAGEMENT**Agency Code: **654**Appropriation Unit: **3673-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ONSOLVE LLC**Contractor Name: **ONSOLVE LLC**Address: **780 West Granada Boulevard**City/State/Zip: **Ormond Beach, FL 32174**Contact/Phone: **John Abbruzzese 866/939-0911**Vendor No.: **T27043402A**NV Business ID: **Pending, see addl. info.**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2022**Contract term: **1 year and 334 days**4. Type of contract: **Contract**Contract description: **Code Red**

5. Purpose of contract:

This is a new contract to provide Emergency Alert System and Integrated Public Alert & Warning System access for emergency notifications and alerts as required by law under Title 47 CFR, Chapter 73, Part 11.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,500.00**

Other basis for payment: per the consideration section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is required to have an Integrated Public Alert and Warning (IPAWS) system, as identified in Title 47 CFR, Chapter 73, Part 11. Alert Sense is the common operational platform from which public warning is made and has been in use by the state. It uses a Common Alerting Protocol (CAP) required by law. The Emergency Alert System, or EAS, is a network of radio and television stations, cable television operators and IPTV services (EAS Participants) that is available 24/7/365 to local, state and federal officials to inform the public of a pending emergency, disaster or crises. This network is available at no charge because providers buy their own specialized EAS equipment, pay to maintain it and train their staff to understand the purpose and use of EAS. In addition, the broadcasters and other providers set aside program time in their weekly schedules for routine testing which ensures that the system is always ready for use. The Federal Communications Commission set up a national framework for EAS for National, Presidential warnings while allowing each state to build its own EAS plan tailored to local needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within the Division of Emergency Management cannot access the EAS without an interface. Further, this interface is technically linked to other devices and systems which initiate the EAS and this cannot be done by a person. There are no other state agencies who have the statutory authority to initiate an EAS and manage the program.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Genesys
AlertSense
OnSolve
Rave

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

best services for the lowest cost

d. Last bid date: 12/19/2019 Anticipated re-bid date: 12/01/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Friend, Melissa, EMPM Ph: 775-687-03

Lyman, Judith, MA Ph: 775-687-0324

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aescude2	08/17/2020 13:04:58 PM
Division Approval	twollan1	09/03/2020 11:21:25 AM
Department Approval	cboegle	09/17/2020 10:53:37 AM
Contract Manager Approval	cboegle	09/17/2020 10:53:40 AM
Budget Analyst Approval	nkephart	09/30/2020 14:07:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23279**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4460-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HALO PEST ELIMINATION**Contractor Name: **HALO PEST ELIMINATION**Address: **PO BOX 129**City/State/Zip: **FERNELY, NV 89408**Contact/Phone: **TERESA REEVES 775-738-2847**Vendor No.: **T29043503**NV Business ID: **NV20201770695**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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 % SPORTSMEN REVENUE**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 20-57

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2020**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2024**Contract term: **3 years and 301 days**4. Type of contract: **Contract**Contract description: **Pest Control**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services at the Wildlife Management Areas, hatcheries and rearing station.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,200.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Mice and bug infestations.

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 skills and expertise to perform this specialized work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**HALO PEST ELIMINATION
APEX PEST CONTROL
NORTHERN NEVADA PEST CONTROL**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Capability to service multiple rural locations at the lowest cost.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

NICK COLLIN, CONSTRUCTION COORDINATOR Ph: 775-688-1583

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	06/15/2020 12:06:01 PM
Division Approval	kdailey	07/01/2020 10:29:12 AM
Department Approval	kdailey	07/01/2020 10:29:18 AM
Contract Manager Approval	zalbert	08/06/2020 16:32:36 PM
Budget Analyst Approval	mlynn	10/04/2020 19:52:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23498**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4460-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MOSSOW, REBECCA DBA**Contractor Name: **MOSSOW, REBECCA DBA**Address: **HULINGS ENTERPRISES****24 3RD STREET**City/State/Zip: **MCGILL, NV 89318**Contact/Phone: **REBECCA MOSSOW 775/296-3577**Vendor No.: **T27040430**NV Business ID: **NV20151244533**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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 % SPORTSMEN REVENUE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **21-06**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2024**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **Janitorial for Ely**

5. Purpose of contract:

This is a new contract to provide janitorial services to the Ely field office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,800.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

NDOW Office in Ely requires janitorial services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have the proper supplies or staff to do the janitorial work 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):

**CUSTOM CLEAN
REBECCA MOSSOW & JAMES MOSSOW HULINGS ENTERPRISES
ACCURATE BUILDING MAINTENANCE**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest responsible 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

NATALIE PANUNZIO , ADMIN ASST IV Ph: 775-777-2318

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	09/03/2020 15:12:58 PM
Division Approval	kdailey	09/03/2020 15:32:05 PM
Department Approval	kdailey	09/03/2020 15:32:10 PM
Contract Manager Approval	zalbert	09/03/2020 16:04:33 PM
Budget Analyst Approval	mlynn	10/08/2020 13:49:43 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23594**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4460-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEW LEAF SOLUTIONS, LLC.**Contractor Name: **NEW LEAF SOLUTIONS, LLC.**Address: **855 WHITE OAK DRIVE**City/State/Zip: **SPRING CREEK, NV 89815**Contact/Phone: **NEWLEAFSOLUTIONSLLC@YAHOO.COM 775-778-1058**Vendor No.: **T29043473**NV Business ID: **NV20201735096**To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % SPORTSMEN REVENUE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **21-20**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/30/2021**Contract term: **223 days**4. Type of contract: **Contract**Contract description: **Tree Trimming GFH**

5. Purpose of contract:

This is a new contract to provide tree trimming services at Gallagher Fish Hatchery.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,920.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Overgrown trees that are a safety hazard to the buildings and staff and improve landscaping appearance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized work State employees do not have skills to perform9. 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):

**NEW LEAF SOLUTIONS
 DESIGN MY PARADISE TREE SERVICES
 BATTLE BORN TREE TRIMMING**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

only responsible bidder who submitted quote on time

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 COLLIN, CONSTRUCTION COORDINATOR Ph: 775-688-1583

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	09/24/2020 13:59:42 PM
Division Approval	kdailey	09/25/2020 10:19:19 AM
Department Approval	kdailey	09/25/2020 10:21:31 AM
Contract Manager Approval	btait	10/02/2020 10:18:23 AM
Budget Analyst Approval	mlynn	10/19/2020 10:40:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23064**Amendment Number: **1**Agency Name: **DCNR - PARKS DIVISION**Legal Entity Name: **CARDNO INC**Agency Code: **704**Contractor Name: **CARDNO INC**Appropriation Unit: **4162-68**Address: **5496 Reno Corporate Drive**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89511**

If "No" please explain: Not Applicable

Contact/Phone: **Coleen Shade 775-828-4362**Vendor No.: **T29035299A**NV Business ID: **NV20111772626**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **1 year and 49 days**4. Type of contract: **Contract**Contract description: **Environmental Assess**

5. Purpose of contract:

This is the first amendment to the original contract which provides an environmental assessment of the Walker River State Recreation Area. This amendment adjusts the scope of work to address the Yellow-billed cuckoo habitat, add cultural and historic resources desktop review, and Phase II environmental site assessment. This amendment increases the maximum amount from \$82,106 to \$127,296 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$82,106.00	\$82,106.00	\$82,106.00	Yes - Action
2. Amount of current amendment (#1):	\$45,190.00	\$45,190.00	\$45,190.00	Yes - Info
3. New maximum contract amount:	\$127,296.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The EA is required for the infrastructure to improve the park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the staff or expertise and technical training required.

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?

Pursuant to RFP #20R7-01 the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	jidema	09/17/2020 13:25:08 PM
Division Approval	jidema	09/17/2020 13:25:18 PM
Department Approval	jidema	09/17/2020 13:25:22 PM
Contract Manager Approval	jidema	10/12/2020 11:00:27 AM
Budget Analyst Approval	rjacob3	10/12/2020 13:00:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23562**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-06**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DEPARTMENT OF INTERIOR-USGS**Contractor Name: **DEPARTMENT OF INTERIOR-USGS**Address: **2730 North Deer Run Road**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **Jill Frankforter 775/887/7658**Vendor No.: **PUR0000332B**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 21-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2023**Contract term: **3 years and 1 day**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Fort Churchill Gage**

5. Purpose of contract:

This is a new joint funding agreement for operation and maintenance activities for the Fort Churchill gaging station located on the Carson River

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,802.00**

Other basis for payment: The total of Nevada's portion of this Joint Funding agreement is \$19,371.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Fort Churchill gaging station provides important information regarding the Carson River. The Carson River is on the 303(d) list and therefore is considered impaired.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The USGS provides accurate and unbiased hydrologic information and has been monitoring the Fort Churchill gage to get this important information for many years. This contract provides for a share of the cost of this monitoring; if state employees were providing the service the cost would triple.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?

USGS has been monitoring the Fort Churchill gage for many years.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Birgit Widegren, Nonpoint Source Branch Manager Ph: 775/687/9550

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	09/03/2020 15:54:50 PM
Division Approval	pcomba	09/10/2020 08:12:11 AM
Department Approval	pcomba	09/10/2020 08:12:18 AM
Contract Manager Approval	mhilk1	09/10/2020 08:16:50 AM
Budget Analyst Approval	rjacob3	09/29/2020 06:57:34 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: **21647** Amendment Number: **1**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **Southern Nevada Health District**

Agency Code: **709** Contractor Name: **Southern Nevada Health District**

Appropriation Unit: **3197-10** Address: **PO Box 3902**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89127-3902**

If "No" please explain: **Not Applicable** Contact/Phone: **John Shannon 702-759-0875**

Vendor No.: **T27001231B**

NV Business ID: **T27001231B**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 101

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2019**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **1 year and 357 days**4. Type of contract: **Interlocal Agreement**Contract description: **Water Law/Mgmt Svcs**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing assistance in applying Nevada laws governing public water systems. The contractor will conduct and document sanitary surveys within Clark County; review and update the Safe Drinking Water Information System; participate in the training programs; assist the state in preparing relevant reports and assist the state in implementing the new US Environmental Protection Agency rules.

This is the first amendment to the original contract to increase the contract amount by 20% for the second contract year, FY21. The amendment will provide funding to address workload and cost of living increases.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$275,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementation at the local level allows the agency to be more responsive to public health issues and emergencies.

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

17.73%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	10/13/2020 08:42:20 AM
Division Approval	aseifert	10/13/2020 17:20:12 PM
Department Approval	aseifert	10/14/2020 08:23:00 AM
Contract Manager Approval	kkochen	10/14/2020 10:28:18 AM
Budget Analyst Approval	rjacob3	10/14/2020 13:07:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23554**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AllPro Services LLC**Contractor Name: **AllPro Services LLC**Address: **dba AllPro Painters
3674 N. Rancho Dr., Suite 101
Las Vegas, NV 89130-3115**City/State/Zip: **Las Vegas, NV 89130-3115**Contact/Phone: **Lawrence Holden 702-550-4755**Vendor No.: **T27034427**NV Business ID: **NV20111339463**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3462-23-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2022**Contract term: **2 years and 93 days**4. Type of contract: **Contract**Contract description: **AllPro Painting**

5. Purpose of contract:

This is a new contract to provide interior painting services at the Hoover Dam Cafe operated by a Blind Operator in the Business Enterprise of Nevada (BEN) program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Other basis for payment: Base Hoover Dam Cafe Interior Paint Job (Materials + Labor): \$33,256.00; If Cafe Open during painting (Labor): \$6,800.00; Remove, Paint and Replace Ceiling Tiles (Materials + Labor): \$1,780.00; Remove and Replace Storage Room 4" coving (Materials + Labor): \$715.00. Labor Rate for subsequent painting for Cafe and/or Gift Shop (4 hour minimum): \$62.50/man hour; Materials on subsequent paint jobs: Cost + 25%. Travel Costs to the Hoover Dam will not exceed \$30.00 for a round trip. No Travel costs to be included on subsequent painting projects at Hoover Dam. Invoices must be approved by approved BEN personnel before payment. Total Contract not to exceed: \$49,500.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Cafe has not been repainted or refurbished since the building was brand new in 1999. BEN must maintain the interior of the building to Bureau of Reclamation standards.

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 material to perform the task.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Canyon Electric and General Contracting
AllPro Painting
Advanced Pro

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 08/10/2020 Anticipated re-bid date: 08/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to Child and Family Services since June 2014.

14. Is the contractor currently involved in litigation with the State 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	ethick1	09/02/2020 13:42:15 PM
Division Approval	aallen	09/29/2020 10:42:41 AM
Department Approval	aallen	09/29/2020 10:42:44 AM
Contract Manager Approval	aallen	09/29/2020 10:42:47 AM
Budget Analyst Approval	dbaughn	09/29/2020 12:53:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23482**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Washoe County Health District**Contractor Name: **Washoe County Health District**Address: **1001 E 9th St**City/State/Zip: **Reno, NV 89512**Contact/Phone: **Lisa Lottritz 775-328-6159**Vendor No.: **T40283400**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3451-25-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2024**Contract term: **4 years and 85 days**4. Type of contract: **Interlocal Agreement**Contract description: **2020 WCHD**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing immunizations for Vocational Rehabilitation clients which may be required by employers or schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Washoe County Health District, Community and Clinical Health Services will provide the services set forth in paragraph (6) at a cost in accordance with the rates established fee schedule as published on the WCHD website. All services must be pre-authorized by VR. The fee schedule is subject to change. Payments only upon approval by authorized REHAB staff. The contract shall not exceed \$15,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Some VR clients need immunizations to facilitate participation in secondary education, competitive employment or be able to re-enter the work force.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees are not licensed and do not have the supplies to perform the service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor provided these services satisfactorily to REHAB since 2016.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/05/2020 15:40:20 PM
Division Approval	aallen	10/08/2020 08:45:05 AM
Department Approval	aallen	10/08/2020 08:45:07 AM
Contract Manager Approval	aallen	10/08/2020 08:45:09 AM
Budget Analyst Approval	dbaughn	10/08/2020 15:38:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23536**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Comstock Lock

Contractor Name: **Comstock Lock**Address: **P.O. Box 18456**City/State/Zip: **Reno, NV 89511**

Contact/Phone: David Harris 775-851-7233

Vendor No.: T32010161

NV Business ID: NV20141305078

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 3457-23-BDA

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**

Anticipated BOE meeting date 09/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2022**Contract term: **2 years and 1 day**4. Type of contract: **Contract**Contract description: **Comstock Lock**

5. Purpose of contract:

This is a new contract to provide locksmith service to all northern Nevada Bureau of Disability Adjudication offices. This service is required per a Social Security Administration Security Audit.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$65.00 Trip Charge/Service; \$65/ hour (9:00 AM - 5:00 PM Mon - Fri); Lock Repair: \$15.00 and up /Lock; Lock Replacement: \$10/Lock; Key Creation: \$15.00 and up/Lock; Key Duplication: \$3.50 and up/Key. Vendor Closed: Saturday, Sunday and after 5:00 PM on weekdays. Parts not to exceed 20% of cost to vendor. Equipment rental expenses will be reimbursed, if approved in advance and with an original receipt. Invoices payable only upon approval by authorized BDA personnel. Total Contract not to exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA must ensure that all door locks, cabinet locks and desk drawer locks work and function properly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools to provide this service9. 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):

ABC Lock & Glass
Comstock Lock
Andy's Lock & Glass
Reno Alpine Lock & Key

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond

d. Last bid date: 07/15/2020 Anticipated re-bid date: 07/15/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	08/27/2020 15:35:16 PM
Division Approval	aallen	09/17/2020 15:09:05 PM
Department Approval	aallen	09/17/2020 15:09:08 PM
Contract Manager Approval	aallen	09/17/2020 15:09:10 PM
Budget Analyst Approval	dbaughn	09/29/2020 09:37:03 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23507**Agency Name: **DETR - REHABILITATION DIVISION**
Agency Code: **901**
Appropriation Unit: **3269-04**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Daniel G Lang**
Contractor Name: **Daniel G Lang**
Address: **dba Sun King Window Tinting**
213 Sage St., Suite 10
City/State/Zip: **Carson City, NV 89706-2249**
Contact/Phone: **Linda Lang 775-885-7024**
Vendor No.: **T80904329**
NV Business ID: **NV20101178028**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3453-23-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2022**Contract term: **2 years and 1 day**4. Type of contract: **Contract**Contract description: **Sun King Tint**

5. Purpose of contract:

This is a new contract to provide or upgrade window security tinting at all Bureau of Disability Adjudication windows in Carson City and provide maintenance of the tint for the balance of the contract. This is required by the Social Security Administration from the results of their Security Audit from 2019.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard: \$130.00/hr. (7:00 AM - 5:00 PM Mon-Fri); Any work outside of non-standard hours is not permitted; Overtime pay is not permitted; Tint Cost: \$5.00/sqft - \$14.00/sqft (depends on type of film chosen). Equipment rental expenses will be reimbursed, if approved in advance and with an original receipt. Submitted invoices will not be paid unless approved by authorized BDA personnel. Total Contract not to exceed \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA must ensure that no one can see into BDA offices from outside the building, but staff inside can see outside.

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 skills or equipment to perform this service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sun King
N. NV Window Tint
Sierra Window Tint

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 07/01/2020 Anticipated re-bid date: 07/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to multiple state agencies since 1999.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	09/03/2020 10:11:16 AM
Division Approval	aallen	09/17/2020 15:10:41 PM
Department Approval	aallen	09/17/2020 15:10:43 PM
Contract Manager Approval	aallen	09/17/2020 15:10:50 PM
Budget Analyst Approval	dbaughn	09/29/2020 09:51:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23544**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MISSION CRITICAL SPECIALISTS**Contractor Name: **MISSION CRITICAL SPECIALISTS**Address: **INC**City/State/Zip: **6080 ENTERPRISE DR UNIT A
DIAMOND SPRINGS, CA 95619-9394**Contact/Phone: **530/621-4785**Vendor No.: **T27040742**NV Business ID: **NV20161585881**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3456-22-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2021**Contract term: **1 year and 8 days**4. Type of contract: **Contract**Contract description: **BDA Full Circuit Tra**

5. Purpose of contract:

This is a new contract to provide a full circuit trace of the uninterrupted power supply (UPS), at the Carson City BDA office, of all end user equipment, the labeling of all circuitry and labeling the breaker panel. This is required per a audit finding by the Social Security Administration and per the BDA Security Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard Rates: \$150.00/hour (8:00 AM - 5:00 PM Mon - Fri); Overtime Rates: \$225.00/hour (5:01 PM - 7:59 AM Mon - Fri); No work will be performed on Saturdays and/or Sundays. Parts reimbursement not to exceed 20% over cost to vendor. Equipment rental expenses will be reimbursed, if approved in advance and with submittal of an original receipt. Invoices will not be paid unless approved by authorized BDA personnel. Total contract not to exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Social Security Administration is requiring a full circuit line trace from the UPS to all the equipment. This is needed per the SSA Security Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not the skills or equipment to perform this service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 06/10/2020 Anticipated re-bid date: 06/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to BDA since 2017.

14. Is the contractor currently involved in litigation with the State 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	rmayhall	08/31/2020 13:43:42 PM
Division Approval	kdesoci1	09/08/2020 16:50:10 PM
Department Approval	kdesoci1	09/08/2020 16:50:13 PM
Contract Manager Approval	aallen	09/22/2020 15:19:09 PM
Budget Analyst Approval	dbaughn	09/22/2020 15:31:19 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23490**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NV LOCKSMITH LLC**Contractor Name: **NV LOCKSMITH LLC**Address: **8628 CANYON VIEW DR**City/State/Zip: **LAS VEGAS, NV 89117-5820**Contact/Phone: **Edan Gal 702-600-0919**Vendor No.: **T29043333**NV Business ID: **NV20181495674**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3454-23-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2022**Contract term: **2 years and 1 day**4. Type of contract: **Contract**Contract description: **S. NV BDA Locksmith**

5. Purpose of contract:

This is a new contract to provide locksmith service to all of the southern Nevada Bureau of Disability Adjudication offices. This new service is required per a Social Security Administration Security Audit.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$39.99 Service Fee/Visit (first 30 minutes of services); \$85/hour after first 30 minutes (6:00 AM - 6:00 PM M - F); \$125/hour (6:01 PM - 5:59 AM M - Th); No service available after 6:00 PM Fri, Sat-Sun; Key Creation: \$3.50 - \$10.00 per key; Parts required not to exceed 20% of vendor cost. Equipment rental expenses will be reimbursed, if approved in advance and with an original receipt. Invoices will not be paid unless approved by authorized BDA personnel. Total contract not to exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA must ensure that all door locks, cabinet locks and desk drawer locks work and function properly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools to provide this service9. 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):

Get Locksmith
NV Locksmith
Pop A Lock
Silver State Locksmith

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor

d. Last bid date: 07/01/2020 Anticipated re-bid date: 05/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	rmayhall	08/17/2020 16:20:44 PM
Division Approval	aallen	09/17/2020 15:10:06 PM
Department Approval	aallen	09/17/2020 15:10:18 PM
Contract Manager Approval	aallen	09/17/2020 15:10:25 PM
Budget Analyst Approval	dbaughn	09/29/2020 09:46:39 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23481**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: TEAM ACME INC
Agency Code: 901	Contractor Name: TEAM ACME INC
Appropriation Unit: 3269-04	Address: 680 Professional Ave
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89105-6628
If "No" please explain: Not Applicable	Contact/Phone: Teran Marsell 702-566-8326
	Vendor No.: T29038054
	NV Business ID: NV20001505078

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3446-23-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **1 year and 334 days**4. Type of contract: **Contract**Contract description: **BDA Window Tint**

5. Purpose of contract:

This is a new contract to provide or upgrade window security tinting at all Bureau of Disability Adjudication windows in Las Vegas and provide maintenance of the tint for the balance of the contract. This is required by the Social Security Administration from the results of their Security Audit from 2019.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard Rates: \$75/hr (8:00am-5:00pm M-F); Overtime Rates: \$100/hr (5:01pm-7:59am M-F; 8:00am-5:00pm Sat-Sun); Equipment rental expenses will be reimbursed, if approved in advance and with an original receipt; Invoices will not be paid unless approved by authorized BDA personnel. Contract not to exceed \$20,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA must ensure that no one can see into BDA offices from outside the building.

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 skills or equipment to perform this service.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Tint
Las Vegas Window Tinting
Team Acme
Tint Pros

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost Vendor

d. Last bid date: 04/01/2020 Anticipated re-bid date: 05/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has performed satisfactorily for the Business Enterprise of Nevada program since 2016.

14. Is the contractor currently involved in litigation with the State 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	rmayhall	09/09/2020 11:44:10 AM
Division Approval	aallen	09/29/2020 10:46:16 AM
Department Approval	aallen	09/29/2020 10:46:18 AM
Contract Manager Approval	aallen	09/29/2020 10:46:20 AM
Budget Analyst Approval	dbaughn	10/01/2020 10:33:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23403**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-28**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CONVERGEONE INC**Contractor Name: **CONVERGEONE INC**Address: **NW 5806****PO BOX 1450**City/State/Zip: **MINNEAPOLIS, MN 55485-5806**Contact/Phone: **David Peers 651/393-6353**Vendor No.: **T32004231A**NV Business ID: **NV20011490185**To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: **3443-21-IDP**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **281 days**4. Type of contract: **Contract**Contract description: **Firepower Install**

5. Purpose of contract:

This is a new contract to provide DETR assistance with the installation of the new Firepower firewall and associated Firepower Management Center (FMC). ConvergeOne will provide engineering resources to DETR for this project for the phone system. Work will be completed remotely with ConvergeOne.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,412.00**

Payment for services will be made at the rate of \$14,412.00 per Contract

Other basis for payment: The State will initiate payment upon receipt of an approved invoice and on approval of authorized personnel.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide DETR assistance with the installation of the new Firepower firewall and associated Firepower Management Center (FMC). ConvergeOne will provide engineering resources to DETR for this project for the phone system. Work will be completed remotely with ConvergeOne.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR has an immediate need for these services and ConvergeOne understands what the DETR network looks like and how it works. Another vendor would need to conduct analysis of our network diagrams and network functions to facilitate a mentored remote installation of the Cisco ACI Fabric and F5 network appliances. The State of Nevada has signed a Participating Addendum for a NASPO contract.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen due to the NASPO contract for which the State of Nevada has signed a Participating Addendum (99SWC-NV-19-1186). The State of Utah conducted the original solicitation which included commodities and services.

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	aallen	07/13/2020 14:54:19 PM
Division Approval	kdesoci1	08/17/2020 17:38:18 PM
Department Approval	kdesoci1	08/17/2020 17:38:21 PM
Contract Manager Approval	aallen	08/18/2020 14:20:31 PM
EITS Approval	tgalluzi	08/20/2020 16:45:35 PM
Budget Analyst Approval	dbaughn	09/22/2020 15:47:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23405**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-26**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **CONVERGEONE INC**Contractor Name: **CONVERGEONE INC**Address: **NW 5806****PO BOX 1450**City/State/Zip: **MINNEAPOLIS, MN 55485-5806**Contact/Phone: **651/393-6353**Vendor No.: **T32004231A**NV Business ID: **NV20011490185**To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: **3441-21-IDP**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2020**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **281 days**4. Type of contract: **Contract**Contract description: **ACI Installation Svc**

5. Purpose of contract:

This is a new contract to provide assistance with deploying new Data Center switching infrastructure equipment for the northern production environment. Work will be completed remotely with ConvergeOne on assisted installation to mirror the Las Vegas ACI.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,448.00**

Payment for services will be made at the rate of \$48,448.00 per Contract

Other basis for payment: The State will initiate payment upon receipt of an approved invoice and on approval of authorized personnel.

II. JUSTIFICATION

7. What conditions require that this work be done?

Professional services are required to complete the deployment of the new Data Center switching infrastructure for the production environment in the north. Work will be completed remotely with the vendor on an assisted install to mirror the existing ACI install in Las Vegas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR has an immediate need for these services and ConvergeOne understands what the DETR network looks like and how it works. Another vendor would need to conduct analysis of our network diagrams and network functions to facilitate a mentored remote installation of the Cisco ACI Fabric and F5 network appliances. The State of Nevada has signed a Participating Addendum for a NASPO contract.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen due to the NASPO contract for which the State of Nevada has signed a Participating Addendum (99SWC-NV-19-1186). The State of Utah conducted the original solicitation which included commodities and services.

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	rmayhall	07/29/2020 15:01:41 PM
Division Approval	kdesoci1	08/17/2020 17:42:30 PM
Department Approval	kdesoci1	08/17/2020 17:42:32 PM
Contract Manager Approval	aallen	08/18/2020 14:10:21 PM
Budget Analyst Approval	dbaughn	09/22/2020 15:52:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23543**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B012 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Albertson Consulting Inc., DBA Big Picture Software**Contractor Name: **Albertson Consulting Inc., DBA Big Picture Software**Address: **21 Main Street S**City/State/Zip: **Minot, ND 58701**Contact/Phone: **Daniel Albertson 701-839-7523**

Vendor No.:

NV Business ID: **NV20171387080**To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/25/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2023**Contract term: **2 years and 339 days**4. Type of contract: **Contract**Contract description: **Licensing database**

5. Purpose of contract:

This is a new contract to provide licensing software, set up and training for licensure system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,060.00**

Payment for services will be made at the rate of \$940.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires a licensing data base to track their licensees in the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not have the ability to build and maintain advanced licensing software.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):

**Albertson Consulting dba Big Picture
Thentia
GL Solutions**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has the ability to customize the software to meet the Boards needs and were the most cost effective.

d. Last bid date: 05/29/2020 Anticipated re-bid date: 05/30/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jstrand1	08/27/2020 11:23:19 AM
Division Approval	jstrand1	08/27/2020 11:23:22 AM
Department Approval	jstrand1	08/27/2020 11:23:24 AM
Contract Manager Approval	jstrand1	08/27/2020 11:23:28 AM
Budget Analyst Approval	hfield	09/25/2020 08:24:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **22951**Amendment
Number: **1**Agency Name: **BDC LICENSING BOARDS &
COMMISSIONS**Legal Entity
Name: **CASEY NEILON INC**Agency Code: **BDC**Contractor Name: **CASEY NEILON INC**Appropriation Unit: **B015 - All Categories**Address: **503 N DIVISION ST**Is budget authority
available?: **Yes**City/State/Zip **CARSON CITY, NV 89703-4104**

If "No" please explain: Not Applicable

Contact/Phone: **Nicola Neilon, CPA, CGMA 775/283-
5555**Vendor No.: **T29010569**NV Business ID: **NV20061293367**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **03/10/2020**
Examiner's approval?Anticipated BOE meeting date **11/2021**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2020**
Termination Date:Contract term: **2 years and 296 days**4. Type of contract: **Contract**Contract description: **Casey Neilon**

5. Purpose of contract:

This is the first amendment to the original contract which provides an independent financial audit. This amendment increases the maximum amount from \$17,000 to \$49,700 and extends the termination date from December 31, 2020 to December 31, 2022 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:	\$17,000.00	\$17,000.00	\$17,000.00	Yes - Info
2. Amount of current amendment (#1):	\$32,700.00	\$32,700.00	\$49,700.00	Yes - Info
3. New maximum contract amount:	\$49,700.00			
and/or the termination date of the original contract has changed to:	12/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required by the Legislature to have an independent financial audit on a yearly basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The audit is required to be independent in nature, therefore it must not be performed by employees of the Board or other State agencies.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price and recommendations

d. Last bid date: 02/11/2020 Anticipated re-bid date: 10/12/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	09/30/2020 14:33:47 PM
Division Approval	5522	09/30/2020 14:33:50 PM
Department Approval	5522	09/30/2020 14:33:53 PM
Contract Manager Approval	5522	09/30/2020 14:33:56 PM
Budget Analyst Approval	hfield	10/02/2020 10:34:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23587**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B015 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RENO GREEN LANDSCAPING INC**Contractor Name: **RENO GREEN LANDSCAPING INC**Address: **190 WOODLAND AVENUE**City/State/Zip: **RENO, NV 89523**Contact/Phone: **Tara Carapia 775/852-8952**Vendor No.: **T81100215**NV Business ID: **NV19791004658**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/02/2020**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2022**Contract term: **2 years and 90 days**4. Type of contract: **Contract**Contract description: **Landscaping**

5. Purpose of contract:

A new contract to provide landscaping services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$475.00 per Month

Other basis for payment: As invoices are submitted

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board owns a building at 9600 Gateway that requires landscaping maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

None of the Board staff has expertise in landscaping maintenance.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**All Seasons Lawn
Century Landscapes
Reno Green**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This company had the capacity to also offer a snow removal contract at a lower price. It is separate contract from this one.

d. Last bid date: 09/10/2019 Anticipated re-bid date: 09/12/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	09/30/2020 14:39:04 PM
Division Approval	5522	09/30/2020 14:39:07 PM
Department Approval	5522	09/30/2020 14:39:09 PM
Contract Manager Approval	5522	09/30/2020 14:39:12 PM
Budget Analyst Approval	hfield	10/02/2020 10:39:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23372**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Kathleen Laxalt
Agency Code:	BDC	Contractor Name:	Kathleen Laxalt
Appropriation Unit:	B019 - All Categories	Address:	10883 Rushing Flume Drive
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Kathleen Laxalt 775-762-1864
		Vendor No.:	
		NV Business ID:	NV20101366023

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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 %	X	Fees	100.00 % Application and Licensure Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/25/2020**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2021**Contract term: **1 year and 97 days**4. Type of contract: **Contract**Contract description: **Government Affairs**

5. Purpose of contract:

This is a new contract to provide assistance in preparing planning and responding to legislative issues, responding to statute changes, regulation changes and public protection matters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes requires the Nevada Board of Dispensing Opticians to recommend the creation and/or amendment of laws regarding the practice and standards for licensees in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance and time is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with a small staff and does not have the ability, expertise or knowledge that can be uniquely performed by the contractor.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Kaempfer Crowell
Keith Lee
Kathleen Laxalt

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The contractor has unique knowledge, experience and a long history representing a variety of Nevada State Boards. The contractor has a vast knowledge of the legislative process. In addition the other vendors respectfully declined to submit a proposal.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	07/07/2020 14:06:56 PM
Division Approval	vwind1	07/07/2020 14:06:59 PM
Department Approval	vwind1	07/07/2020 14:07:03 PM
Contract Manager Approval	vwind1	07/07/2020 14:07:07 PM
Budget Analyst Approval	hfield	09/25/2020 11:54:37 AM