

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:** April 13, 2021, 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](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** 775-687-0999 or 702-486-5260  
**For Public Comment** 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 March 9, 2021 Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Colorado River Commission	1	\$35,210
Department of Corrections	1	\$5,431
<b>Total</b>	<b>1</b>	<b>\$40,641</b>

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

##### **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 Todd Hartline to be the Law Enforcement Liaison for northern Nevada Department of Public Safety. This contract is through Master Service Agreement #18405 Marathon Staffing Group, Inc.

##### **B. 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 Penelope A. C. Hampton to perform revenue projection oversight and training on a part-time basis to the Department of Taxation through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

#### **6. Request for Approval of Payment from 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 \$1,381,740.30 from the Statutory Contingency Account, to Frederick Steese, representing compensation for his wrongful conviction.

**7. Request for Designations of Bad Debts** (For possible action)

Pursuant to NRS 232.605, subsection 2, the Advisory Council to the Division of Industrial Relations requests that the Board of Examiners designate the following debts as bad debts, as they have been determined to be uncollectible:

Occupational Safety and Health Administration Fines/Penalties	\$170,985.81
Uninsured Employer Claim Account	\$567,168.26
Worker's Compensation Administrative Fines and Premium Penalties	\$190,548.40
<b>Business and Industry, Division of Industrial Relations - Total</b>	<b>\$928,702.47</b>

**8. Request for Exemption from the Furlough Process – Nevada Gaming Control Board** (For possible action)

Pursuant to Section 131.4 of Assembly Bill 3 of the 31<sup>st</sup> Special Legislative Session, the department requests a 4.6% pay reduction in place of participating in the furlough process from January 1, 2021 to June 31, 2021 for all Gaming Control Board Commission members.

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

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

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

**12. Information Item – Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 13, 2021 through March 22, 2021.

## 13. Information Item Reports

### A. Governor's Finance Office – Stale Claims Account, Emergency Account, Statutory Contingency Account and General Fund Balance

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of March 11, 2021.

TORT Claim Fund	\$ 4,838,198.82
Statutory Contingency Account	\$ 1,679,614.44
Stale Claims Account	\$ 350,531.20
Emergency Account	\$ 114,972.00
Disaster Relief Account	\$ 12,652,301.35
IFC Unrestricted Contingency Fund General Fund	\$ 7,526,654.77
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 10,457,242.94
IFC Restricted Contingency Highway Fund	\$ 2,287,561.00

### B. Department of Motor Vehicles – Complete Streets

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the first quarter of State Fiscal Year 2021 report for the period beginning July 1, 2020 and ending September 30, 2020.

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

## 15. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available 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](mailto: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:** March 9, 2021, 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](https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ)

#### **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 Borderlove, Board Counsel

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

**Governor:** I would like to call to order today's meeting of the State of Nevada Board of Examiners for Tuesday, March 9th, 2021. 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.

**Board Secretary:** Attorney General Ford?

**Attorney General:** Here.

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

**Governor:** Thank you.

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

**Governor:** Item 2, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address a Board on any items on the agenda, please step forward and identify yourself for the record. Comments will be limited to three minutes.

Do we have anyone on the phone or any written comments? We have no one for public comment.

- 3. Approval of the February 9, 2021 Minutes** (For possible action)

**Governor:** Item 3, *Approval of the February 9, 2021 Minutes*.

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

**Governor:** We have a motion on the floor for approval of the minutes. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Conservation & Natural Resources – Nevada Division of Environmental Protection	2	\$61,490
<b>Total</b>	<b>2</b>	<b>\$61,490</b>

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

**Clerk of the Board:** There is one request for vehicles in this agenda item. This request is from the Department of Conservation and Natural Resources, Division of Environmental Protection to purchase two replacement vehicles for \$61,490. The vehicles being replaced meet the age and/or the mileage requirements in the State Administrative Manual and these vehicles are funded in the legislatively approved budget. Are there any questions on this item?

**Governor:** Do we have any questions on the vehicle purchases?

**Attorney General:** Not here.

**Governor:** Do I have a motion on Agenda Item 4?

**Attorney General:** Move for approval.

**Governor:** We have a motion for approval on Agenda Item 4. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

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

Pursuant to NRS 333.705, subsection 4, the Department of Health and Human Services, Division of Child and Family Services seeks a favorable recommendation regarding the Division's determination to use the emergency provision to contract with former employee Tina Gerber-Winn to assist with the implementation of the plan developed in response to Assembly Bill 387 from the 2019 Legislative Session through Master Service Agreement #20893 Nevada Public Health Foundation, Inc.

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

Pursuant to NRS 333.705, subsection 4, the Department of Health and Human Services, Division of Public and Behavioral Health seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Anedrea Hodges to perform technical liaison duties for multiple statewide COVID-19 system implementation projects in the Division's Office of Information Technology Unit on a part-time basis through Master Service Agreement #21167 Guidesoft, Inc. dba Knowledge Services, Inc.

**Governor:** Item 5, *Authorization for an Emergency Contract with a Current and/or a Former State Employee*. Do you want to take these one at a time or together?

**Clerk of the Board:** One at a time.

**Governor:** We're going to do these one at a time. Item 5-A.

**Clerk of the Board:** Pursuant to subsection 4 of Nevada Revised Statute (NRS) 333.705, an agency may contract with a former employee without first obtaining the 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.

There are two requests under this item. The first is from the Department of Health and Human Services, Division of Child and Family Services. They seek a favorable recommendation from the Board on their use of emergency provisions to contract with a former employee. The Division contracted through Nevada Public Health Foundation with the former employee from February 1, 2021 through May 31, 2021. The former employee will provide assistance to implement the plan to prevent the relinquishment of custody of children in certain circumstances that were developed as a result of Assembly Bill 387 of the 2019 Legislative Session. Are there any questions on this item?

**Governor:** Do we have any questions on item 5-A?

**Attorney General:** None here.

**Governor:** Do I have a motion on 5-A?

**Attorney General:** I move approval.

**Governor:** We have a motion for approval on item number 5-A. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. Is anyone opposed? The motion passes.

Item number 5-B.

**Clerk of the Board:** This request is from the Department of Health and Human Services, Division of Public and Behavioral Health and they are seeking a favorable recommendation from the Board on their use of the emergency provision to contract with a former employee. The Division contracted through Knowledge Services with the former employee from February 15, 2021 to May 31, 2021 to provide technical liaison duties for statewide COVID-19 system implementation projects. Are there any questions on this item?

**Governor:** Do we have any questions on 5-B? Do we have a motion?

**Attorney General:** Move approval.

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

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

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

Pursuant to NRS 333.705, subsection 1, the Department of Conservation and Natural Resources, Division of State Parks requests authority to contract with former employee Dale Conner to perform administrative duties on a part-time and temporary basis through Master Service Agreement #18405 Marathon Staffing Group Inc.

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

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with current employee Todd Hartline to perform duties as the Traffic Safety Law Enforcement Liaison on a part-time basis. The hours worked will not be during State work or sick time, the hours worked will be during the employee's scheduled off-time and will not conflict with his current duties. This contract is through Master Service Agreement #18405 Marathon Staffing Group Inc.

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with former employee Nicholas Nordyke to perform duties as Program Coordinator for the Zero Teen Fatalities Program. This contract is through Master Service Agreement #18405 Marathon Staffing Group Inc.

**C. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation (NDOT) requests authority to contract with former employee Denise Inda, now employed by Applied Pavement Technologies, Inc. who is proposing to utilize Ms. Inda as a subcontractor on the Nevada Local Technical Assistance Program to provide traffic safety technical guidance and training to NDOT employees and NDOT transportation partners in local public agencies.

**Governor:** Item 6, *Authorization to Contract with a Current and/or a Former State Employee*. We will do these separately too. Number 6-A.

**Clerk of the Board:** Item 6 includes four requests to contract with former employees pursuant to NRS 333.705, subsection 1. The first request is from the Department of Conservation and Natural Resources, Division of State Parks to contract with a former employee to provide administrative duties on a part-time basis. The individual is employed by Marathon Staffing Group, which is Master Service Agreement #18405. Are there any questions on this item?

**Governor:** Do we have any questions on 6-A? Do I have a motion on 6-A?

**Attorney General:** Move approval.

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

**Governor:** Item 6-B, please.

**Clerk of the Board:** There are two items under 6-B. The first item, which was a request to contract with a current employee, has been withdrawn by the Agency. The second request is to contract with a former employee to function as Program Coordinator for the Zero Teen Fatalities Program. This individual will be employed through Marathon Staffing Group. Are there any questions on this item?

**Governor:** Do we have any questions on 6-B? Hearing and seeing none. Do we have a motion?

**Attorney General:** Move approval.

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

**Governor:** Item 6-C.

**Clerk of the Board:** This request is from the Department of Transportation to contract with a former employee to provide traffic safety, technical guidance through the Nevada Local Technical Assistance Program and they will provide training to both NDOT employees and transportation partners in the local public agencies. This individual will be employed through Applied Pavement Technologies. Are there any questions on this item?

**Governor:** Do you have any questions on 6-C?

**Attorney General:** None here.

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

**Attorney General:** Yes, sir. Move approval.

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

**7. Request for Approval of Payment from the Statutory Contingency Account**  
(For possible action)

Pursuant to NRS 293.253, subsection 5, the Secretary of State requests the amount of \$227,465 from the Statutory Contingency Account to reimburse county clerks for the cost of publication for statewide ballot measures from the 2020 general election.

**Governor:** Item 7, *Request for Approval of Payment from the Statutory Contingency Account*.

**Clerk of the Board:** This is a request for payment from the Statutory Contingency Account pursuant to NRS 293.253. This is from the Secretary of State's Office for \$227,465 to reimburse County Clerks for the cost of publication for statewide ballot measures from the 2020 general election. Are there any questions on this item?

**Governor:** How much is left in the contingency account? Are we getting close to the bottom?

**Clerk of the Board:** There is about \$2.7 million.

**Governor:** Alright. Are there any further questions?

**Attorney General:** None here. Move approval.

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

**8. Approval of Payment to the Secretary of the U.S. Treasury Pursuant to the Cash Management Improvement Act (For possible action)**

The State Controller requests approval of a payment to the U.S. Treasury in an amount not to exceed \$326,727 from the General Fund. This is the highest possible liability payment for 2020. The U.S. Treasury is reviewing the report and is expected to have a final liability amount by March 16, 2021. Payment to the U.S. Treasury is required by March 31, 2021.

**Governor:** Item 8, *Approval of Payment to the Secretary of the U.S. Treasury Pursuant to the Cash Management Improvement Act*.

**Clerk of the Board:** Item 8 is a request from the State Controller's Office pursuant to Section 85 of Assembly Bill 543 from the 2019 Legislative Session. This request is to authorize a payment not to exceed \$326,727 to the U.S. Treasury for interest owed under the Cash Management Improvement Act. The Cash Management Improvement Act ensures efficiency and equity between the time that federal funds are drawn and expended with the State incurring an interest liability if it draws funds too early and the federal government incurring liability to the State if the State uses its funds for federal program purposes. The amount shown is the highest possible State liability for Fiscal Year 2020. The U.S. Treasury is currently reviewing the report submitted by the State Controller and should provide a final determination by March 16th. If the calculations by the State Controller are accepted by the U.S. Treasury, the federal government would owe the State \$23,248. Are there any questions on this item?

**Governor:** Do we have any questions on Agenda Item 8?

**Attorney General:** Not here.

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

**Attorney General:** Move approval.

**Governor:** We have a motion for approval on item number eight. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

**9. Request for Designations of Bad Debts** (For possible action)

Pursuant to NRS 463.123, subsection 2, the Nevada Gaming Control Board requests approval to remove delinquent debt from the Nevada Gaming Commission's records.

**Governor:** Item 9, *Request for Designation of Bad Debts*.

**Clerk of the Board:** Most State agencies turn their uncollectible debt over to the State Controller who has the authority to request the Board of Examiners write-off bad debt that has become impossible or impractical to collect. Bad debt under the purview of the State Controller cannot be removed from the State books unless the Board of Examiners designates the debt as uncollectible. NRS 463.123 requires the Gaming Commission to report the debt determined to be impossible or impractical to collect to the Board of Examiners for the designation of bad debt. Upon such designation, the Clerk of the Board shall notify the State Controller to remove this debt from the State's books.

This item includes one request to designate debts as bad debts under the provisions of NRS 463.123. This request from the Gaming Control Board is to designate \$1,655 as bad debt for the purpose of removing the debt from the State's books. Are there any questions on this item?

**Governor:** Do we have any questions on the removal designation of the bad debt?



**Secretary of State:** I'm going to approve this but the State giving licenses for something else in the State when there is a bad debt unpaid, what is the law on that because it's frustrating for the Gaming Control Board that they can't get anything. No law says they can't but I'm just asking the question of this group.

**Governor:** Well, since we have the Attorney General on the phone, General Ford?

**Attorney General:** Madam Secretary, I'll have to look into that. I'm not going to ask anyone to respond now but I have my counsel on this call and I asked them to take notes on this and so, we can look into it for you and we'll get back to you on that.

**Governor:** Thank you, Secretary. I've got my legal counsel here; Kevin has told me that he will work with the Attorney General's Office to review the statute in terms of what flexibility we might have or abilities we might have on that one but good catch.

Do I have a motion on item number nine?

**Attorney General:** I move approval.

**Governor:** We have a motion for approval. Is there any further discussion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

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

**Governor:** Item 10, *Approval of Proposed Leases*.

**Clerk of the Board:** There are five leases in Item 10 for approval by the Board today. Are there questions on any of these items?

**Governor:** No but I want to thank you again for going over these with me and explaining them. It's been very, very helpful. Do we have any questions on item number 10? Do I have a motion?

**Attorney General:** Move approval.

**Governor:** Is there any discussion on the motion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

I just want to reiterate, Susan, to you and your staff, all three of us are on a lot of different boards and commissions and the preparation for this meeting is extremely detailed and helpful and comprehensive. So, thank you for that. It makes it a lot easier for us all.

**Secretary of State:** Governor, if I can echo. I cannot thank your staff enough for giving us responses that help us with our decision making so, thank you very much.

**Governor:** Right, I agree. I think we all feel that way.

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

**Governor:** Item number 11, *Approval of Proposed Contracts*.

**Clerk of the Board:** There are 33 contracts in Agenda item 11 for approval by the Board this morning. Are there any questions on any of these items?

**Governor:** Do you have any questions on item number 11? Hearing and seeing none. Do I have a motion?

**Attorney General:** Move approval.

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

**12. Approval of Proposed Master Service Agreements and Work Plan** (For possible action)

**Governor:** Item number 12, *Approval of Proposed Master Service Agreements and Work Plan*.

**Clerk of the Board:** There are eight master service agreements and one work plan under Agenda Item 12 for approval by the Board this morning. Are there any questions on these items?

**Governor:** Do we have any questions on these? There is a process where the Secretary always asks and I always check if these out-of-state companies have business licenses, right?

**Clerk of the Board:** Yes.

**Secretary of State:** Yes, sir. Yes, we do check.

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

**Attorney General:** Move approval.

**Governor:** We have a motion for approval.

Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

### **13. 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 January 15, 2021 through February 12, 2021.

**Governor:** Item 13, an information item, *Clerk of the Board Contracts*.

**Clerk of the Board:** There are 27 contracts in this item that are under the \$50,000 threshold that were approved by the Clerk between January 15th, 2021 and February 12th of 2021. Are there any questions on any of these items?

**Governor:** Does anybody have any questions on this one? Hearing none.

### **14. Information Item Reports**

#### **A. Statewide Quarterly Overtime Report – Fiscal Year 2021 2nd Quarter**

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 2nd Quarter Overtime Report and analysis for Fiscal Year 2021.

#### **B. Department of Motor Vehicles – Complete Streets**

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the 2nd quarter of State Fiscal Year 2021 report for the period beginning October 1, 2020 and ending December 31, 2020.

**Governor:** Item 14, an information item, *Reports*.

**Clerk of the Board:** There are two informational reports under Item 14 today.

The first report is on overtime and accrued compensatory leave for the second quarter of Fiscal Year 2021.

My staff summarized the report into a two-page summary. I'm just going to hit a couple of highlights on this. For the second quarter of Fiscal Year 2021, overtime pay and compensatory leave accounted for a total of approximately \$20 million or 6.63% of total pay for the quarter. This is an increase of 31% from the first quarter of Fiscal Year 2021. The total overtime for the year for the first two quarters is about \$35 million. The Department of Health and Human Services had the highest amount of overtime and compensatory time at \$6.97 million or 7.87% of their base pay, followed by the Department of Corrections at \$6.9 million or 14.68% of their base pay and the Department of Public Safety at \$2 million or 8.11% of base pay. For the second quarter as a percentage of base salary, the Department of Veterans Services had the highest overtime at 15.63%, approximately 40% of that is attributed to COVID-19. That is followed by the Department of Corrections at 14.68% and the Governor's Finance Office at 10.86%. Are there any questions on the overtime report?

**Governor:** The COVID money is all covered by CARES Act, right?

**Clerk of the Board:** The COVID money is covered by CARES Act. Veterans Services also received some additional funds for that purpose.

**Governor:** Alright, great. Do we have any questions about the overtime report? How about the Department of Motor Vehicles, Complete Streets?

**Clerk of the Board:** The second item is a report from the Department of Motor Vehicles on the voluntary contributions collected by a county pursuant to NRS 482.480 or the Complete Streets program. This report is for the period of October 1, 2020 through December 31, 2020. During the second quarter, the department collected \$95,656, compared to \$79,236 in the same period last year and \$116,562 in the previous quarter. Of the amount collected, approximately 77.8% was from Clark County, 15.7% from Washoe County, 3.19% from Carson City, and 3.29% from Douglas County. After deducting the 1% to administer the collection and distribution of contributions, the Department distributed \$94,699.44 for this quarter.

**Governor:** Alright. Are there any questions on the Complete Streets program? Hearing and seeing none.

- 15. 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:** Item number 15, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record and comments should be limited to three minutes. Do we have any written public comments? Do we have anybody on the phone for public comment? We do not. That concludes public comment.

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

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

**Attorney General:** So, moved.

**Governor:** We have a motion to adjourn. Is there any discussion? All in favor, signify by saying aye. Are any opposed? The motion passes. Have a great day, everybody.

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: February 25, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Lynnette Aaron, Executive Branch Budget Officer **LA**  
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.

**COLORADO RIVER COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the commission requests approval to purchase one replacement vehicle for a total cost not to exceed \$35,210.

Additional Information:

This request is to purchase one vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The commission plans to replace one 2005 Pontiac Grand Prix with a 2020 Hyundai Palisade for a total not to exceed \$35,210. The commission received vehicle funding of \$25,411 in decision unit E-712 during the 2019 Legislative Session. The additional \$9,799 will be funded with reserves.

Statutory Authority:

NRS 334.010

REVIEWED: **LA**

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

STATE OF NEVADA

STEVE SISOLAK, *Governor*  
PUOY K. PREMSRIRUT, *Chairwoman*  
KARA J. KELLEY, *Vice Chairwoman*  
ERIC WITKOSKI, *Executive Director*



JUSTIN JONES, *Commissioner*  
MARILYN KIRKPATRICK, *Commissioner*  
ALLEN J. PULIZ, *Commissioner*  
DAN H. STEWART, *Commissioner*  
CODY T. WINTERTON, *Commissioner*

COLORADO RIVER COMMISSION  
OF NEVADA

Date: February 19, 2021

To: Lynnette Aaron, Executive Branch Budget Officer

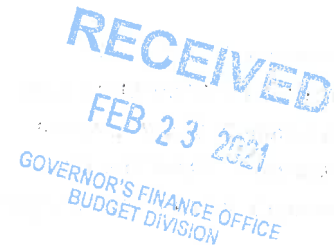
Governor's Finance Office- Budget Division

From: Douglas Beatty

Administrative Services Officer

Colorado River Commission of Nevada

Subject: Request to purchase a replacement vehicle for Budget Account 4490



Attached for your review and approval is a request to purchase one replacement vehicle postponed from the Board of Examiners Meeting of April 14, 2020. The vehicle replacement was approved in decision unit E712, in the amount of \$25,411. The replacement item was withdrawn pursuant to the Board of Examiners request to the Commission to postpone the purchase due to the Covid-19 pandemic shut-down of most activities and businesses. The Commission agreed to the postponement to ensure that the revenues of the agency would not be impacted significantly enough to impact the purchase, and to review the needs of the agency regarding the vehicle need.

As the impact of the pandemic shut-down has not significantly impacted the revenues of the agency, and the agency has instituted a new program of outreach to our customers as part of revising the agency performance indicators in the budget process, the Commission would like to request approval to purchase a larger vehicle than originally anticipated. The agency would like to request replacing the existing Pontiac Grand Prix, which is over 16 years old, with a more versatile SUV for the customer outreach program. The agency program ensures staff visits to one of the customers each month.

As the pandemic subsides and operations return to normal, the agency anticipates extensive use of the larger vehicle to transport staff to our customer locations within the southern portion of the State. These trips are designed to assist our customers with assessing their electric power resource needs, including potential infrastructure needs. In addition, these outreach trips will provide customers with

information on resource costs, availability, market trends and other vital operational information and allow them to meet key members of the agency staff. Note that many of the areas that we anticipate visiting will include utility access roads, which are not paved and occasionally rough and difficult terrain. These locations and the passenger load will not be accommodated by a smaller sedan. In addition, we anticipate more involvement with our Commissioners, Legislators, and other local government leaders as we reach out to them for informational tours and facility reviews. This program will need a vehicle that is large enough for 5 or 6 passengers with adequate ground clearance and rugged suspension for the roads encountered.

The larger vehicle will increase the requested approval amount by \$9,799 to a total of \$35,210. The increase will be easily accommodated by utilizing agency reserves, which have increased over the past fiscal year due to operational cutbacks by the agency during the pandemic. The original amount approved in enhancement unit E712 has been saved in anticipation of the potential purchase.


The vehicle being replaced is a 2005 Pontiac Grand Prix with current mileage of 54,358 miles.

The replacement being requested is a 2020 Hyundai Palisade, as indicated in the Purchasing Division vehicle listing. Total anticipated cost of the new vehicle is \$35,210.

Should you have any questions or require any additional information please contact me.



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

<b>Agency Name:</b> Colorado River Commission	<b>Budget Account #:</b> 4490
<b>Contact Name:</b> Gail L. Benton	<b>Telephone Number:</b> 702 486 2670
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: <b>Number of vehicles requested:</b> <u>1</u> <b>Amount of the request:</b> <u>\$35,210</u> <b>Is the requested vehicle(s) new or used:</b> <u>New</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>SUV</u> <b>Mission of the requested vehicle(s):</b> <small>The new vehicle will be used for operational needs requiring travel throughout the Las Vegas Valley, including travel on unpaved utility roads, to customers outside of Clark County, and out-of-state for meetings, delivery of materials to Commissioners, staff and conferences, Legislator and Commissioner transportation</small>	
<b>Were funds legislatively approved for the request?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> FY 2020 E 712    Original request \$25,411    OR other? _____ <b>If no, please explain how the vehicles will be funded?</b> <small>Money for purchase was budgeted and saved pursuant to request by the Board of Examiners to postpone the purchase at the end of the last fiscal year. The additional funds for the desired vehicle are currently available in the reserves of the CRCA.</small>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b> <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
<b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b> No, not a compact or intermediate vehicle classification. Vehicle desired is larger to based on revised needs of the agency	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: 2005 Odometer Reading: 54,358 Type of Vehicle: Pontiac Grand Prix  Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  Yes, the vehicle being replaced is over 16 years old and was approved for replacement in the enhancement unit during the 2019 session.  If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. Replacement vehicle is an upgrade from a sedan to an SUV. The agency needs a larger more rugged vehicle to accommodate transportation throughout our electric transmission facilities and to our service customers. Some areas are not paved and are difficult for smaller sedans to navigate. The agency anticipates increased outreach based on revised performance standards that include more staff interaction with customers and the facilities.
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">         Douglas N Beatty        Agency Appointing Authority     </div> <div style="text-align: center;">       Administrative Services Officer        Title     </div> <div style="text-align: center;">       2/19/2021        Date     </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Approved for Purchase         <input type="checkbox"/> Not Approved for Purchase       </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">         Board of Examiners       </div> <div style="width: 45%;">         Date       </div> </div>	

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	PALISADE SE, 2020, J0412F65		
<b>Dealer Name:</b>	ABC HYUNDAI		
<b>Delivery Location:</b>	555 E. WASHINGTON SUITE # 3100 LAS VEGAS, NEVADA 89101		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Black	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$ 34,155 + 3%	\$34,155 1035
SPECIFY OPTIONS: (description)			\$ 35,180
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$34,155 35,180
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$34,184.25

35,204.25

<b>Registered Owner:</b>	Agency Name & Address:
<b>Legal Owner:</b>	Agency Name & Address:
<b>County Vehicle Based In:</b>	
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	

STANDARD PAGE - FLEET VEHICLES 8475

(Use separate page for each package)

DEALER NAME: ABC HYUNDAI

<b>Specify State's Vehicle Item Number: 1.7 SUV; FULL SIZE; 4 DOOR; 7 PASSENGER</b>		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>	<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
PALISADE SE, 2020, J0412F65	\$34,655	\$34,155
<b>State vehicle miles per gallon (MPG): 19/26 CITY/HWY</b>		
<b>State manufactures warranty: 5 YEAR/ 60K 10 YEAR / 100K (POWERTRAIN)</b>		
<b>Specify engine size and emission rating: 3.3L 3 RATING</b>		
<b>Includes Minimum Standard Equipment Listed:    <u>  X  </u> Yes    <u>      </u> No If no, state exceptions:</b>		
(Refer to page 6 of bid)		
<b>Exterior Color: List available colors:</b>		
WHITE, SILVER, GRAY, BURGANDY, BLUE, BLACK		
<b>Seats, Cloth: List available colors:</b>		
GRAY CLOTH, BLACK CLOTH		
<b>GVW:</b>	<b>WHEELBASE:</b>	
(When Applicable)	(When Applicable)	

DEALER NAME: ABC HYUNDAI

Specify State's Vehicle Item Number: 1.7, SUV; FULL SIZE; 4 DOOR; 7 PASSENGER	
(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	
Option Package Name/Code: CONVENIENCE PACKAGE FOR SEL	\$2200
List Equipment Features Below:	
20-inch alloy wheels	
Auto-leveling rear suspension	
LED taillights	
Front parking sensors	
Hands-free smart liftgate with auto open	
7-inch high-resolution cluster display	
Ultrasonic Rear Occupant Alert (Ultrasonic ROA)	
Rear side window sunshades	
Wireless device charging (for Qi-supported devices)	
3 <sup>rd</sup> -row USB outlets	
115V AC power outlet	

DEALER NAME: ABC HYUNDAI

[illegible]

**OPTION PACKAGE PAGE ~ FLEET**

**DEALER NAME: ABC HYUNDAI**

[illegible]

**OPTION PACKAGE PAGE ~ FLEET**

DEALER NAME: ABC HYUNDAI

[illegible]



# ITEMIZED OPTION PAGE ~ FLEET

DEALER NAME: ABC HYUNDAI

DEDUCT AMOUNT

ABS Brake System	\$ INCL	\$-
Air Conditioning	\$ INCL	\$-
Cruise Control	\$ INCL	\$-
Diesel Engine	\$	\$-
Engine Block Heater	\$	\$-
Four Wheel Drive (4x4)	\$	\$-
Heavy Duty Alternator	\$	\$-
Hitch Receiver	\$	\$-
Integrated Trailer Brake (3/4 ton only)	\$	\$-
Keyless Entry w/Fob (must have power door locks)	\$ INCL	\$-
Limited Slip Differential	\$	\$-
Paint, Metallic	\$	\$-
Power Mirrors	\$ INCL	\$-
Power Locks	\$ INCL	\$-
Power Seats	\$ INCL	\$-
Power Windows	\$ INCL	\$-
Radio; AM/FM Stereo, CD	\$ INCL	\$-
Rear Window Wiper	\$ INCL	\$-
Seats, Vinyl		
Vinyl Colors:		
Skid Plate	\$	\$-
Tilt Steering	\$	\$-
Tire, Spare, Full Size	\$	\$-
Trailer Tow Mirrors	\$	\$-
Trailer Tow Package	\$	\$-
Other:	\$	\$-

**DEALER NAME: ABC HYUNDAI**

**Specify State's Vehicle Item Number: : 1.7 SUV; FULL SIZE; 4 DOOR; 7 PASSENGER**

(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)

**Provide MSRP pricing: \$**

<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>	<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
	\$	\$

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: March 16, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely of Bridgette Garrison, the Executive Branch Budget Officer.

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

**DEPARTMENT OF CORRECTIONS**

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase one replacement vehicle for a total cost not to exceed \$5,431.

Additional Information:

This request is to purchase one vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The department plans to replace one 2015 Hyundai Tucson that was deemed totaled by Risk Management due to engine failure and the cost to replace the engine being higher than the value of the vehicle for a total not to exceed \$5,431. The agency is proposing to use the insurance recoveries plus the salvage amount, total of \$6,651.50 to fund the purchase of a vehicle from State Purchasing in the amount of \$5,431 leaving a balance of \$920.50. No work program is required at this time for this purpose.

Statutory Authority:

NRS 334.010

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

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

Steve Sisolak  
*Governor*

Charles Daniels  
*Director*

Brian E. Williams Sr.  
*Deputy Director  
Operations*



Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 977-5500

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(725) 216-6000

STATE OF NEVADA  
Department of Corrections

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MEMORANDUM

Date: Date 1/20/2021

To: Barbara Weisenthal, Budget Analyst, and Nevada Department of Corrections

Subject: Justification for purchase of replacement vehicle

Ms. Weisenthal, please permit this memorandum to serve as a justification memo to purchase the described vehicle below:

VENDOR: Nevada State Purchasing Division – Property Management Program  
2011 Ford F-150, Nevada Highway Patrol Unit 11-17  
VIN: 1FTFW1ET7BKD38665  
STATE ID#: 214256  
MILEAGE: 144670  
BUDGET ACCOUNT: 4713  
AMOUNT: \$5,431.00

On August 27, 2020, Criminal Investigator 3 Jarrett Zacharias was driving the below listed vehicle on Highway 395 North and the vehicle suddenly became inoperable, and the engine started blowing oil from beneath. The investigator pulled the vehicle to a safe spot on the east side of the highway and summoned assistance from the Inspector General's Office. Mr. Bert Heyman and I towed the vehicle back to Northern Nevada Correctional Center for an inspection of the problem. It was learned later that the engine was completely shot, which prompted us to file a claim through State Risk Management Division to assist with the repairs. State Risk Management Division instructed us to obtain three salvage bids as they had considered the vehicle a total loss due to the cost of replacing the engine, and considering the mileage on the vehicle.

I, Alexander Archie, Supervisory Compliance Enforcement Investigator contact several salvages to provide me a quote to salvage the vehicle listed below, and the highest salvage quote was \$2,100. Vs the other two quotes; B & R Auto wrecking \$400 and Pick & Pull \$150. I reported this information to Stacie Hancock at State Risk Management Division and she said she allowed to give us \$6,651.50 less the \$300 deductible and the \$2,100 we would get from the highest salvage bidder, which would leave the Nevada Department of Corrections with \$4,251.50 plus

the salvage amount we received \$2,100, which brought the total working revenue to \$6,351.50 to purchase another vehicle.

We elected to purchase a vehicle from State Purchasing Division for \$5,431.00 which will leave a balance in the account of \$920.50.

2015 Hyundai Tucson – SUV

License #EX-74862

MILEAGE: 125,242

VIN: KM8JTCAF2FU985835

F/A: 365689

Budget Account – 3710

State Risk Management Claim #:2021-APD-0079

**Please note: This entire transaction is replacing one vehicle with another, swap! The Nevada Department of Corrections salvaged vehicle is as follows:**

Respectfully,

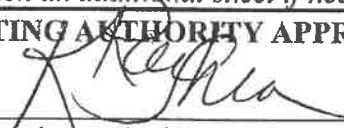
A handwritten signature in black ink, appearing to read "Alexander Archie".

Alexander Archie, Supervisory Compliance Enforcement Investigator  
Nevada Department of Corrections

**Attachments**

CC: Adolfo Escutia, Supervisory Criminal Investigator, Office of the Inspector General

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

<b>Agency Name: Corrections</b>	<b>Budget Account #: 3710</b>
<b>Contact Name: Kristina Shea</b>	<b>Telephone Number: 775-977-5007</b>
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: <b>Number of vehicles requested: 1</b> <b>Amount of the request: \$5,431.00</b>	
<b>Is the requested vehicle(s) new or used:</b>	
<b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up,</b> <b>etc.: Mission of the requested vehicle(s): Criminal Investigator 3 response vehicle.</b>	
<b>Were funds legislatively approved for the request?</b>	<b>If yes, please provide the decision unit number:</b>
Yes <u>No</u>	<b>If no, please explain how the vehicles will be funded?</b> <b>Insurance reimbursement of vehicle salvage value.</b>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>	
<u>Addition(s)</u> <u>X</u> <b>Replacement(s)</b>	
<b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Does not apply.</b>	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2011 Odometer Reading: 144,670 Type of Vehicle: Ford F-150 NHP Unit 11-117	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>	
 Agency Appointing Authority	Deputy Director Title Support Services
	1-27-21 Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>	
Approved for Purchase      Not Approved for Purchase	
Board of Examiners _____	Date _____

NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM  
515 EAST MUSSEY, SUITE 300  
CARSON CITY, NV 89701

SOLD TO:

Dept. of Corrections  
5500 Snyder Ave  
Carson City, NV 89701  
775-720-2414

DATE: 1/15/2021

VTID CNTL #: 21-260RN

INVOICE #: 21-014

PO #: N/A

EXCESS PROPERTY  
BILL OF SALE

DESCRIPTION	STATE ID #	PROPERTY OF	B/A	PRICE
2011 Ford F-150, NHP Unit 11-117 VIN 1FTFW1ET7BKD38665	324356	NHP	4713	\$ 5,431.00
ALL ITEMS ON THIS INVOICE ARE SOLD AS IS-WHERE IS				

*By signing below, the recipient agent named on this invoice acknowledges receipt of the property listed hereon and understands that the property is subject to the provisions of NAC 333.120, printed on the reverse side of this document.*

INV TOTAL: \$ 5,431.00

PROPERTY SOLD BY: Judy Gates

RECEIVED BY:

DATE:

REMIT TO:

NV STATE SURPLUS PROGRAM  
515 E. MUSSEY ST., STE 300  
CARSON CITY, NV 89701

FOR OFFICE USE ONLY

CUSTOMER COPY



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

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

Date: March 11, 2021

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

From: Danette Kluever, Executive Branch Budget Officer  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Todd Hartline to be the Law Enforcement Liaison (LEL) for Northern Nevada Department of Public Safety. This contract is through Master Service Agreement #18405 Marathon Staffing Group Inc.

Additional Information:

Mr. Hartline retired from the Nevada Highway Patrol (NHP) Division on April 4, 2021 and is receiving PERS benefits. Mr. Hartline has worked over 23 years directly in traffic safety for the State of Nevada and brings first-hand knowledge of traffic safety from a law enforcement perspective that is vital to the position of Law Enforcement Liaison for northern Nevada. This position is funded 100% by the National Highway Traffic Safety Administration (NHTSA) which requires Law Enforcement Liaisons to be a current or previously sworn law enforcement officers. The Department will contract with him from April 5, 2021 through April 4, 2023.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

March 8, 2021

**MEMORANDUM**

**To:** Shauna Tilley

**From:** Annette Morfin, Purchasing Officer

**Subject:** CETS Contract 18405 – Marathon Staffing Group Inc.  
RFP 3296 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Todd Hartline who Marathon wants to hire. He is collecting PERS.

Marathon is aware they will not be able to hire Todd Hartline until April BOE approval.

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

Steve Sisolak  
Governor



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

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

Amy Davey  
Administrator

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

## MEMORANDUM

DATE: March 5, 2021

TO: Natasha Kephart, Executive Branch Budget Officer  
Governor's Finance Office

THROUGH: Charlene Boegle, Contract Manager  
Department of Public Safety, Director's Office

FROM: Amy Davey, Administrator *A.D.*

RE: Item Submission for the April Board of Examiners Agenda

.....

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with a former State of Nevada employee, who is collecting PERS, to be the Law Enforcement Liaison (LEL) for northern Nevada.

The Office of Traffic Safety employs two contracted LELs in the State; one based in Carson City and the other in Clark county. Due to a retirement the LEL position in Carson City is currently vacant.

Additionally:

1. These positions are 100% funded by the National Highway Traffic Safety Administration (NHTSA).
2. Employing Law Enforcement Liaisons are highly encouraged by NHTSA.
3. Law Enforcement Liaisons are required to be current or previously sworn law enforcement officers. Most states employ retired law enforcement officers to fill these positions.

If requested NHTSA will produce additional validation for the LEL positions and documentation to show employing LELs are a recommended use of their funding.

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

**Attachments:**

**Authorization to Contract with a Former Employee**

**Job Announcement**

**NHTSA – LEL Position and Program Description**

**Justification to Fill**

**Cc: Curtis Palmer, Senior Fiscal Officer, DPS-Director's Office**

**Melissa Sabatini, Contracts/Internal Auditor, DPS-Director's Office**





**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:	Todd Hartline			
Former Employee ID Number:	12288			
Former Job Title:	DPS NHP Captain			
Former Employee Agency:	DPS/Nevada Highway Patrol			
Former Class and Grade:	Class:	13.203	Grade:	46
Former Employment Dates:	From:	July 6, 1997	To:	April 4, 2021
Requesting Agency:	DPS/Office of Traffic Safety			
Vendor:	Marathon Staffing Group			

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

<b>x</b>	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.
<b>A</b>	<b>Summarize scope of contract work.</b> The Traffic Safety Law Enforcement Liaison supports critical programs used by law enforcement agencies statewide like the Drug Recognition Expert program, safety training, traffic safety enforcement, and grant funds management. Law Enforcement Liaisons are promoted and supported by the National Highway Traffic Safety Administration. This position is 100% paid for by federal grant funds.
<b>B</b>	<b>Document former job description.</b> Law enforcement professional within Nevada Highway Patrol with oversight of administrative and grant processes, scheduling, training, and supervising other law enforcement staff.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Yes. Mr. Hartline has worked over 23 years directly in traffic safety for the State of Nevada. Mr. Hartline brings first-hand knowledge of traffic safety and from a law enforcement perspective that is vital to the position of Law Enforcement Liaison. The Office of Traffic Safety conducted an open recruitment and interview process to fill the position. Two candidates applied and Mr. Hartline was selected.

<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	This position requires extensive outreach and off-site presentations, as well as a specific focus on the law enforcement community. The National Highway Traffic Safety Administration requires Law Enforcement Liaisons to be current or previous sworn law enforcement officers. There are no agency positions to perform this work.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	No relationship.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$25 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Program Officer 2, grade 33, step 4 which equates to \$25.67 per hour.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	N/A. No, the contract term has not been limited as a result.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Mr. Hartline's experience in law enforcement provides an excellent background to be qualified for this position. This position is to replace an outgoing contracted employee who is retiring.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	April 5, 2021 through April 4, 2023
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	This position works up to 32 hours per week with flexible hours. The anticipated number of hours worked is 1248 annually.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No.

**Comments – Provide any additional comments:**

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

 3/5/2021  
Signature of Agency Head Authorizing Request Date

 3/8/21  
Purchasing Administrator Signature (if a Statewide Contract) Date

 3/11/2021  
Budget Analyst Signature Date

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





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

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

Date: March 11, 2021

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

From: Danette Kluever, Executive Branch Budget Officer  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Penelope A. C. Hampton to perform revenue projection oversight and training on a part-time basis to the Department of Taxation through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Hampton retired from the Department of Taxation on November 14, 2019. The development of the revenue projections is a highly technical area of expertise that Ms. Hampton provided as part of her job duties for over 20 years. The revenue projections are completed on an annual basis and Ms. Hampton was hired for fiscal year 2020 where efforts were made for succession planning and knowledge transfer. However, due to unforeseen circumstances surrounding COVID-19 and the strict time constraints for projections, she was unable to pass on all specialized knowledge. This contract for Fiscal Year 2021 will allow for Ms. Hampton to oversee and provide guidance to employees in the Division that have been learning and training on these topics. Additionally, many counties that provide the source documentation for the development of these revenue projections have transferred data to a new software provider. This has caused unforeseen issues with the data. The institutional knowledge possessed by Ms. Hampton will be invaluable in time savings and frustrations.

Statutory Authority:

NRS 333.705 (1)

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

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





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

March 5, 2021

**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 Penelope A. C. Hampton who Manpower wants to hire. She is currently collecting PERS.

This would be going to the April BOE for approval.

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



**STEVE SISOLAK**  
*Governor*  
**JAMES DEVOLLD**  
*Chair, Nevada Tax Commission*  
**MELANIE YOUNG**  
*Executive Director*

**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

**Web Site: <https://tax.nv.gov>**  
1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

**RENO OFFICE**  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

**Date:** February 16, 2021  
**To:** Kevin Doty, Administrator  
**From:** Joy Grimmer, Administrative Services Officer  
Department of Taxation  
**Subject:** Authorization to Contract with a Former Employee

The Department of Taxation is requesting to contract with former state employee, Penelope A. C. Hampton, through the use of Manpower Temporary Services. This request is made in accordance with the State Administrative Manual Chapter 0323. In her previous position, Ms. Hampton reviewed and evaluated tentative and final budgets from local entities. Her position provided reports and evaluation of analysis of budgets and fiscal stability of local entities, and worked with assigned entities to bring any non-compliance issues into compliance. The position also created and provided revenue projections to local entities to build budgets. These projections spanned a variety of different tax types. The position provided Final Abated Revenue Projections, reviewed monthly distribution reports, and created projections of Fuel Tax, Local School Support Tax, Consolidated Tax Revenue, and other revenue projections.

Through this contract, Ms. Hampton will provide oversight and training during the revenue projection season in the Local Government Services Division of the Department of Taxation. Ms. Hampton will work to ensure the revenue projection process is done correctly. The development of the revenue projections is a highly technical area of expertise that Ms. Hampton provided as part of her job duties for over 20 years. She has specialized knowledge. This contract would allow for Ms. Hampton to oversee and provide guidance over this area. Additionally, many counties that provide the source documentation for the development of these revenue projections have transferred data to a new software provider. This has caused unforeseen issues with the data. The intuitional knowledge possessed by Ms. Hampton would be invaluable in time savings and frustrations.

Please contact me if additional information or clarification is needed. My phone number is 775-684-2136, or I can be contacted by email at [grimmerj@tax.state.nv.us](mailto:grimmerj@tax.state.nv.us).

Thank you,



Joy Grimmer, Administrative Services Officer  
Nevada Department of Taxation



**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			
<b>Former Employee Name:</b>	Penelope A. C. Hampton		
<b>Former Employee ID Number:</b>	09078		
<b>Former Job Title:</b>	Budget Analyst II		
<b>Former Employee Agency:</b>	Department of Taxation		
<b>Former Class and Grade:</b>	<b>Class:</b>	36	<b>Grade:</b> 10
<b>Former Employment Dates:</b>	<b>From:</b>	August 15, 1991	<b>To:</b> November 14, 2019
<b>Requesting Agency:</b>	Department of Taxation		
<b>Vendor:</b>	Manpower Temporary Services		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	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.
<b>A</b>	<b>Summarize scope of contract work.</b> Penelope A. C. Hampton will provide oversight and training during the revenue projection season in the Local Government Services Division of the Department of Taxation.
<b>B</b>	<b>Document former job description.</b> The former job required the applicant to review and evaluate tentative and final budgets from local entities. The position also provided reports and evaluation of analysis of budgets and fiscal stability of local entities, and the applicant worked with assigned entities to bring any non-compliance issues into compliance. The position created and provided revenue projections to local entities to build budgets. These projections spanned a variety of different tax types. The position provided Final Abated Revenue Projections, reviewed monthly distribution reports, and created projections of Fuel Tax, Local School Support Tax, Consolidated Tax Revenue, and other revenue projections.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Yes. This employee has specialized knowledge on the revenue projection process for the Department of Taxation. Yes. It is anticipated that documentation on procedures and instructions would be developed as part of the contracted hours.

<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	Employees in the Division have been learning and training on these topics for a period of time. There has been a lot of knowledge transfer. With the revenue projections being done on an annual basis, the contract employee would be brought back for a very limited time to provide oversight and answer questions that may arise. It was anticipated that this would be a one-time contract to provide clarity for fiscal year 2020; however, due to the unforeseen circumstances surrounding COVID-19 and the strict time constraints for projections, the contract employee was unable to pass on all specialized knowledge. Since there are still a few areas of expertise that were not passed on, the Department is in need of the contract with the employee for fiscal year 2021.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	Not applicable.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$38.18 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	The hourly wage for a Budget Analyst II, grade 36, on the employee/employer paid retirement, ranges from \$25.67 per hour for a step 1 to \$38.18 per hour for a step 10.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	The contractor's hourly rate does not exceed the range for a Budget Analyst II. The contract has not been limited as a result.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	The hiring of the contractor is needed and justified to ensure the revenue projection process is done correctly. The development of the revenue projections is a highly technical area of expertise that Ms. Hampton provided as part of her job duties for over 20 years. She has specialized knowledge. There were efforts made for a succession plan and a lot of the knowledge was transferred. This contract would allow for Ms. Hampton to oversee and provide guidance over this area. Many counties that provide the source documentation for the development of these revenue projections have transferred data to a new software provider. This has caused unforeseen issues with the data. The intuitional knowledge possessed by Ms. Hampton would be invaluable in time savings and frustrations.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	April 14, 2021 through June 30, 2021 for 100 hours maximum.
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part time, up to 100 hours.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No.

**Comments – Provide any additional comments:**

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



Signature of Agency Head Authorizing Request

2-16-21

Date



Purchasing Administrator Signature (if a Statewide Contract)

2/17/21

Date



Budget Analyst Signature

3/11/2021

Date

Clerk of the Board of Examiners Signature

Date

Steve Sisolak  
Governor

Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director




STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: March 17, 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 \$1,381,740.30 from the Statutory Contingency Account, to Frederick Steese representing compensation for his 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 March 1, 2021, a Certificate of Innocence as well as an Order Granting Monetary Relief was granted to Frederick Steese by the Eighth Judicial District Court. Per NRS 41.950(1)(a)(3) Mr. Steese is entitled to an award of \$1,350,000 for 18 years of wrongful incarceration, \$23,000 for reasonable attorney fees (NRS 41.950(2)(a)), \$4,990.30 for Financial Literacy assistance (NRS 41.950(2)(b)(2)), and \$3,750 for health insurance premiums (NRS 41.950(2)(d)) prorated for calendar year 2021

Statutory Authority:

BOE approval is required pursuant to NRS 41.970

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

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

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March 4, 2021

Jennifer Cooper  
Executive Branch Budget Officer  
Governor's Finance Office

Re: Frederick L. Steese, Wrongful Conviction claim submission

Dear Ms. Cooper,

On behalf of Frederick Steese, I am submitting his claim for consideration by the Board of Examiners at its April 2021 meeting. A claim under the Wrongful Conviction statute, if successful, is to be submitted to the Board of Examiners and paid from the Reserve for Statutory Contingency Account. NRS 41.970.

On March 1, 1995 a jury found Mr. Steese guilty of Murder with use of a deadly weapon, robbery with use of a deadly weapon, burglary and grand larceny auto. On April 20, 1995, Mr. Steese was sentenced to two consecutive life without parole sentences, plus fifty years by Judge Don Chairez.

In October 2012, then Judge Cadish determined that in light of all of the evidence presented, it was more likely than not that no reasonable juror would have found Mr. Steese guilty beyond a reasonable doubt and that Mr. Steese had met his burden of establishing "actual innocence" for the purposes of overcoming procedural default bars on his underlying claims. Thereafter, the state agreed that Mr. Steese could plead guilty to second degree murder pursuant to an Alford plea and that he could be sentenced to credit for time served and immediately released if he agreed to this plea. As a result, Mr. Steese was resentenced, an amended Judgment of Conviction was entered on February 13, 2013 and Mr. Steese was released from NDOC custody on February 28, 2013.

On May 30, 2017, Mr. Steese filed an application with the Nevada Board of Pardons Commissioners ("Pardons Board") seeking a pardon based on his actual innocence. The Pardon's Board heard Mr. Steese's matter on November 8, 2017 and granted his application based on actual innocence. He was issued an unconditional pardon.



Re: Client

Date

Page 2

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On March 6, 2020, Mr. Steese filed a Complaint seeking damages and other relief for his wrongful conviction and imprisonment. [In re: Wrongful Conviction of Frederick L. Steese, A-20-811881-C, Eighth Judicial District Court.] The State of Nevada, by and through the Attorney General's Office, agreed to file a Joint Motion for Orders Relating to and Approving Settlement Agreement. (See attached). On March 1, 2021, District Court Judge Jasmin Lily-Spells approved the settlement and issued a Certificate of Innocence (attached) and an Order Granting Monetary and Non-Monetary Relief (attached). The court ordered that the state pay Mr. Steese \$1,350,000 in damages for the time he was incarcerated due to his wrongful conviction and that it also compensate him \$4,990.30 for health insurance premiums for the pro-rated 2021 calendar year plus \$3,750 for the cost of financial literacy assistance for the pro-rated 2021 calendar year. Additionally, the order authorizes payment of attorney's fees in the amount of \$23,000. Together, these figures total \$1,381,740.30. The Order Awarding Monetary and Other Damages and the Certificate of Innocence are attached.

I have also attached the original judgment of conviction, the amended judgment of conviction and Mr. Steese's pardon. If you have any questions or need any additional documents, please do not hesitate to contact me.

Sincerely,

*Lisa Rasmussen*

Lisa Rasmussen, Esq.

*Nevada Location*  
*Location*

550 East Charleston Blvd, Suite A  
Suite 103  
Las Vegas, Nevada 89104  
California 90069  
(702) 222-0007 | fax: (702) 222-0001  
www.VeldLaw.com

*Se Habla Español*

*California*

8721 West Sunset Blvd,  
Los Angeles,

# CERTIFICATE OF INNOCENCE



**EIGHTH JUDICIAL DISTRICT COURT**

**CLARK COUNTY, NEVADA**

IN THE MATTER OF THE WRONGFUL Case No.: A-20-811881-C  
CONVICTION OF:

FREDERICK LEE STEESE

Dept: No: XXIII

**CERTIFICATE OF INNOCENCE AND ORDER**

Petitioner Frederick Lee Steese ("Steese") timely filed this action for relief on March 6, 2020, 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 finds and orders as follows:

1. On March 1, 1995, Steese was convicted by the State of Nevada in Clark County of Murder with Use of a Deadly Weapon, Robbery with Use of a Deadly Weapon, Burglary, and Grand Larceny Auto in *State v. Steese*, case no. 92-C-108694, for the murder of Gerard Soules and offenses related to that murder.

2. Steese was sentenced to two life without parole sentences, plus a determinate sentence of 50 years, all consecutive to each other. Steese was subsequently imprisoned in the Nevada Department of Corrections.

3. Following the filing of federal and state post-conviction petitions, the Court conducted hearings in the underlying criminal matter in June 2011, November 2011, January 2012, and October 2012. During the course of those hearings, new testimony and other evidence in support of Steese's innocence was presented to the Court. After review of the extensive record, the Court issued a Post-Conviction Order of Actual Innocence. In that Order, the Court found that Steese's confessions to the crimes were false and he was actually innocent.

4. In December 2012, the State agreed to permit Steese to enter an *Alford* plea to Murder of the Second Degree with Use of a Deadly Weapon in exchange for agreeing that Steese would be sentenced only to credit for time served and immediately released upon his sentencing. On February 13, 2013, the Court accepted the plea and sentenced Steese to a credit for time-served sentence.

1           5.       Steese was released from the Nevada Department of Corrections on February 28, 2013,  
2 without parole.

3           6.       On May 30, 2017, Steese filed an application with the Nevada Board of Pardons  
4 Commissioners ("Pardons Board") seeking a full pardon based on his actual innocence. The Pardons  
5 Board considered the record in the case as well as the recommendations of Parole and Probation's  
6 investigator, the Honorable Elissa Cadish, and Mr. Soule's sister, Kathy Nasrey. The Pardons Board  
7 granted Steese a full pardon on the basis of actual innocence on November 8, 2017.

8           7.       Steese also affirmed in his Verified Statement of Facts filed with this Court that he did  
9 not commit the crimes for which he was convicted, nor any lesser included offense, nor did he aid, abet  
10 or act as an accomplice to the crimes.

11           NOW, THEREFORE,

12           A.       This Court finds that Steese did not commit the offenses for which he was convicted and  
13 is actually innocent.

14           B.       This Court finds that Steese was not an accessory or accomplice to the acts that were the  
15 basis of the convictions, did not aid, abet, or act as an accomplice or accessory to a person who  
16 committed the acts that were the basis for the conviction, and had no involvement whatsoever in those  
17 crimes.

18           C.       This Court finds that Steese did not commit or suborn perjury, fabricate evidence, or by  
19 his own conduct cause or bring about the conviction. Steese's confessions in the underlying criminal  
20 matter do not constitute causing or bringing about his own conviction since they were later found to be  
21 false.

22           D.       This Court finds that Steese was not convicted of an offense necessarily included in the  
23 offense charged.

24           E.       This Court finds that Steese was pardoned by the Nevada State Board of Pardons  
25 Commissioners on the grounds that he was actually innocent.

26           F.       The State of Nevada agrees Steese is entitled to relief pursuant to NRS 41.900 *et seq.*

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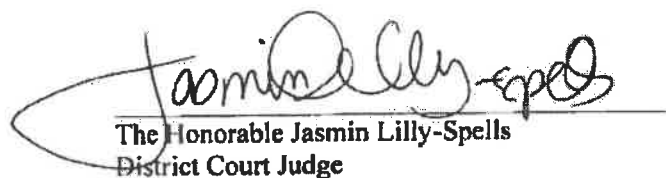
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IT IS THEREFORE ORDERED as follows:

That Steese's Petition for Certificate of Innocence is GRANTED.

ORDERED this 1<sup>st</sup> day of March, 2021.

  
The Honorable Jasmin Lilly-Spells  
District Court Judge

# ORDER ON MONETARY AND OTHER COMPENSATION

**EIGHTH JUDICIAL DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

IN THE MATTER OF THE WRONGFUL Case No.: A-20-811881-C  
CONVICTION OF:  
FREDERICK LEE STEESE. Dept: No: XXIII

**ORDER GRANTING MONETARY RELIEF**

This matter came before the Court on the 1st day of March, 2021 by stipulation of the Parties. This Court has reviewed all pleadings, documents and exhibits on file in the above-entitled matter. The Court has simultaneously herewith issued a Certificate of Innocence.

Good cause appearing therefore, the Parties having stipulated to the relief sought, and the Court being fully informed,

**IT IS HEREBY ORDERED:**

- 1) Petitioner Frederick Lee Steese is granted total monetary compensation of one million three hundred and fifty thousand dollars (\$1,350,000.00) pursuant to NRS 41.950(1)(a)(2), calculated at \$75,000 per year of imprisonment for 18 years.<sup>1</sup>
- 2) Steese is awarded reasonable attorney's fees of \$23,000 pursuant to NRS 41.950(2)(a).
- 3) Steese is awarded the following additional payments and reimbursements pursuant to NRS 41.950(2), all to be paid from the Reserve for Statutory Contingency Account and which will be paid upon Steese's submission of a claim(s) to the State Board of Examiners:
  - a) Reimbursement for the cost of tuition, books and fees if he wishes to attend an institution operated by the Nevada System of Higher Education pursuant to NRS 41.950(2)(b)(1);
  - b) Payment and reimbursement for the cost of participating in a Nevada state health care program pursuant to NRS 41.950(2)(b)(2);

<sup>1</sup> Steese was convicted on March 1, 1995 and was released on February 28, 2013, a total of 17 years, 11 months, and 28 days. Pursuant to NRS 41.950(3), "[a]ny award of damages issued pursuant to subsection 1 must be rounded up to the nearest half year" – here, a total of 18 years.

1 i. Steese is awarded \$4,990.30 for the cost of health insurance  
2 premiums for the prorated calendar year 2021. This solely covers the  
3 cost of Steese's premiums for the ten-month prorated calendar year  
4 2021.

5 ii. If Steese elects to participate in a Nevada state health care program in  
6 subsequent years, the cost of Steese's premiums to participate in the  
7 program. Steese shall be responsible for paying any co-payments,  
8 deductibles and any other related costs under the Nevada state health  
9 care program.

10 c) Payment and reimbursement for the cost of financial literacy assistance  
11 pursuant to NRS 41.950(2)(d);

12 i. Steese is awarded \$3,750 for the cost of financial literacy assistance  
13 for the prorated calendar year 2021.

14 ii. Steese may, at his sole discretion, seek reimbursement for the cost of  
15 additional financial literacy assistance for 2022.

16 d) Reimbursement for the cost of counseling services pursuant to NRS  
17 41.950(2)(b)(4); and

18 e) Reimbursement for the cost of housing assistance pursuant to NRS  
19 41.950(2)(d), not to exceed the national average of a monthly mortgage cost.

20 **IT IS FURTHER ORDERED**, in accordance with NRS 41.960(3), that if after entry of this  
21 Order, Steese subsequently receives a civil settlement or award related to this same wrongful  
22 conviction, Steese shall reimburse the State for the sum of the money paid pursuant to this judgment  
23 pursuant to NRS 41.950(1)(a) for damages, less any sums paid to attorneys and for the costs in  
24 litigating the other civil action or obtaining the settlement agreement. Steese shall not be required to pay  
25 any interest. Steese shall not be required to reimburse the State for attorney's fees or payments made by  
26 the State pursuant to section 3 above. Furthermore, any reimbursement required pursuant to this Order  
27 shall not exceed the amount of the monetary award Steese wins for damages in the other civil action or  
28 the amount received pursuant to the settlement agreement, less any sums paid to attorneys by contract



1 or court-awarded attorney's fees and for costs in litigating the other civil action or obtaining the  
2 settlement agreement. The Parties expressly reserve jurisdiction in this Court to resolve any future  
3 disputes regarding this issue.

4 **IT IS FURTHER ORDERED** that this Order may be used as the claim for submission to the  
5 State Board of Examiners for approval of payment from the Reserve for Statutory Contingency  
6 Account pursuant to submission under NRS 41.970.

7 ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

8  
9 Dated this 1st day of March, 2021

10 

11 The Honorable Jasmin Lilly-Spells  
12 District Court Judge

13 CF9 05C 2D97 185B  
14 Jasmin Lilly-Spells  
15 District Court Judge  
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1 CSERV

2 DISTRICT COURT  
3 CLARK COUNTY, NEVADA  
4

5  
6 Frederick Steese, Plaintiff(s)

CASE NO: A-20-811881-C

7 vs.

DEPT. NO. Department 23

8 State of Nevada, Defendant(s)  
9

10 **AUTOMATED CERTIFICATE OF SERVICE**

11 This automated certificate of service was generated by the Eighth Judicial District  
12 Court. The foregoing Order Granting Motion was served via the court's electronic eFile  
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**JOINT MOTION TO APPROVE  
SETTLEMENT AND FOR ORDERS  
RELATING THERETO**



**MOT**

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**EIGHTH JUDICIAL DISTRICT COURT**

**CLARK COUNTY, NEVADA**

IN THE MATTER OF THE WRONGFUL Case No.: A-20-811881-C  
CONVICTION OF:

FREDERICK LEE STEESE

Dept: No: XXIII

**HEARING NOT REQUESTED**

**JOINT MOTION FOR ORDERS RELATING TO AND APPROVING  
SETTLEMENT AGREEMENT**

COMES NOW Petitioner, FREDERICK LEE STEESE ("Steese"), by and through his  
counsel, LISA A. RASMUSSEN, and Respondent, the State of Nevada, by and through  
HEATHER D. PROCTER, Chief Deputy Attorney General, JAIMIE STILZ, Deputy Attorney  
General, and SHERYL SERREZE, Deputy Attorney General, and respectfully move for entry of

JOINT MOTION FOR ORDERS RELATING TO AND APPROVING

SETTLEMENT AGREEMENT - 1

1 the attached stipulated orders: (1) granting Steese a Certificate of Innocence; (2) granting damages  
2 and other monetary relief in this case; and (3) granting an Order sealing records. Proposed orders  
3 are filed herewith.

4 The Parties rely upon the following points and authorities, all pleadings and papers and  
5 other records contained in the Court's file, judicial notice of which is hereby requested, and any  
6 evidence or oral argument presented at the time of the hearing on this matter.

## 7 MEMORANDUM OF POINTS AND AUTHORITIES

### 8 I. JURISDICTION, VENUE AND PARTIES

9 On June 17, 2019, the Nevada Legislature passed Assembly Bill 267 (AB 267), sections  
10 2 to 8.5, codified in NRS Chapter 41 *et seq.*, which authorizes a person who is not currently  
11 incarcerated for any offense and who was wrongfully convicted and imprisoned in this State, to  
12 bring an action for damages and other relief in any district court. AB 267 became effective on  
13 October 1, 2019.

14 To balance the State's obligation to be fair and just with its "responsibility to assure that  
15 it is not overwhelmed with enormous monetary liability,"<sup>1</sup> NRS 41.900 requires that a claimant  
16 establish, by a preponderance of evidence, that he did not commit the crime for which he was  
17 convicted.<sup>2</sup>

18 Steese timely filed this action for relief on March 6, 2020. He served the State on March  
19 19, 2020. The State agrees that Steese is not currently incarcerated, and that venue is proper in  
20 this Court.

### 21 II. PROCEDURAL BACKGROUND

22 On June 18, 1992, Steese was arrested for the murder of his friend, Gerard Soules, and  
23  
24

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25 <sup>1</sup> Report of the New York Law Revision Comm. to the Governor on Redress for Innocent  
26 Persons Unjustly Convicted and Subsequently Imprisoned, McKinney's 1984 Session Laws of  
New York 2899, 2926, 3669.

27 <sup>2</sup> Including any lesser offenses and/or acting as an accessory or accomplice. NRS  
41.900(2)(b), 6(b).

1 was also charged with robbery, burglary and grand larceny.<sup>3</sup> Steese was twenty-eight years old at  
2 the time.<sup>4</sup> Steese pled not guilty.<sup>5</sup>

3 On March 1, 1995, a jury found Steese guilty of Murder with Use of a Deadly Weapon,  
4 Robbery with Use of a Deadly Weapon, Burglary and Grand Larceny Auto. On April 20, 1995,  
5 Steese was sentenced to two consecutive life without parole sentences, plus fifty years by Judge  
6 Don Chairez.<sup>6</sup>

7 Steese made numerous attempts at seeking post-conviction relief, including a motion for  
8 new trial, a direct appeal and post-conviction petitions for writs of habeas corpus in both state and  
9 federal court. Following remand from the Nevada Supreme Court and an evidentiary hearing that  
10 spanned four days between June 2011 and October 2012, the Honorable Elissa Cadish determined  
11 that in light of all of the evidence presented, it was more likely than not that no reasonable juror  
12 would have found Steese guilty beyond a reasonable doubt and that Steese met his burden of  
13 establishing “actual innocence” for the purposes of overcoming procedural default bars on his  
14 underlying claims.<sup>7</sup> Accordingly, Steese’s underlying claims were set for a hearing.

15 Thereafter, the State offered to allow Steese to plead guilty to second-degree murder,  
16 pursuant to an *Alford*<sup>8</sup> plea, and agreed that he could be sentenced to credit for time served and  
17 released immediately if he agreed to this plea. Steese entered his *Alford* plea on December 12,  
18 2012.<sup>9</sup>

19 The Court sentenced Steese to credit for time served on February 13, 2013 and entered an  
20 Amended Judgment of Conviction the same date.<sup>10</sup> The State released Steese from NDOC

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21  
22 <sup>3</sup> See Judgment of Conviction entered in Eighth Judicial District Court case no. 92-C-  
23 108694, attached as **Exhibit 1**; Post-Conviction Order of Actual Innocence, attached as **Exhibit 2**,  
24 at pp. 4-5.

25 <sup>4</sup> See **Exhibit 2** at ¶ 16.

26 <sup>5</sup> **Exhibit 1**.

27 <sup>6</sup> *Id.*

<sup>7</sup> See **Exhibit 2**. The Court entered the order in January 2013.

<sup>8</sup> *North Carolina v. Alford*, 400 U.S. 25 (1970).

<sup>9</sup> Guilty Plea Agreement, attached as **Exhibit 3**.

<sup>10</sup> Amended Judgment of Conviction, attached as **Exhibit 4**.

1 custody on February 28, 2013.

2 On May 30, 2017, Steese filed an application with the Nevada Board of Pardons  
3 Commissioners ("Pardons Board") seeking a pardon based on his actual innocence.<sup>11</sup> The  
4 Pardons Board heard Steese's matter on November 8, 2017 and granted his application based on  
5 actual innocence.<sup>12</sup> The Board pardoned Steese's convictions and restored all his civil rights,  
6 including the right to possess a firearm.<sup>13</sup>

### 7 **III. SUMMARY OF THE FACTS**

#### 8 **A. The Underlying Events**

9 Gerard Soules was murdered sometime between the evening of June 3, 1992 and June 4,  
10 1992, when his body was discovered in his North Las Vegas trailer.<sup>14</sup> Mr. Soules died from  
11 multiple stab wounds.<sup>15</sup> Mr. Soules' truck and some of his property were missing from his  
12 trailer.<sup>16</sup> The truck was found abandoned by Lake Mead on June 5, 1992.<sup>17</sup>

13 During their investigation, police learned that Steese had stayed with Mr. Soules and had  
14 worked as his assistant sometime before he was killed.<sup>18</sup> Police also found a letter to someone  
15 named Fred Burke, sent from Rick Rock.<sup>19</sup> 'Fred Burke' was Steese's alias.<sup>20</sup> Mr. Rock lived in  
16 Pennsylvania and had met Steese months prior when he picked Steese up hitchhiking.<sup>21</sup>

17 Steese was in Indiana at the time when North Las Vegas police contacted him regarding  
18 Soules' murder.<sup>22</sup> In response, Steese stole a truck in Indiana and drove back to Las Vegas.<sup>23</sup>

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20 <sup>11</sup> Pardons Board Application, attached as **Exhibit 5**.

21 <sup>12</sup> Pardon, attached as **Exhibit 6**.

22 <sup>13</sup> *Id.*

23 <sup>14</sup> *See Exhibit 2* at ¶ 12.

24 <sup>15</sup> *Id.*

25 <sup>16</sup> *Id.* at ¶ 13.

26 <sup>17</sup> *Id.*

27 <sup>18</sup> *Id.* at ¶ 14.

<sup>19</sup> *Id.*

<sup>20</sup> *Id.* at ¶ 15.

<sup>21</sup> *Id.*

<sup>22</sup> *Id.* at ¶ 16.

<sup>23</sup> *Id.* at ¶¶ 16-17.

1 Nevada Highway Patrol arrested Steese near Alamo, Nevada, and brought him to the North Las  
2 Vegas police station.<sup>24</sup>

3 **B. Contested Evidence at Trial that Resulted in Steese's Wrongful Conviction**

4 Once in custody, Steese gave a statement to the police confessing to the crimes, though  
5 aspects of the confession were not corroborated by the evidence available to the police.<sup>25</sup> The  
6 confession was the State's primary evidence against Steese at trial, along with testimony from  
7 another inmate who alleged Steese also confessed to him.<sup>26</sup> The State also presented testimony  
8 from Mr. Soules' neighbor, who alleged seeing Steese at Mr. Soules' trailer on the evening of  
9 June 3, 1992.<sup>27</sup> Lastly, the State presented Mr. Soules' former assistant, who alleged that he last  
10 saw Steese on June 2, 1992, attempting to hitchhike under an overpass.<sup>28</sup>

11 However, in Steese's original written statement to the police, he stated he was in Idaho on  
12 June 3 and 4, 1992.<sup>29</sup> At trial, Steese presented testimony and evidence to support his alibi,  
13 including testimony from Geronimo Butler, a man who met Steese in Cheyenne, Wyoming on  
14 May 31, 1992.<sup>30</sup> Butler testified about their May 31 meeting, going to a soup kitchen together,  
15 and travelling together to Idaho by train on June 1 and 2, 1992.<sup>31</sup>

16 Butler also testified that Steese stayed with Butler's family for slightly less than a week  
17 starting on June 2, 1992; five of Butler's family members identified Steese as being in Idaho that  
18 week and specifically on June 3 and 4, 1992.<sup>32</sup> An employee at an Idaho job placement agency  
19 testified Steese applied for employment at her office in Nampa, Idaho on June 3, 1992 and  
20 cancelled his application at her office on June 5, 1992.<sup>33</sup> Steese presented phone records, a sign-

21  
22 <sup>24</sup> *Id.* at ¶ 17.

23 <sup>25</sup> *Id.* at ¶¶ 18-20.

24 <sup>26</sup> *Id.* at ¶ 21.

25 <sup>27</sup> *Id.* at ¶ 22.

26 <sup>28</sup> *Id.* at ¶ 23.

27 <sup>29</sup> *Id.* at ¶ 24.

<sup>30</sup> *Id.* at ¶ 25.

<sup>31</sup> *Id.*

<sup>32</sup> *Id.* at ¶ 26.

<sup>33</sup> *Id.*



1 in sheet from the Wyoming soup kitchen, and employment and welfare applications in further  
2 support of his alibi testimony.<sup>34</sup>

3 The State made credibility and authenticity arguments regarding the defense witnesses  
4 and documents. The State also argued that the person in Idaho was Steese's brother, Robert Steese  
5 ("Robert").<sup>35</sup> Robert did not testify at trial, as the district attorney's investigator testified that he  
6 could not find Robert.<sup>36</sup> The State presented a 1991 Texas mug shot of Robert and argued the  
7 defense witnesses saw Robert, not Steese, after the two must have met in Idaho following the  
8 murder in order to concoct Steese's alibi.<sup>37</sup>

9 A jury convicted Steese on March 1, 1995.<sup>38</sup>

### 10 **C. Post-Trial Proceedings and Finding of Actual Innocence**

11 Steese appealed his conviction.<sup>39</sup> After denial of his appeal, from 1999 to 2009 Steese filed  
12 three different petitions for writ of habeas corpus.<sup>40</sup> In support of his 2009 petition, Steese provided  
13 a 2008 declaration from Robert stating he had never been to Idaho; he never used the name Fred  
14 Steese or Fred Burke; and he had no involvement with or knowledge of Steese's activities in May  
15 and June 1992.<sup>41</sup>

16 This Court initially denied the 2009 petition, but the Nevada Supreme Court reversed and  
17 remanded for an evidentiary hearing.<sup>42</sup> The Court conducted evidentiary hearings in June 2011,  
18 November 2011, January 2012, and October 2012.<sup>43</sup> During the course of these hearings, Robert  
19 testified that he was Steese's younger brother; he had no involvement with or knowledge of  
20 Steese's activities in May and June 1992; he was separated from his family when he was a small

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21  
22 <sup>34</sup> *Id.* at ¶ 27.

23 <sup>35</sup> *Id.* at ¶ 28.

24 <sup>36</sup> *Id.* at ¶ 29.

25 <sup>37</sup> *Id.*

26 <sup>38</sup> **Exhibit 1.**

27 <sup>39</sup> **Exhibit 2** at ¶ 3.

<sup>40</sup> *Id.* at ¶¶ 4-6.

<sup>41</sup> *Id.* at ¶ 30.

<sup>42</sup> *Id.* at ¶¶ 6-7.

<sup>43</sup> *Id.* at ¶¶ 8-9.

1 child and had not seen Steese in approximately 30 years; he had never been to Utah, Wyoming or  
2 Idaho; he had never met any of the alibi witnesses that testified at Steese's trial; he had never used  
3 Steese's name or alias; and he was living in Austin, Texas throughout 1992.<sup>44</sup> The Court deemed  
4 Robert's testimony credible and reliable.<sup>45</sup> Steese also presented additional evidence corroborating  
5 Robert's testimony, including Texas CPS records, witnesses who verified Robert was in Texas the  
6 first week of June 1992 (including a birthday celebration on June 5, 1992), and an FBI report of  
7 warrant checks run by Texas police when they stopped Robert in Texas on May 25, June 1, and  
8 June 4, 1992.<sup>46</sup>

9 Additionally, Steese presented Union Pacific Railroad Company reports documenting  
10 removal of Steese from its trains in Salt Lake City, Utah on May 29, 1992 and Cheyenne, Wyoming  
11 on May 31, 1992.<sup>47</sup> Steese further corroborated his out-of-state alibi with phone records from Mr.  
12 Rock showing collect calls made to him from Cheyenne, Wyoming on May 31, 1992 and from  
13 Nampa, Idaho on June 3 and 5, 1992.<sup>48</sup>

14 The Court reviewed extensive evidence undermining the various witnesses presented by  
15 the State at Steese's trial. This included evidence discrediting the inmate to whom Steese allegedly  
16 also confessed and the neighbor who allegedly saw Steese at Mr. Soules' trailer, as well as  
17 evidence showing the witness who saw Steese hitchhiking originally told the police an earlier date  
18 that was consistent with Steese being out of state by the time of the murder.<sup>49</sup>

19 Moreover, the Court heard testimony from Dr. Deborah Davis, a professor of psychology  
20 at the University of Nevada, Reno and an expert in psychology as it relates to false confessions of  
21 guilt.<sup>50</sup> Dr. Davis explained several factors that called into question the veracity of Steese's  
22 confession, including (a) his low IQ and level of functioning; (b) he provided numerous different

23  
24 <sup>44</sup> *Id.* at ¶ 31.

<sup>45</sup> *Id.*

25 <sup>46</sup> *Id.* at ¶¶ 32-34.

<sup>47</sup> *Id.* at ¶¶ 36-38.

26 <sup>48</sup> *Id.* at ¶¶ 39-42.

<sup>49</sup> *Id.* at ¶¶ 47-50, 56-57.

27 <sup>50</sup> *Id.* at ¶ 51.

1 versions of what happened; (c) he lacked motivation to avoid incarceration (homeless); (d) his  
2 decision to voluntarily travel to Nevada to speak with the police; and (e) the lack of corroboration  
3 for any “new” inculpatory details provided in the confession, particularly regarding the weapon  
4 and the stolen property.<sup>51</sup> The Court determined all this new evidence called into question the  
5 reliability of Steese’s confession.<sup>52</sup>

6 Finally, the Court heard testimony from the Las Vegas Metropolitan Police Laboratory,  
7 which conducted DNA testing on bloodstains from the victim’s trailer, fingernail scrapings from  
8 Mr. Soules, and cigarette butts found in Mr. Soules’ stolen truck.<sup>53</sup> One butt contained a DNA  
9 profile identical to Steese and the other had a profile that was not consistent with either Mr. Soules  
10 or Steese.<sup>54</sup> The Court found that the presence of Steese’s DNA was consistent with his alibi, since  
11 it was established that Steese lived with and worked with Mr. Soules until about a week before his  
12 death.<sup>55</sup>

13 Based on all of this, the Court concluded that Steese had met his burden of establishing  
14 actual innocence for the purpose of overcoming procedural default on his underlying claims.<sup>56</sup>

#### 15 **D. Pardons Board Proceedings**

16 Steese submitted his pardon application on May 30, 2017. His request for a pardon was  
17 primarily based on the fact that he was actually innocent.<sup>57</sup>

18 Steese’s pardon was supported by the Honorable Elissa Cadish and the victim’s sister,  
19 Kathy Nasrey.<sup>58</sup> Ms. Nasrey testified at Steese’s pardon hearing and requested that he be  
20 pardoned because she understood that Steese did not kill her brother.<sup>59</sup> The Department of Parole  
21

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22 <sup>51</sup> *Id.* at ¶ 55.

23 <sup>52</sup> *Id.* at ¶ 68.

24 <sup>53</sup> *Id.* at ¶ 59.

25 <sup>54</sup> *Id.*

26 <sup>55</sup> *Id.* at ¶¶ 59, 60.

27 <sup>56</sup> *Id.* at ¶ 69.

<sup>57</sup> *See Exhibit 5.*

<sup>58</sup> *See Letters from the Honorable Elissa Cadish and Kathy Nasery, attached as Exhibit 7.*

<sup>59</sup> *Pardons Board hearing transcript, attached as Exhibit 8, at pp. 287-93.*

1 and Probation also recommended that Steese be pardoned.<sup>60</sup> Upon the motion of Justice Stiglich,  
2 Steese was granted a full, unconditional pardon based on his actual innocence.<sup>61</sup>

### 3 **III. PROPOSED SETTLEMENT AGREEMENT**

4 Rather than litigate further the issues presented in this case, the Parties have negotiated a  
5 settlement, subject to the approval of this Court, embodied in the attached proposed orders  
6 annexed as Appendices A, B and C.

7 NRS 41.900(2) requires that Steese prove his entitlement to relief by a preponderance of  
8 the evidence, which is defined as evidence which, when weighed with that opposed to it, has more  
9 convincing force, and from which it appears that the greater probability of truth lies therein. The  
10 State has reasonably concluded that the evidence reviewed in this matter, including but not limited  
11 to the evidence submitted herewith as Exhibits 1-9 – such as the pardon issued by the Nevada  
12 Board of Pardons Commissioners (Exhibit 6) and the corresponding transcript (Exhibit 8) – meet  
13 that burden of proof as to each element of NRS 41.900.

14 Specifically, the Parties agree that Steese has met the elements of NRS 41.900(2) as  
15 follows:

- 16  
17       ▪ met the elements of NRS 41.900(2)(a) as the record reflects that he  
18       “was convicted of a felony in the State and was subsequently  
19       imprisoned for the conviction;”
- 20       ▪ met the elements of NRS 41.900(2)(b), that he “did not commit the  
21       felony for which he was convicted”, was not an accessory or  
22       accomplice, did not commit the acts that were the basis of the  
23       conviction and did not aid or abet in the crime;
- 24       ▪ met the elements of NRS 41.900(2)(c), as the record reflects that he  
25       “was not convicted of an offense necessarily included in the offense  
26       charged;”
- 27       ▪ met the elements of NRS 41.900(2)(d)(3), as the record reflects that  
      he was pardoned by the State Board of Pardons Commissioners on  
      the grounds that he was innocent;
- met the elements of NRS 41.900(2)(e), as he did not commit perjury  
      or fabricate evidence at the criminal proceeding that brought about

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<sup>60</sup> Recommendation from P&P, attached as **Exhibit 9**.

<sup>61</sup> **Exhibit 8** at p. 294.

1 his felony conviction and he did not by his own conduct cause or  
2 bring about his or her felony conviction.<sup>62</sup>

3 NRS 41.900(5)(a) further provides that, for the purposes of determining whether the  
4 petitioner has met their burden of proof, a “confession or an admission later found to be false”  
5 does not constitute bringing about the conviction of the person.<sup>63</sup> The State further acknowledges  
6 that NRS 41.900(3) grants this Court authority, in the interest of justice, to give due consideration  
7 to: (a) the difficulty of providing evidence caused by the passage of time; (b) the death or  
8 unavailability of a witness; (c) the destruction of evidence; or (d) any other factor not caused by  
9 the person or any other person acting on his or her behalf.

10 Accordingly, the Parties have agreed as follows:

- 11 A. Steese will be granted a certificate of innocence in accordance with NRS 41.910(1).  
12 A separate proposed Certificate of Innocence and Order is submitted herewith as  
13 Appendix A.
- 14 B. Steese will be granted damages pursuant to NRS 41.950(1) as follows:
- 15 i. NRS 41.950(1)(a)(2) provides statutory compensation of \$75,000 per year  
16 if a claimant was convicted and subsequently imprisoned for 11 to 20 years.  
17 Steese was convicted on March 1, 1995 and released on February 28, 2013,  
18 a total of 17 years, 11 months, and 28 days. Pursuant to NRS 41.950(3),  
19 “[a]ny award of damages issued pursuant to subsection 1 must be rounded  
20 up to the nearest half year.” Steese will therefore be granted a total award  
21 of \$1,350,000 in damages, for the rounded-up 18 years he was wrongfully  
22 imprisoned.
- 23 ii. NRS 41.950(2)(a) permits the court to award reasonable attorney’s fees,  
24 not to exceed \$25,000, unless a greater amount is authorized. The Parties hereby  
25 stipulate that an award of \$23,000 is a reasonable attorney fee in this case.

26 <sup>62</sup> Pursuant to NRS 41.900(5)(a), confessions of guilt do not constitute “committing perjury,  
27 fabricating evidence or causing or bringing about the conviction” as long as the confession is later  
found to be false. The Parties believe the Court’s Post-Conviction Order of Actual Innocence  
determined Steese’s confession to be false. *See* Exhibit 2. Additionally, under NRS 41.900(5)(b),  
a guilty plea for a felony – such as the *Alford* plea entered into by Steese – also does not constitute  
“committing perjury, fabricating evidence or causing or bringing about the conviction” as long as  
the judgment of conviction was reversed or vacated and the charging document dismissed. The  
Parties believe the Post-Conviction Order of Actual Innocence, as well as the pardon issued to  
Steese, each sufficiently reverses/vacates/dismisses the charging document and judgment of  
conviction at issue here.

<sup>63</sup> If any supplementary materials are needed for the purposes of the Court’s review, the  
Parties agree to submit additional materials upon the Court’s request.

- 1 C. Steese will be granted, upon his submission of a claim(s) to the State Board of  
2 Examiners, the following relief pursuant to NRS 41.950(2), with costs to be  
3 reimbursed by the Reserve for Statutory Contingency Account:
- 4 i. Reimbursement for the cost of tuition, books and fees if Steese wishes to  
5 attend an institution operated by the Nevada System of Higher Education  
6 pursuant to NRS 41.950(2)(b)(1);
  - 7 ii. Payment and reimbursement for the cost of participating in a Nevada state  
8 health care program pursuant to NRS 41.950(2)(b)(2). Steese will be  
9 granted \$4,990.30 for his health insurance premiums for the prorated  
10 calendar year 2021. This solely covers the cost of Steese's premiums from  
11 March 2021 to December 2021. If Steese elects to participate in this  
12 program in subsequent years, the cost of Steese's premiums to participate  
13 in the program shall be reimbursed. Steese shall be responsible for paying  
14 any co-payments, deductibles and any other related costs under the Nevada  
15 state health care program;
  - 16 iii. Payment and reimbursement for the cost of financial literacy assistance  
17 pursuant to NRS 41.950(2)(d). Steese will be granted \$3,750 for the cost  
18 of financial literacy assistance for the prorated calendar year 2021. This  
19 solely covers the cost of assistance from March 2021 to December 2021.  
20 Steese may, at his sole discretion, seek reimbursement for the cost of  
21 additional financial literacy assistance for 2022.
  - 22 iv. Reimbursement for the cost of counseling services pursuant to NRS  
23 41.950(2)(b)(4); and
  - 24 v. Reimbursement for the cost of housing assistance pursuant to NRS  
25 41.950(2)(d), not to exceed the national average of a monthly mortgage  
26 cost.
- 27 D. In accordance with NRS 41.960(3), if, after entry of the proposed order and  
judgment for payment of the monetary and non-monetary benefits set forth above,  
Steese subsequently receives a civil settlement or award related to this same  
wrongful conviction, Steese shall reimburse the State up to \$1,350,000.00, less  
any sums paid to attorneys and for the costs in litigating the other civil action or  
obtaining the settlement agreement. Steese shall not be required to pay any interest.  
Steese shall not be required to reimburse the State for attorney's fees awarded  
pursuant to this judgment.
- E. The Parties agree that Steese is entitled to seal his arrest and criminal convictions  
associated with Eighth Judicial District Court case *State v. Steese, et al*, case no.  
92-C-108694, pursuant to NRS 41.910(3). Accordingly, a proposed order sealing  
those records pursuant to the statute is attached as Appendix B.

1 A separate proposed Order Granting Monetary Relief is submitted herewith as Appendix  
2 C.

3 **IV. CONCLUSION**

4 Accordingly, and pursuant to this Motion, the Parties request that this Court approve this  
5 settlement, which the Parties submit is fair, reasonable and in the best interests of Steese and the  
6 State, and enter the proposed orders attached as Appendices A, B and C.

7  
8 **AFFIRMATION**  
(Pursuant to NRS 239B.030)

9 The Parties certify, pursuant to NRS Chapter 239B and NRS 603A.040, that this document  
10 and any attachments do not contain personal information including, without limitation, home  
11 address/phone number, social security number, driver's license number or identification card  
12 number, account number, PIN numbers, credit card number, in combination with any required  
13 security code, access code or password that would permit access to the person's financial account.

14 Dated this 29th day of January, 2021.

15  
16 AARON D. FORD, Nevada Attorney General

17 /s/ Heather D. Procter

18 By: Heather D. Procter (Bar No. 8621)  
Chief Deputy Attorney General  
19 Sheryl Serreze (Bar No. 12864)  
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23 /s/ Jaimie Stilz

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27

/s/ Lisa A. Rasmussen

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**EXHIBITS**

<b>Exhibit No.</b>	<b>Exhibit Description</b>	<b>Pages</b>
<b>1.</b>	Judgment of Conviction dated 4/23/1996, Eighth Judicial District Court case no. 92-C-108694	<b>2</b>
<b>2.</b>	Post-Conviction Order Regarding Actual Innocence dated 01/09/2013, Eighth Judicial District Court case no. 92-C-108694	<b>18</b>
<b>3.</b>	Guilty Plea Agreement, Eighth Judicial District Court dated 12/12/2012 case no. 92-C-108694	<b>9</b>
<b>4.</b>	Amended Judgment of Conviction dated 02/13/2013, Eighth Judicial District Court case no. 92-C-108694	<b>2</b>
<b>5.</b>	Application to Nevada State Board of Pardons Commissioners dated 6/19/2017	<b>10</b>
<b>6.</b>	Unconditional Pardon dated 02/13/2013	
<b>7.</b>	Letters from the Honorable Elissa Cadish dated July 28, 2017 and letter from Kathy Nasery dated May 30, 2017 in support of Pardons Board Application	<b>3</b>
<b>8.</b>	Pardons Board hearing transcript	<b>36</b>
<b>9.</b>	Department of Parole and Probation Recommendation to Parole Board dated September 22, 2017	<b>1</b>

**APPENDICES**

<b>No.</b>	<b>DESCRIPTION</b>	<b>NO. OF PAGES</b>
<b>A.</b>	[PROPOSED] CERTIFICATE OF INNOCENCE AND ORDER	<b>2</b>
<b>B.</b>	[PROPOSED] ORDER SEALING RECORDS	<b>2</b>
<b>C.</b>	[PROPOSED] ORDER GRANTING MONETARY AND NON-MONETARY RELIEF	<b>3</b>



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

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

Date: March 3, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS**

Agenda Item Write-up:

Pursuant to NRS 232.605, Subsection 2, the Advisory Council to the Division of Industrial Relations requests that the Board of Examiners designate the following debts as bad debts, as they have been determined to be uncollectible:

<b>Business and Industry, Division of Industrial Relations</b>	<b>\$928,702.47</b>
A. Occupational Safety and Health Administration Fines/Penalties	\$170,985.81
B. Uninsured Employer Claim Account	\$567,168.26
C. Worker's Compensation Administrative Fines and Premium Penalties	\$190,548.40

Additional Information:

The Advisory Council is authorized pursuant to NRS 232.605, Subsection 2, to submit such requests to the Board once debt has been determined to be impossible or impractical to collect, and if approved, the Board of Examiners or its Clerk shall immediately notify the State Controller. The State Controller and the Division deem these debts uncollectible.

Statutory Authority:

BOE approval required pursuant to NRS 232.605(2).

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

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



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIRECTOR'S OFFICE  
FISCAL SERVICES

RECEIVED  
JAN 25 2021  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**TO:** Shauna Tilley, Governor's Finance Office Executive Branch Officer

**FROM:** Budd Milazzo, Department of Business and Industry, Deputy Director *Budd*

**DATE:** January 11, 2020

**RE:** Request for Designation of Bad Debt

---

Pursuant to NRS 232.605 (2), the Advisory Council to the Division of Industrial Relations requests that the Board of Examiners designate the following debts as bad debts as they have been determined to be uncollectible by both the Division of Industrial Relations and the Office of the State Controller.

The reported debt consists of:

Occupational Safety and Health Administration Fines/Penalties	\$170,985.81
Uninsured Employer Claim Account:	\$567,168.26
Worker's Compensation Administrative Fines and Premium Penalties	\$190,548.40
<b>Total Recommended Write-Offs:</b>	<b>\$928,702.47</b>

STEVE SISOLAK  
Governor

STATE OF NEVADA

VICTORIA CARREÓN  
Administrator

PERRY REYNOLDS  
Director



PERRY FAIGIN  
Interim Deputy Administrator

DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS

January 6, 2021

To: Victoria Carreon, Administrator, Division of Industrial Relations  
From: Paul McKenzie, Chairman, Division of Industrial Relations Advisory Council  
Subject: Approval of Bad Debts of the Division of Industrial Relations for Referral

Per NRS 232.605(2) "For any amount of debt the Division determines is impossible or impractical to collect, the Council shall request the State Board of Examiners designate such amount as a bad debt. ..."

The Division of Industrial Relations (DIR) requested and received through a unanimous vote of the Advisory Council the approval to request that certain bad debts of the DIR be forwarded to the State Board of Examiners because these debts are impossible or impractical to collect. All attempts to locate and collect from the responsible parties have failed. The DIR's bad debts were presented at the January 6, 2021, Advisory Council meeting.

Please see attached breakdown of individual fines, penalties, and uninsured, which the Advisory Council approved for write-off.

Occupational Safety and Health Administration Fines/Penalties:	\$ 170,985.81
Uninsured Employer Claim Account	567,168.26
Workers' Compensation Administrative Fines and Premium Penalties:	190,548.40
Total Recommended Write-offs:	\$....928,702.47

Total Approved: \$ 928,702.47

Paul McKenzie, Chairman  
Division of Industrial Relations Advisory Council

01/06/2021

Date Approved

CARSON CITY  
400 West King Street  
Suite 400  
Carson City, NV 89703  
(775) 684-7270

LAS VEGAS  
3360 West Sahara Avenue  
Suite 250  
Las Vegas, NV 89102  
(702) 486-9080

# SUMMARY: Division of Industrial Relations Write-Off Recommendations 1/6/2021

## Amount of Write-offs by DIR Section

DIR Section	Sum of Balance Due	Count
OSHA LV	\$141,445.81	18
OSHA Reno	\$29,540.00	14
UECA	\$567,168.26	19
WCS North Admin	\$40,892.11	55
WCS North Premium	\$41,963.81	35
WCS South Admin	\$34,553.82	34
WCS South Premium	\$73,138.66	37
<b>Grand Total</b>	<b>\$928,702.47</b>	<b>212</b>

## Amount of Write-offs by DIR Section and Age

Sum of Balance Due	More than 72 Months		Grand Total
DIR Section	No	Yes	
OSHA LV	\$13,366.67	\$128,079.14	\$141,445.81
OSHA Reno	\$14,620.00	\$14,920.00	\$29,540.00
UECA	\$558,870.81	\$8,297.45	\$567,168.26
WCS North Admin	\$2,875.00	\$38,017.11	\$40,892.11
WCS North Premium	\$614.64	\$41,349.17	\$41,963.81
WCS South Admin		\$34,553.82	\$34,553.82
WCS South Premium		\$73,138.66	\$73,138.66
<b>Grand Total</b>	<b>\$590,347.12</b>	<b>\$338,355.35</b>	<b>\$928,702.47</b>

## Amount of Write-Offs by Status of Business License with Secretary of State

Secretary of State Status	Sum of Balance Due	Count
Active	\$70,162.49	14
Cancelled	\$8,297.65	2
Default	\$539.57	3
Dissolved	\$13,911.68	17
Expired	\$6,698.66	8
Expired/Dissolved	\$1,993.18	3
No Record	\$575,942.17	53
Permanently Revoked	\$66,358.40	30
Revoked	\$184,561.42	81
Withdrawn	\$237.25	1
<b>Grand Total</b>	<b>\$928,702.47</b>	<b>212</b>

## Amount of Write-Offs by Status of License with State

### Contractor's Board

Contractor's Board Status	Sum of Balance Due	Count
Active	\$600.00	1
Cancelled Not Renewed	\$1,192.35	3
No Record	\$881,908.59	194
Revoked	\$44,501.53	13
Voluntary Surrender	\$500.00	1
<b>Grand Total</b>	<b>\$928,702.47</b>	<b>212</b>

## Summary of Active Businesses

Active with Secretary of State		
Contractor's Board Status	Sum of Balance Due	Count
Active	\$600.00	1
Cancelled Not Renewed	\$88.24	1
No Record	\$69,474.25	12
<b>Grand Total</b>	<b>\$70,162.49</b>	<b>14</b>



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
1		Gary Reynolds dba American Marketing Systems	970379193	9/26/2017	39	No	Medical Expenses	\$ 7,361.00		\$ 7,361.00	File was turned over to Legal. Per Legal, this is a lifetime write-off. Statute has expired on these expenses.	Revoked	No Record	UECA
2		Fernando Sanchez dba Perfect Clean Maid	157050000003	5/11/2015	67	No	Medical Expenses	\$ 135.46		\$ 135.46	Claim denied. Unable to pursue employer.	No Record	No Record	UECA
4	DIR3332	C & C Trucking c/o Nicola Miller dba Crissey Family Trust	910971060	11/25/2014	73	Yes	Medical Expenses	\$ 8,297.45		\$ 8,297.45	Per Legal, the case has been approved for lifetime write-off as both employers are deceased.	Active	No Record	UECA
5	DIR4146	Larry Cantwell dba Desert Services	1570500000025	12/29/2015	60	No	Medical Expenses	\$ 31,819.77		\$ 31,819.77	Statute of Limitations has expired.	No Record	No Record	UECA
6	DIR3333	Carriage House Timeshare	860690102	9/26/2017	39	No	Medical Expenses	\$ 10,644.48		\$ 10,644.48	07/21/88 - Attorney of said employer sent letter stating incorrect employer. Unable to locate employer.	Active	No Record	UECA
7	DIR3334	Century Business College	960155072	9/26/2017	39	No	Medical Expenses	\$ 17,483.69		\$ 17,483.69	Per Legal, the employer went out of business and claimed bankruptcy. Nothing remains of the original organization from which the debt could be collected. Statute of limitations has expired.	No Record	No Record	UECA
8	DIR3336	Copeland, William	830227787	12/27/2016	48	No	Medical Expenses	\$ 909.92		\$ 909.92	Per legal, bankruptcy was discharged. Statute of limitations has expired on these expenses.	No Record	No Record	UECA
9	DIR3337	Dietz Construction	980346970	9/26/2017	39	No	Medical Expenses	\$ 28,339.66		\$ 28,339.66	Per Legal, the employer passed away, July 2005. Statute of limitations has expired.	No Record	No Record	UECA
10	DIR3340	Emerson, Arthur Gordon; Deceased 4/15/12	96-0255353	9/26/2017	39	No	Medical Expenses	\$ 441,397.86		\$ 441,397.86	A 1997 Appeals Officer decision found Arthur Gordon Emerson, homeowner/builder (not son-in-law Thomas Matyas) to be the statutory employer. DIR Legal was unable to locate any assets for Mr. Emerson. According to a 2012 LV Review Journal obituary, Mr. Emerson, 85, passed away in Arizona in April 2012. Statute of Limitations has run on majority of claim expenses. Monthly expenses continue to be incurred; Write-off appropriate	No Record	No Record	UECA
11	DIR3341	Expo Network, Inc	300028	7/26/2016	53	No	Medical Expenses	\$ 2,578.11		\$ 2,578.11	Statute of Limitations has expired.	Revoked	No Record	UECA
12	DIR3345	Jackson, Bob	890673873	9/26/2017	39	No	Medical Expenses	\$ 12,706.51		\$ 12,706.51	File was turned over to Legal. Per Legal, this is a lifetime write-off. Statute has expired on these expenses.	No Record	No Record	UECA

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
13	DIR3349	Orcon Inc	810168814	9/26/2017	39	No	Medical Expenses	\$ 4,750.00		\$ 4,750.00	Employer claimed bankruptcy and the corporation was involuntarily dissolved on March 29, 1985. Statute of limitations has expired on these expenses.	Revoked	No Record	UECA
14	DIR3351	Wild West Publishing	880913150	5/30/2017	43	No	Medical Expenses	\$ 687.78		\$ 687.78	Unable to locate employer. ASO stated it was not financially feasible to pursue in collections due to the minimal amount per year and the JOC would need to be filed every year	Revoked	No Record	UECA
15		Daisy Daze, Inc	147050000186	5/3/2016	56	No	Medical Expenses	\$ 9.18		\$ 9.18	Not financially feasible to attempt to collect. Statute of limitations has expired.	Dissolved	No Record	UECA
16		Desert Inn Mobile Family Estates Owners	147050000193	5/3/2016	56	No	Medical Expenses	\$ 9.18		\$ 9.18	Not financially feasible to attempt to collect. Statute of limitations has expired.	Active	No Record	UECA
17	DIR5131	Wintermark dba Industrial Plastics	1570500000001	5/3/2016	56	No	Medical Expenses	\$ 9.49		\$ 9.49	Not financially feasible to attempt to collect. Statute of limitations has expired.	Revoked	No Record	UECA
18	DIR5132	Some Guys Pool Service	1570500000017	5/3/2016	56	No	Medical Expenses	\$ 9.49		\$ 9.49	Not financially feasible to attempt to collect. Statute of limitations has expired.	Default	No Record	UECA
19		Domain Listings, LLC	1570500000018	4/26/2016	56	No	Medical Expenses	\$ 9.49		\$ 9.49	Not financially feasible to attempt to collect. Statute of limitations has expired.	Active	No Record	UECA
20		El Jefe Restaurant	1670500000021	10/4/2016	51	No	Medical Expenses	\$ 9.74		\$ 9.74	Not financially feasible to attempt to collect. Statute of limitations has expired.	No Record	No Record	UECA
21	DIR2860	AQUA DRY LLC	1409396-159044	6/25/2014	78	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
22	DIR2869	ALL CLEAN CARPET CLEANING INC	1407526-158799	5/8/2014	79	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
23	DIR2870	CATHERINE DORE & TAYLOR HALL DBA THE REFINERY LLC	1404166-158274	1/30/2014	83	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
24	DIR2889	NATHAN KENISON DBA LONE CREEK TRUCKING INC	1403686-158055	1/24/2014	83	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
25	DIR2893	RTTEMPS INC	1405958-158440	3/3/2014	82	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
26	DIR2895	HIS GRACE LLC DBA SNIP ITS	1403392-157930	1/24/2014	83	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
27	DIR2898	TERRY BLACKBURN DBA TK BLACKBURN TRUCKING NEVADA	1407302-158701	4/16/2014	80	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
28	DIR2905	UNBOUNDED SOLUTIONS INC	1405748-158432	2/26/2014	82	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
29	DIR2907	DIMCO ENTERPRISES INC DBA DIMAGIO'S AT THE LAKE	1407493-158779	5/2/2014	80	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
30	DIR2908	AIM HIGH COMMUNICATIONS LLC	1405112-158276	2/3/2014	83	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS North Admin
31	DIR2909	NOBLE TECHNOLOGIES INC	1409657-159294	8/19/2014	76	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
32	DIR2910	SALVADOR RODRIGUEZ DBA ANGEL TOUCH	1500716-159239	7/29/2014	77	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
33	DIR2911	VINCE SHAMBLIN DBA VICO CONSTRUCTION	1406299-159187	7/21/2014	77	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
34	DIR2912	GENUINE INC DBA DEMAND DROP	1406232-158810	5/12/2014	79	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
35	DIR2916	EL REYES LLC	1500015-159197	7/21/2014	77	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
36	DIR2917	TOWN FOOD & LIQUOR INC	1406789-158995	6/17/2014	78	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
37	DIR2918	AVID LABORATORIES LLC DBA ASSOCIATED VETERINARY DI	1407647-158783	5/2/2014	80	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
38	DIR2958	AMERICAN VAPOR LOUNGE LLC	1501502-159517	9/10/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
39	DIR2959	D REYES LLC DBA SUNRISE CAFÉ	1501737-159451	9/8/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
40	DIR2960	STEVEN CARMONA	1500519-159249	7/30/2014	77	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
41	DIR2962	SW & PW INC DBA ALL TEAM STAFFING	1501816-159521	9/10/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
42	DIR2963	LONE CREEK TRUCKING INC	1501179-159458	9/8/2014	75	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
43	DIR2964	CLIFF BREWER DBA NATURES HAND NURSERY LANDSCAPE & DESIGN	1500598-159267	8/5/2014	77	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
44	DIR2980	LAWRENCE TELECOM SOLUTIONS INC	1409300-159020	6/23/2014	78	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
45	DIR2981	INNOVATIVE PLACEMENTS INC DBA IPI TRAVEL	1503150-159826	10/28/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Default	No Record	WCS North Admin
46	DIR3010	A CUSTOM REFINISH LLC	1500739-159265	8/4/2014	77	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
47	DIR3014	ARZON SOLAR LLC	1501460-159519	9/12/2014	75	Yes	Administrative Fine	\$ 500.00	\$ 482.89	\$ 17.11	Collection Agency Fee	No Record	No Record	WCS North Admin
48	DIR3016	FRESH ENTERPRISES LLC DBA BAJA FRESH	1502165-159592	9/24/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
49	DIR3017	BAD RABBIT INC	1500522-159940	11/24/2014	73	Yes	Administrative Fine	\$ 7,500.00	\$ -	\$ 7,500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
50	DIR3018	DISPLAY TECHNOLOGIES LLC	1501966-159766	10/24/2014	74	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
51	DIR3019	HIS GRACE LLC DBA SNIP ITS	1408295-159555	9/17/2014	75	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
52	DIR3020	NOVA BEHAVIORAL SERVICES LLC	1406527-158513	3/18/2014	81	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
53	DIR3021	ANTONIO SANCHEZ AMARO DBA FIVE STAR HANDYMAN SVCS	1406043-158529	3/18/2014	81	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
54	DIR3022	STEWART DISPOSAL INC	1503145-159825	10/28/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
55	DIR3024	WAYNE LLC	1503573-159879	11/7/2014	73	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
56	DIR3025	STARVOX TOURING INC	1503511-159839	10/29/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
57	DIR3028	RADIUS GROUP INC	1503654-159882	11/7/2014	73	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
58	DIR3061	COLETTA BWIRE DBA BODEGA NIGHTCLUB	1501068-159285	8/19/2014	76	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
59	DIR3062	ABAYLA CONTRACTING SERVICES INC	1502872-159689	10/9/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
60	DIR3066	DIGITAL IMPACT LLC	1504546-160042	12/16/2014	72	No	Administrative Fine	\$ 375.00	\$ -	\$ 375.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Admin
61	DIR3075	ASIF KARIM DBA OUT OF THIS WORLD DISCOUNT LIQUOR	1407190-160076	1/7/2015	71	No	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
63	DIR3077	MOVING FORWARD LLC DBA KIDTRAX LEARNING ADVENTURE	1408743-159887	7/10/2014	77	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
64	DIR3078	NATIONAL COUNCIL ON THE AGING INC DBA N C O A	1501265-159391	8/25/2014	76	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
65	DIR3079	ONESTOP INTERNET INC	1503136-159762	10/24/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
66	DIR3083	NATIONAL TOW & ROAD SERVICES INC	1500081-159116	8/19/2014	76	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
67	DIR3084	SALVADOR RODRIGUEZ	1503176-159884	12/15/2014	72	No	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
68	DIR3085	SEÑOR TACO LLC	1405896-158489	4/28/2014	80	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
70	DIR3090	THE WILDERNESS COLLECTIONS GALLERY INC	1502167-159605	9/24/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
71	DIR3123	INC BUILDERS INC DBA ACME STAFFING	1502172-159560	9/17/2014	75	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	Revoked	WCS North Admin
72	DIR3126	ELKO CAR WASH INC	1503314-159995	12/15/2014	72	No	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
73	DIR3135	NORTH CENTRAL NEVADA MACHINE SHOP LLC	1502584-159690	10/9/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS North Admin
74	DIR3203	RENO BAR USA INC	1406408-158527	3/18/2014	81	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	Voluntary Surrender	WCS North Admin
75	DIR3208	SIERRA CONSTRUCTION & DEVELOPMENT LLC DBA SCD FRAM	1503039-159814	10/28/2014	74	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Admin
76	DIR2770	PURE DISTRIBUTION LLC DBA RAZZLE DAZZLE	1405642-158389	2/20/2014	82	Yes	Administrative Fine	\$ 500.00	\$ -	\$ 500.00	Collection Attempts Unsuccessful	Revoked	No Record	WCS North Admin
78	DIR2767	CHARLES DOUCETTE DBA TOP GUN RESTAURANT	1401373-158212	1/22/2014	83	Yes	Administrative Fine	\$ 1,000.00	\$ -	\$ 1,000.00	Collection Attempts Unsuccessful	No Record	No Record	WCS North Admin
79	DIR2861	NOBLE TECHNOLOGIES INC	1409657-159133	7/11/2014	77	Yes	Premium Penalty	\$ 30.08	\$ -	\$ 30.08	Collection efforts unsuccessful by Controller's Office	Default	No Record	WCS North Premium
80	DIR2865	JOSE VAZQUEZ DBA VAZQUEZ TIRES & SERVICE	1409415159135	7/11/2014	77	Yes	Premium Penalty	\$ 401.10	\$ -	\$ 401.10	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
81	DIR2870	CATHERINE DORE & TAYLOR HALL DBA THE REFINERY LLC	1404166-158142	1/30/2014	83	Yes	Premium Penalty	\$ 373.33	\$ -	\$ 373.33	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
82	DIR2899	KEVIN MCDANIEL DBA KSPEED AUTOMOTIVE	1406878-158656	4/9/2014	80	Yes	Premium Penalty	\$ 656.60	\$ -	\$ 656.60	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
83	DIR2900	VINCE SHAMBLIN DBA VICO CONSTRUCTION	1406299-158543	3/21/2014	81	Yes	Premium Penalty	\$ 136.16	\$ -	\$ 136.16	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
84	DIR2902	MARTIN NAVA DBA ICON GRANITE	1401754-157560	1/24/2014	83	Yes	Premium Penalty	\$ 84.60	\$ -	\$ 84.60	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
85	DIR2904	MEDIA ENTERPRISES LLC DBA KHWG	1406234-158597	4/24/2014	80	Yes	Premium Penalty	\$ 3,482.10	\$ -	\$ 3,482.10	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
86	DIR2905	UNBOUNDED SOLUTIONS INC	1405748-158431	2/26/2014	82	Yes	Premium Penalty	\$ 6.80	\$ -	\$ 6.80	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
87	DIR2912	GENUINE INC DBA DEMAND DROP	1406232-158809	5/12/2014	79	Yes	Premium Penalty	\$ 6.40	\$ -	\$ 6.40	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
88	DIR2915	BAD RABBIT INC	1500522-159259	8/5/2014	77	Yes	Premium Penalty	\$ 984.54	\$ -	\$ 984.54	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
89	DIR2916	EL REYES LLC	1500015-159196	7/21/2014	77	Yes	Premium Penalty	\$ 34.85	\$ -	\$ 34.85	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
90	DIR2917	TOWN FOOD & LIQUOR INC	1406789-158994	6/17/2014	78	Yes	Premium Penalty	\$ 4.18	\$ -	\$ 4.18	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
91	DIR2958	AMERICAN VAPOR LOUNGE LLC	1501502-159516	9/10/2014	75	Yes	Premium Penalty	\$ 94.50	\$ -	\$ 94.50	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
92	DIR2960	STEVEN CARMONA	1500519-159248	7/30/2014	77	Yes	Premium Penalty	\$ 11.83	\$ -	\$ 11.83	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
93	DIR2962	SW & PW INC DBA ALL TEAM STAFFING	1501816-159520	9/10/2014	75	Yes	Premium Penalty	\$ 854.78	\$ -	\$ 854.78	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
94	DIR2964	CLIFF BREWER DBA NATURES HAND NURSERY LANDSCAPE & DESIGN	1500598-159266	8/5/2014	77	Yes	Premium Penalty	\$ 299.77	\$ -	\$ 299.77	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
95	DIR2965	GLER INC DBA ST JOSEPH HEALTH CARE	1409430-159136	7/10/2014	77	Yes	Premium Penalty	\$ 27.70	\$ -	\$ 27.70	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
96	DIR2979	CHAD MCGEE DBA COOPER & SONS INC	1406742-158717	8/26/2014	76	Yes	Premium Penalty	\$ 1,833.60	\$ -	\$ 1,833.60	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
97	DIR2982	HIS GRACE LLC DBA SNIP ITS	1408295-158872	5/21/2014	79	Yes	Premium Penalty	\$ 77.70	\$ -	\$ 77.70	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
98	DIR3010	A CUSTOM REFINISH LLC	1500739-159265	8/4/2014	77	Yes	Premium Penalty	\$ 144.90	\$ -	\$ 144.90	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
99	DIR3013	MEZA RESTAURANTS INC DBA LAS MARGARITAS	1503147-159806	10/28/2014	74	Yes	Premium Penalty	\$ 906.75	\$ -	\$ 906.75	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
100	DIR3015	DISPLAY TECHNOLOGIES LLC	1501966-159603	9/24/2014	75	Yes	Premium Penalty	\$ 303.75	\$ -	\$ 303.75	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
101	DIR3065	HECTOR CARILLO & EULALIA CARILLO DBA TACOS EL MONO	1500770-159691	10/10/2014	74	Yes	Premium Penalty	\$ 980.89	\$ -	\$ 980.89	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
102	DIR3067	EARLY ADVENTURES ACADEMY LLC	1501685-159599	12/15/2014	72	No	Premium Penalty	\$ 361.20	\$ -	\$ 361.20	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
103	DIR3069	JOSE GARCIA DBA IMAGE AUTOMOTIVE	1503526-159982	12/3/2014	73	Yes	Premium Penalty	\$ 53.28	\$ -	\$ 53.28	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
104	DIR3071	GLER INC DBA ST JOSEPH CARE HOME	1504089-159977	12/3/2014	73	Yes	Premium Penalty	\$ 105.26	\$ -	\$ 105.26	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
106	DIR3077	MOVING FORWARD LLC DBA KIDTRAX LEARNING ADVENTURE	1408743-158986	7/10/2014	77	Yes	Premium Penalty	\$ 7.52	\$ -	\$ 7.52	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
107	DIR3078	NATIONAL COUNCIL ON THE AGING INC DBA N C O A	1501265-159390	8/25/2014	76	Yes	Premium Penalty	\$ 95.55	\$ -	\$ 95.55	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
108	DIR3081	ANA PIEROTT DBA ENTERPRISE JANITORIAL SERVICE	1500741-159698	12/3/2014	73	Yes	Premium Penalty	\$ 2,184.64	\$ -	\$ 2,184.64	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS North Premium
109	DIR3089	WENDELL RICHARD SPARKS DBA WRS ENTERPRISES / WILDE	1501105-159687	10/7/2014	74	Yes	Premium Penalty	\$ 25,692.42	\$ -	\$ 25,692.42	Collection efforts unsuccessful by Controller's Office	Revoked	Revoked	WCS North Premium
110	DIR3090	THE WILDERNESS COLLECTIONS GALLERY INC	1502167-159604	9/24/2014	75	Yes	Premium Penalty	\$ 322.53	\$ -	\$ 322.53	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS North Premium
111	DIR3126	ELKO CAR WASH INC	1503314-159994	12/15/2014	72	No	Premium Penalty	\$ 253.44	\$ -	\$ 253.44	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
112	DIR3137	STEVE STIFFLER / 1ST CALL FLEET SVCS/ 1ST CALL MOB	1407738-158996	6/13/2014	78	Yes	Premium Penalty	\$ 750.96	\$ -	\$ 750.96	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
113	DIR3208	SIERRA CONSTRUCTION & DEVELOPMENT LLC DBA SCD FRAM	1503039-159813	10/28/2014	74	Yes	Premium Penalty	\$ 349.18	\$ -	\$ 349.18	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
114	DIR2769	THE ISLES	1405133-158288	3/28/2014	81	Yes	Premium Penalty	\$ 50.92	\$ -	\$ 50.92	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS North Premium
115	DIR2594	Chisal Enterprise	EI-1304683-157859	1/21/2014	83	Yes	Administrative Fine	\$ 53.82		\$ 53.82	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS South Admin
116	DIR1572	Jeff Eharb dba Crystal Mechanical	EI-17383-150298	11/5/2010	122	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Expired	Cancelled Not Renewed	WCS South Admin



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
117	DIR1575	MMCC Inc. dba Cook on Wok2China Ginger	EL-17407-151690	3/25/2011	117	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
118	DIR1576	Collision Express LLC	EL-17864-152398	6/17/2011	114	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
119	DIR1579	Charles Moran dba NV Bath	EL-19344-151534	5/23/2011	115	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin
120	DIR1580	MIA Group Inc dba Pie in the Sky	EL-19387-151700	3/25/2011	117	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Admin
121	DIR1581	Contentental Landscape & Sprinkler Co Inc	EL-19389-151698	5/23/2011	115	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Admin
122	DIR1585	Diversified Building Systems LLC dba Western Empire Builders	EL-20407-150853	12/20/2010	120	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Admin
123	DIR1587	Christine Evans dba C & E Upholstery	EL-21099-152331	6/17/2011	114	Yes	Administrative Fine	\$ 7,500.00		\$ 7,500.00	Collection efforts unsuccessful by Controller's Office	Cancelled	No Record	WCS South Admin
124	DIR1592	Scope Development LLC dba Sunrise Mountain Trailer Park	EL-25186-152867	9/7/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Expired/Dissolved	No Record	WCS South Admin
125	DIR1593	Esmerald's Enterprises Inc dba Esmerald's Café	EL-25764-152869	9/7/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
126	DIR1594	J Grant LLC dba Puppy Enterprises	EL-25907-153038	9/30/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
127	DIR1597	Clean LV, LLC dba Elite Residential & Commercial Cleaning	EL-27083-152418	6/24/2011	114	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Admin
128	DIR1598	100% Natural Mexican Grill LLC dba 100% Natural Mexican Grill	EL-27563-152702	8/12/2011	112	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
129	DIR1600	Juan C Diaz and Lluvan M Perez dba D & G Janitorial Services	EL-28127-152666	8/5/2011	113	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
130	DIR1602	Motorcars of Las Vegas Inc	EL-28909-152893	9/2/2011	112	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS South Admin
131	DIR1606	Quality Auto Service 3 LLC	EL-29094-153042	9/30/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS South Admin
132	DIR1608	Adam J Wilks dba Wilks Racing LLC	EL-29531-152873	9/7/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin
133	DIR1609	Elliott Malcolm dba Desert Paradise Mobile Home Park	EL-29571-153449	11/1/2011	110	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
134	DIR1612	Elixir Inc dba Elixir Café Lounge	El-30876-153146	10/12/2011	110	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin
135	DIR1613	Richard J Wenzl dba Trammel Dance Studio	El-30881-153141	10/12/2011	110	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
136	DIR1614	Robert Boeddeker dba RIB Systems Technology	El-30892-154741	6/29/2012	102	Yes	Administrative Fine	\$ 2,500.00		\$ 2,500.00	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS South Admin
137	DIR1617	Richard F. Sarno, Jr. dba Darque Tan	El-33825-153915	1/27/2012	107	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS South Admin
138	DIR1632	Xue Wang and Shelly 2004 Inc dba Green Palm Spa	El-7245-152771	8/19/2011	112	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Admin
139	DIR1634	Triple 777 Steel Inc.	El-9424-152906	9/11/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Admin
140	DIR1635	John Huneycutt dba Celestial Solar Systems	El-9454-152915	9/9/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Admin
141	DIR1636	Carole Couch (Hamilton) dba Vegas & Pahrump Sparkles	El-9909-153011	9/23/2011	111	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin
142	DIR1637	The Legacy Foundation Group	El-21682-151807	4/8/2011	116	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Admin
143	DIR1638	Pugdaws LLC dba Legends Casino	El-21691-151623	3/18/2011	117	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Admin
144	DIR1639	Rice Jewelry LLC	El-22438-151791	4/8/2011	116	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
145	DIR1640	Telecom Solutions Services Inc.	El-22919-151340	4/16/2010	128	Yes	Administrative Fine	\$ 7,500.00		\$ 7,500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
146	DIR1644	Mirage Image Laser & Medical Spa LLC	El-25762-152139	6/3/2011	115	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Admin
147	DIR1645	Western Pride Construction	El-26655-152135	6/3/2011	115	Yes	Administrative Fine	\$ 500.00		\$ 500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Admin
148	DIR1648	Acme Security Inc	El-27052-152235	6/16/2011	114	Yes	Administrative Fine	\$ 2,500.00		\$ 2,500.00	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Admin
150	DIR1572	Jeff Ebarb dba Crystal Mechanical	El-17383-150299	11/5/2010	122	Yes	Premium Penalty	\$ 604.11		\$ 604.11	Collection efforts unsuccessful by Controller's Office	Expired	Cancelled Not Renewed	WCS South Premium
151	DIR1575	MMCC Inc. dba Cook on Wok2China Ginger	El-17407-151691	3/25/2011	117	Yes	Premium Penalty	\$ 69.95		\$ 69.95	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
152	DIR1577	Trista a Laino dba Top of the Class Learning Center	EI-17397-151406	3/4/2011	118 Yes	Premium Penalty	\$ 326.99		\$ 326.99	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
153	DIR1579	Charles Moran dba NV Bath	EI-19344-151538	5/23/2011	115 Yes	Premium Penalty	\$ 87.45		\$ 87.45	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
154	DIR1580	MLA Group Inc dba Pie in the Sky	EI-19387-151701	3/25/2011	117 Yes	Premium Penalty	\$ 74.96		\$ 74.96	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Premium
155	DIR1581	Contentental Landscape & Sprinkler Co Inc	EI-19389-151699	5/23/2011	115 Yes	Premium Penalty	\$ 405.74		\$ 405.74	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Premium
156	DIR1584	Gregg Chambers dba G C Maintenance	EI-20297-152075	6/10/2011	114 Yes	Premium Penalty	\$ 1,035.62		\$ 1,035.62	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
157	DIR1585	Diversified Building Systems LLC dba Western Empire Builders	EI-20407-150854	12/20/2010	120 Yes	Premium Penalty	\$ 1,077.38		\$ 1,077.38	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Premium
158	DIR1587	Christine Evans dba C & E Upholstery	EI-21099-152071	6/17/2011	114 Yes	Premium Penalty	\$ 797.65		\$ 797.65	Collection efforts unsuccessful by Controller's Office	Cancelled	No Record	WCS South Premium
159	DIR1588	Lombardo Investments Inc. dba Nocolo's Cucina Italiana	EI-25907-152076	5/27/2011	115 Yes	Premium Penalty	\$ 126.05		\$ 126.05	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
160	DIR1592	Scope Development LLC dba Sunrise Mountain Trailer Park	EI-25186-152868	9/7/2011	111 Yes	Premium Penalty	\$ 107.70		\$ 107.70	Collection efforts unsuccessful by Controller's Office	Expired/Dissolved	No Record	WCS South Premium
161	DIR1593	Esmerald's Enterprises Inc dba Esmerald's Café	EI-25764-152870	9/7/2011	111 Yes	Premium Penalty	\$ 155.89		\$ 155.89	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
162	DIR1594	J Grant LLC dba Puppy Enterprises	EI-25907-153039	9/30/2011	111 Yes	Premium Penalty	\$ 200.34		\$ 200.34	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
163	DIR1595	Brad Wedge dba Sin City Skydiving LLC	EI-26433-152518	7/13/2011	113 Yes	Premium Penalty	\$ 1,385.48		\$ 1,385.48	Collection efforts unsuccessful by Controller's Office	Expired/Dissolved	No Record	WCS South Premium
164	DIR1597	Clean LV, LLC dba Elite Residential & Commercial Cleaning	EI-27083-152419	6/24/2011	114 Yes	Premium Penalty	\$ 432.22		\$ 432.22	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Premium
165	DIR1598	100% Natural Mexican Grill LLC dba 100% Natural Mexican Grill	EI-27563-152703	8/12/2011	112 Yes	Premium Penalty	\$ 363.01		\$ 363.01	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
166	DIR1600	Juan C Diaz and Liuvan M Perez dba D & G Janitorial Services	EI-28127-152667	8/5/2011	113 Yes	Premium Penalty	\$ 278.81		\$ 278.81	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
167	DIR1606	Quality Auto Service 3 LLC	EI-29094-153043	9/30/2011	111 Yes	Premium Penalty	\$ 223.87		\$ 223.87	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS South Premium
168	DIR1607	Do Hoon Lee, Hyu Sung Lee, Young Sue Shin dba Vegas Grand Investment/Cheyenne Car Wash	EI-29454-153549	11/18/2011	109 Yes	Premium Penalty	\$ 14,568.16		\$ 14,568.16	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	WCS South Premium

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
169	DIR1608	Adam J Wiks dba Wiks Racing LLC	El-29531-152874	9/7/2011	111	Yes	Premium Penalty	\$ 446.70		\$ 446.70	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
170	DIR1609	Elliott Malcolm dba Desert Paradise Mobile Home Park	El-29571-153450	11/1/2011	110	Yes	Premium Penalty	\$ 168.46		\$ 168.46	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
171	DIR1611	Wings Restaurant	El-30481-153120	10/7/2011	110	Yes	Premium Penalty	\$ 1,823.65		\$ 1,823.65	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS South Premium
172	DIR1612	Elixir Inc dba Elixir Café Lounge	El-30876-153147	10/12/2011	110	Yes	Premium Penalty	\$ 137.98		\$ 137.98	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
173	DIR1613	Richard J Wenzl dba Trammel Dance Studio	El-30881-153142	10/12/2011	110	Yes	Premium Penalty	\$ 20.38		\$ 20.38	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
174	DIR1614	Robert Boeddeker dba RIB Systems Technology	El-30892-153124	6/29/2012	102	Yes	Premium Penalty	\$ 162.38		\$ 162.38	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS South Premium
175	DIR1617	Richard F. Sarno, Jr. dba Darque Tan	El-33825-153916	1/27/2012	107	Yes	Premium Penalty	\$ 108.52		\$ 108.52	Collection efforts unsuccessful by Controller's Office	Expired	No Record	WCS South Premium
176	DIR1632	Xue Wang and Shelly 2004 Inc dba Green Palm Spa	El-7245-152772	8/19/2011	112	Yes	Premium Penalty	\$ 38.53		\$ 38.53	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Premium
177	DIR1634	Triple 777 Steel Inc.	El-9424-152907	9/9/2011	111	Yes	Premium Penalty	\$ 2,688.66		\$ 2,688.66	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Premium
178	DIR1635	John Huneyourt dba Celestial Solar Systems	El-9454-152916	9/9/2011	111	Yes	Premium Penalty	\$ 496.75		\$ 496.75	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Premium
179	DIR1636	Carole Couch (Hamilton) dba Vegas & Pahrump Sparkies	El-9909-153012	9/23/2011	111	Yes	Premium Penalty	\$ 224.86		\$ 224.86	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
180	DIR1637	The Legacy Foundation Group	El-21682-151809	4/8/2011	116	Yes	Premium Penalty	\$ 25.59		\$ 25.59	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Premium
181	DIR1638	Pugdaws LLC dba Legends Casino	El-21691-151624	3/18/2011	117	Yes	Premium Penalty	\$ 282.00		\$ 282.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	WCS South Premium
182	DIR1639	Rice Jewelry LLC	El-224438-151972	4/8/2011	116	Yes	Premium Penalty	\$ 127.40		\$ 127.40	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
183	DIR1640	Telecom Solutions Services Inc.	El-22919-151341	4/16/2010	128	Yes	Premium Penalty	\$ 9,972.71		\$ 9,972.71	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
184	DIR1644	Mirage Image Laser & Medical Spa LLC	El-25762-152140	6/3/2011	115	Yes	Premium Penalty	\$ 217.38		\$ 217.38	Collection efforts unsuccessful by Controller's Office	No Record	No Record	WCS South Premium
185	DIR1645	Western Pride Construction	El-26655-152136	6/3/2011	115	Yes	Premium Penalty	\$ 7,680.58		\$ 7,680.58	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	Revoked	WCS South Premium



**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor22	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
186	DIR1648	Acme Security Inc	El-27052-152236	6/16/2011	114	Yes	Premium Penalty	\$ 26,194.75		\$ 26,194.75	Collection efforts unsuccessful by Controller's Office	Permanently Revoked	No Record	WCS South Premium
187	DIR2828	Leading Edge Construction, LLC.	317618015	5/5/2014	80	Yes	Administrative Fine	\$ 200.00	\$ -	\$ 200.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA Reno
188	DIR2858	Jerry Mares dba Mares Framing	317328084 317422632	1/3/2014	84	Yes	Administrative Fine	\$ 3,460.00	\$ -	\$ 3,460.00	Collection efforts unsuccessful by Controller's Office	Dissolved	Revoked	OSHA Reno
189	DIR2950	Jim Harwin dba Safe Shot, LLC	316938588 317618213 316469139	9/21/2012	99	Yes	Administrative Fine	\$ 9,220.00	\$ -	\$ 9,220.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA Reno
190	DIR3030	Mike Logue dba Black Diamond Framing, Inc.	1006900	12/29/2014	72	No	Administrative Fine	\$ 600.00	\$ -	\$ 600.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
191	DIR3031	Martin Sanchez Rodriguez dba West Coast Sacking, Inc.	1009249	2/17/2015	70	No	Administrative Fine	\$ 600.00	\$ -	\$ 600.00	Collection efforts unsuccessful by Controller's Office	Active	Active	OSHA Reno
192	DIR3091	Rafael Roque	1006022	12/4/2014	73	Yes	Administrative Fine	\$ 840.00	\$ -	\$ 840.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
193	DIR3173	Roger Hovden dba Wintermark	1002038	12/2/2014	73	Yes	Administrative Fine	\$ 1,200.00	\$ -	\$ 1,200.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA Reno
194	DIR3213	Paresh Patel dba Arvind Patel dba Wagon Train Motel	1040748	5/13/2015	67	No	Administrative Fine	\$ 420.00	\$ -	\$ 420.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
195	DIR3500	Carey Ainley dba Friends of Faux		12/2/2015	61	No	Administrative Fine	\$ 900.00		\$ 900.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
196	DIR3501	Clinton W Barr dba The Urban Group of Companies, LLC dba Urban Metals, LLC		8/21/2015	64	No	Administrative Fine	\$ 5,400.00		\$ 5,400.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA Reno
197	DIR3502	Clinton W Barr dba The Urban Group of Companies, LLC dba Urban Metals, LLC		8/21/2015	64	No	Administrative Fine	\$ 2,500.00		\$ 2,500.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA Reno
198	DIR3503	Mario G. Chinchilla dba Marlo Contracting, LLC		12/21/2015	60	No	Administrative Fine	\$ 600.00		\$ 600.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
199	DIR3504	Rudy Pesovic / Tricia Pesovic dba PMH Rack Inc.		8/21/2015	64	No	Administrative Fine	\$ 1,200.00		\$ 1,200.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA Reno
200	DIR3521	Marlin Moses dba GCI Logistics LLC		2/29/2016	58	No	Administrative Fine	\$ 2,400.00		\$ 2,400.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA Reno
201	DIR2192	Ecolab, Inc.		11/23/2011	109	Yes	Administrative Fine	\$ 88.24		\$ 88.24	Collection efforts unsuccessful by Controller's Office	Active	Cancelled Not R	OSHA LV
202	DIR2580	Mattress Holdings, LLC dba Mattress Firm Inc.		12/26/2013	84	Yes	Administrative Fine	\$ 473.65		\$ 473.65	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
203	DIR2581	McKinley, Inc. dba McKinley Property Management		12/23/2013	84	Yes	Administrative Fine	\$ 273.25		\$ 237.25	Collection efforts unsuccessful by Controller's Office	Withdrawn	No Record	OSHA LV
204	DIR2671	Tropicana Zubic Enterprises Maria Pena	317370385	3/7/2014	81	Yes	Administrative Fine	\$ 7,640.00	\$ -	\$ 7,640.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
205	DIR2737	Tropicana Zubic Enterprises /Maria Pena dba Llantera Tropicana	317373298	5/16/2014	79	Yes	Administrative Fine	\$ 30,000.00	\$ -	\$ 30,000.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
206	DIR2761	Casamar Manufacturing USA, Inc.	317373322	6/18/2014	78	Yes	Administrative Fine	\$ 3,600.00	\$ 1,200.00	\$ 2,400.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
207	DIR2794	Hertz dba The Hertz Corporation	317375590	8/14/2014	76	Yes	Administrative Fine	\$ 5,400.00	\$ -	\$ 5,400.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
208	DIR2795	Ronald E Gardner DDS		4/28/2015	68	No	Administrative Fine	\$ 2,966.67		\$ 2,966.67	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	OSHA LV

**Division of Industrial Relations Write-Off Recommendations January 6, 2021**

#	DIR #	Business Entity/ Debtor	Internal Invoice No.	Due Date	Number of Months Since Initial Invoice	More than 72 months	Type of Penalty	Amount Assessed	Amount Collected	Balance Due	Reason for Write-off Recommendation	Secretary of State	Contractor's Board	Section
209	DIR2859	FCA Las Vegas, LLC dba FCA US Investments, LLC/FCA Group Holdings, LLC/Libra Group	317845469	10/30/2014	74	Yes	Administrative Fine	\$ 8,800.00	\$ -	\$ 8,800.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA LV
210	DIR2873	Riley Janitorial	317377083	10/1/2014	75	Yes	Administrative Fine	\$ 6,000.00	\$ -	\$ 6,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA LV
211	DIR3029	Maajid Khan	317376382	10/1/2014	75	Yes	Administrative Fine	\$ 6,000.00	\$ -	\$ 6,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA LV
212	DIR3032	Mob Customs of Hollywood Collision	317845840	10/24/2014	74	Yes	Administrative Fine	\$ 36,000.00	\$ -	\$ 36,000.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA LV
213	DIR3033	Mob Customs of Hollywood Collision	317374056	7/7/2014	77	Yes	Administrative Fine	\$ 19,440.00	\$ -	\$ 19,440.00	Collection efforts unsuccessful by Controller's Office	Revoked	No Record	OSHA LV
214	DIR3095	Dastac Industries, LLC dba Transmission Wholesale Company	317374221	7/14/2014	77	Yes	Administrative Fine	\$ 2,800.00	\$ -	\$ 2,800.00	Collection efforts unsuccessful by Controller's Office	Dissolved	No Record	OSHA LV
215	DIR3099	320 Eleventh LLC	1010855	2/24/2015	70	No	Administrative Fine	\$ 6,000.00	\$ -	\$ 6,000.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA LV
217	DIR3215	Crystal Courts Apartments, Inc.	317376580	8/13/2014	76	Yes	Administrative Fine	\$ 2,800.00	\$ -	\$ 2,800.00	Collection efforts unsuccessful by Controller's Office	No Record	No Record	OSHA LV
218	DIR3374	J. Woodson Dermatology & Associates Ltd.		12/5/2015	61	No	Administrative Fine	\$ 3,600.00		\$ 3,600.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV
219	DIR3375	AMGI USA		1/9/2016	59	No	Administrative Fine	\$ 800.00		\$ 800.00	Collection efforts unsuccessful by Controller's Office	Active	No Record	OSHA LV

Advisory Council Date      1/6/2021      Total:      \$ 928,702.47



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

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

Date: March 24, 2021

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

From: Heather Field, 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.

**NEVADA GAMING CONTROL BOARD**

Agenda Item Write-up:

Pursuant to Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> Special Legislative Session, the Department requests a 4.6% pay reduction in place of participating in the furlough process from January 1, 2021 to June 31, 2021 for all Gaming Control Board Commission members.

Additional Information:

The Department seeks approval for the Gaming Control Board Commission members to be exempt from the Fiscal Year 2021 furlough policy approved during the 31<sup>st</sup> Special Legislative Session. Due to the limitation of member working schedules, the Department is unable to give furlough days off from work. If the exemption is approved the Department will reduce the commission members pay by 4.6%.

Statutory Authority:

Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> Special Legislative Session

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

# BOARD OF EXAMINERS REQUEST FOR FURLOUGH EXCEPTION

Agency Name:	Nevada Gaming Commission	Class Code #	CB001																		
Budget Account #	4067	Grade Level:	N/A																		
Position Control #	C001, C002, C003, C004, C005																				
Class Title:	C001 - Commission Chair, C002, C003, C004, C005 Commission Members																				
Location of Position:	Reno and Las Vegas																				
Name of Position Supervisor: Appointed by Governor		Telephone Number: HR - 775-684-7712																			
<p><b>Briefly describe the main purpose of this position:</b></p> <p>The primary responsibilities of the Commission include acting on the recommendations of the Board in licensing matters and ruling upon work permit appeal cases. The Commission is the final authority on licensing matters, having the ability to approve, restrict, limit, condition, deny, revoke or suspend any gaming license.</p>																					
<p><b>Reason for exception and consequences if exception is not approved:</b></p> <p>The Commission Members are not subject to leave; therefore they cannot claim furlough leave. If this request is not approved, the Commission Members will be in noncompliance with AB 3 of the 31st Special Session.</p>																					
<p><b>Is this position critical per AB3:</b></p> <p>Public Health: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public Safety: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b>Please provide the reason position(s) meets exception criteria:</b></p> <p>The Commission is charged with the responsibility of adopting regulations to implement and enforce the State laws governing gaming. The Commission acts in the judicial capacity to determine whether any sanctions should be imposed when disciplinary action against a gaming licensee is necessary.</p>																			
Effective and Expiration Date:		1/1/2021	6/30/2021																		
<p><b>Is the employee in the requested position aware their salary will be reduced by 4.6% if the exception is approved? Yes</b></p>																					
<p><b>What is the position funding source?</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">General Fund:</td> <td style="width: 30%;">100</td> <td style="width: 10%;">%</td> <td style="width: 30%;">Fees:</td> <td style="width: 30%;"></td> <td style="width: 10%;">%</td> </tr> <tr> <td>Highway Fund:</td> <td></td> <td>%</td> <td>Other Funding:</td> <td></td> <td>%</td> </tr> <tr> <td>Federal Funds:</td> <td></td> <td>%</td> <td>Other Funding:</td> <td></td> <td>%</td> </tr> </table>				General Fund:	100	%	Fees:		%	Highway Fund:		%	Other Funding:		%	Federal Funds:		%	Other Funding:		%
General Fund:	100	%	Fees:		%																
Highway Fund:		%	Other Funding:		%																
Federal Funds:		%	Other Funding:		%																

## AGENCY DIRECTOR APPROVAL:

  
\_\_\_\_\_  
Agency Director

Chair, NGCB  
\_\_\_\_\_  
Title

3/24/2021  
\_\_\_\_\_  
Date

## BOE APPROVAL:

☐ Approved Exemption ☐ Not Approved for Exemption

\_\_\_\_\_  
Board of Examiners Approval

\_\_\_\_\_  
Date



March 17, 2021

Commissioner Solis-Rainey  
2332 Caserta Ct.  
Henderson, NV 89074

Dear Commissioner Solis-Rainey:

In accordance with the procedures set forth in Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> (2020) Special Session of the Nevada Legislature and by the Department of Administration, the Department of Nevada Gaming Commission is requesting that the Board of Examiners exempt your position from participating in the furlough from January 1, 2021 to June 31, 2021. If the Board of Examiners approves the exemption, you will not be required to furlough but your pay will be reduced by 4.6%. The total decrease will lower your hourly rate of pay for the purposes of your normal rate of pay, overtime, premium pays, shift differential, holiday pay, etc. In addition, the rate of pay reported to the Public Employees Retirement System will reflect this lower amount. If the Board of Examiners approves the Department's request for exemption, you will be requested to acknowledge your new rate of pay electronically within the SMART21 system.

Please sign the acknowledgment below as evidence that you have been advised of this request and its impact on your pay and retirement.

Thank you for your service to the State of Nevada and the critical job duties that you perform.

Sincerely,

J. Brin Gibson  
Chair, Nevada Gaming Control Board

I, Rosa Solis-Rainey, acknowledge receiving a letter notifying me of my Department's  
Print Employee Name

request to have my position exempted from the furlough and the impact such an exemption will have upon my pay and retirement. My signature does not represent either my support and or disapproval of this request.

  
Employee Signature

3/23/21  
Date

March 17, 2021

Commissioner Brown  
2217 Midvale Ter.  
Henderson, NV 89074

Dear Commissioner Brown;

In accordance with the procedures set forth in Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> (2020) Special Session of the Nevada Legislature and by the Department of Administration, the Department of Nevada Gaming Commission is requesting that the Board of Examiners exempt your position from participating in the furlough from January 1, 2021 to June 31, 2021. If the Board of Examiners approves the exemption, you will not be required to furlough but your pay will be reduced by 4.6%. The total decrease will lower your hourly rate of pay for the purposes of your normal rate of pay, overtime, premium pays, shift differential, holiday pay, etc. In addition, the rate of pay reported to the Public Employees Retirement System will reflect this lower amount. If the Board of Examiners approves the Department's request for exemption, you will be requested to acknowledge your new rate of pay electronically within the SMART21 system.

Please sign the acknowledgment below as evidence that you have been advised of this request and its impact on your pay and retirement.

Thank you for your service to the State of Nevada and the critical job duties that you perform.

Sincerely,

J. Brin Gibson  
Chair, Nevada Gaming Control Board

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I, Ogonna Brown, acknowledge receiving a letter notifying me of my Department's  
Print Employee Name  
request to have my position exempted from the furlough and the impact such an exemption will have upon my pay and retirement. My signature does not represent either my support and or disapproval of this request.



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Employee Signature

03/23/2021

---

Date

March 17, 2021

Commissioner Cohen  
8310 Carmet Ridge Ct.  
Las Vegas, NV 89113

Dear Commissioner Cohen:

In accordance with the procedures set forth in Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> (2020) Special Session of the Nevada Legislature and by the Department of Administration, the Department of Nevada Gaming Commission is requesting that the Board of Examiners exempt your position from participating in the furlough from January 1, 2021 to June 31, 2021. If the Board of Examiners approves the exemption, you will not be required to furlough but your pay will be reduced by 4.6%. The total decrease will lower your hourly rate of pay for the purposes of your normal rate of pay, overtime, premium pays, shift differential, holiday pay, etc. In addition, the rate of pay reported to the Public Employees Retirement System will reflect this lower amount. If the Board of Examiners approves the Department's request for exemption, you will be requested to acknowledge your new rate of pay electronically within the SMART21 system.

Please sign the acknowledgment below as evidence that you have been advised of this request and its impact on your pay and retirement.

Thank you for your service to the State of Nevada and the critical job duties that you perform.

Sincerely,

J. Brin Gibson  
Chair, Nevada Gaming Control Board

I, STEVEN BLOHEN acknowledge receiving a letter notifying me of my Department's  
Print Employee Name  
request to have my position exempted from the furlough and the impact such an exemption will have upon my pay and retirement. My signature does not represent either my support and or disapproval of this request.

  
Employee Signature

3/22/21  
Date

March 17, 2021

Chairman Moran  
630 South 4<sup>th</sup> St.  
Las Vegas, NV 89101

Dear Chairman Moran;

In accordance with the procedures set forth in Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> (2020) Special Session of the Nevada Legislature and by the Department of Administration, the Department of Nevada Gaming Commission is requesting that the Board of Examiners exempt your position from participating in the furlough from January 1, 2021 to June 31, 2021. If the Board of Examiners approves the exemption, you will not be required to furlough but your pay will be reduced by 4.6%. The total decrease will lower your hourly rate of pay for the purposes of your normal rate of pay, overtime, premium pays, shift differential, holiday pay, etc. In addition, the rate of pay reported to the Public Employees Retirement System will reflect this lower amount. If the Board of Examiners approves the Department's request for exemption, you will be requested to acknowledge your new rate of pay electronically within the SMART21 system.

Please sign the acknowledgment below as evidence that you have been advised of this request and its impact on your pay and retirement.

Thank you for your service to the State of Nevada and the critical job duties that you perform.

Sincerely,

J. Brin Gibson  
Chair, Nevada Gaming Control Board

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I, John T. Moran Jr., acknowledge receiving a letter notifying me of my Department's  
Print Employee Name  
request to have my position exempted from the furlough and the impact such an exemption will have upon my pay and retirement. My signature does not represent either my support and or disapproval of this request.

John T. Moran Jr.

Employee Signature

March 22, 2021

Date



March 17, 2021

Commissioner ~~Fentsch~~  
1111 Sageberry Ct.  
Reno, NV 89509

*Fuetsch*

Dear Commissioner ~~Fentsch~~:

*Fuetsch*

In accordance with the procedures set forth in Section 131.4 (4) of Assembly Bill 3 of the 31<sup>st</sup> (2020) Special Session of the Nevada Legislature and by the Department of Administration, the Department of Nevada Gaming Commission is requesting that the Board of Examiners exempt your position from participating in the furlough from January 1, 2021 to June 31, 2021. If the Board of Examiners approves the exemption, you will not be required to furlough but your pay will be reduced by 4.6%. The total decrease will lower your hourly rate of pay for the purposes of your normal rate of pay, overtime, premium pays, shift differential, holiday pay, etc. In addition, the rate of pay reported to the Public Employees Retirement System will reflect this lower amount. If the Board of Examiners approves the Department's request for exemption, you will be requested to acknowledge your new rate of pay electronically within the SMART21 system.

Please sign the acknowledgment below as evidence that you have been advised of this request and its impact on your pay and retirement.

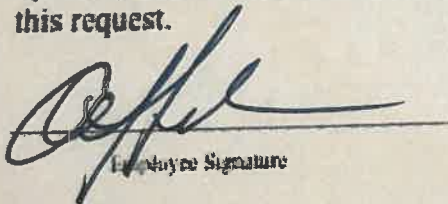
Thank you for your service to the State of Nevada and the critical job duties that you perform.

Sincerely,

L. Brin Gibson  
Chair, Nevada Gaming Control Board

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I, Deborah Fuetsch, acknowledge receiving a letter notifying me of my Department's request to have my position exempted from the furlough and the impact such an exemption will have upon my pay and retirement. My signature does not represent either my support and or disapproval of this request.

  
Employee Signature

3/21/2021  
Date

# LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – SAGEBRUSH ECOSYSTEM PROGRAM		NEVADA PUBLIC AGENCY INSURANCE POOL – PUBLIC AGENCY ACTING JOINTLY	\$55,050
	This lease is an extension of the existing lease.			
		Term of Lease: 07/01/2021 – 06/30/2023	Located in Carson City	
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH		JS PARK SAHARA, LLC	\$175,517
	This lease is an extension of the existing lease.			
		Term of Lease: 07/01/2021 – 06/30/2026	Located in Las Vegas	
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH		STN RENTALS, LLC	\$275,981
	This lease is an extension of the existing lease.			
		Term of Lease: 05/01/2021 – 04/30/2026	Located in Reno	
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES		MORRIS-MORRIS, LLC	\$313,740
	This lease is an extension of the existing lease.			
		Term of Lease: 10/01/2021 – 09/30/2026	Located in Mesquite	
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES		JONES PROFESSIONAL CENTER, LLC	\$371,726
	This lease is an extension of the existing lease.			
		Term of Lease: 05/01/2021 – 04/30/2026	Located in Las Vegas	
6.	DEPARTMENT OF TRANSPORTATION		DIAMOND SUNSET AIRPARC, LTD.	\$1,042,602
	This is a relocation of a current space.			
		Term of Lease: 07/01/2021 – 06/30/2028	Located in Las Vegas	

# LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
7.	NEVADA STATE CONTRACTORS BOARD		GARDNER NEVADA TECH PARK 1 L.C. C/O KC GARDNER COMPANY, L.C.	\$5,234,793
	This is a relocation.			
		<b>Term of Lease:</b>	<b>11/01/2021 – 10/31/2025</b>	<b>Located in Las Vegas</b>

For Budget Division Use Only	
Reviewed by:	203110/21
Reviewed by:	CB 3/10/2021
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:

Department of Conservation and Natural Resources  
Sagebrush Ecosystem Program  
901 South Stewart Street, Suite 1003  
Carson City, Nevada 89701  
Pat Misch  
T: 775.684.2713 F: 775.684.2715 E: pbmisch@dcnr.nv.gov

Remarks:

This is a renewal of a current lease.

Exceptions/Special notes:

The Lessor is exempt from obtaining a business license per NRS.

2. Name of Lessor:

Nevada Public Agency Insurance Pool - Public Agency Acting jointly

3. Address of Lessor:

201 South Roop Street, Suite 102  
Carson City, Nevada 89701

4. Property contact:

Wayne Carlson  
T: 775.885.7475 F: 775.883.7398 E: waynecarlson@poolpact.com

5. Address of Lease property:

201 South Roop Street, Suite 101  
Carson City, Nevada 89701

a. Square Footage:

☒ Rentable  
☐ Usable 1,835

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
\$ 2,293.75	12	\$ 27,525.00	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$1.25
0% \$ 2,293.75	12	\$ 27,525.00	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$1.25
c. Total Lease Consideration:		24	\$ 55,050.00			
d. Total Improvement Cost:				\$0.00		

e. Option to renew:

☒ Yes ☐ No 365 Renewal terms: One (1) identical term

f. Holdover notice:

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

g. Term:

Two (2) years

h. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

i. Utilities:

☒ Landlord ☐ Tenant

j. Janitorial:

☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)

k. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

l. Comparable Area Market Rate Average:

\$1.63

m. Specific termination clause in lease:

Breach/Default lack of funding

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

4150

6. This lease constitutes:

- ☒ An extension of an existing lease  
☐ An addition to current facilities (requires estimated expenses)  
☐ A relocation (requires estimated expenses)  
☐ A new location (requires estimated expenses)  
☐ Remodeling only  
☐ Other

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

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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**

\_\_\_\_\_

 2-1-21  
Authorized Agency Signature Date

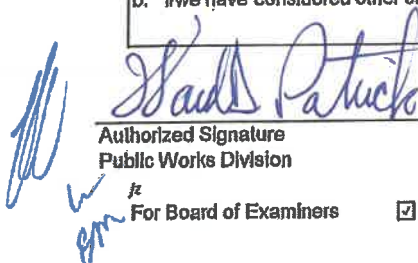
For Public Works Information:

**7. State of Nevada Business License Information:**

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If Yes, explain.... <u>Per NRS 277.110</u>		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
d. The Lessor 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"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Government</u>	
f. Nevada Business ID Number:	<u>NV20121663710</u>	Exp: <u>11/30/2021</u>
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
h. 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
i. State of Nevada Vendor number:	<u>T32000480</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		

**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

 2/26/21  
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.  
This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	ARE 3-21/21
Reviewed by:	ARM 3/23/21
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services  
Division of Public and Behavioral Health  
4150 Technology Way, Third floor  
Carson City, Nevada 89706  
Tessa Grundy  
T: 775.684.5915 F: 775.684.4211 E: contractunit@health.nv.gov

Remarks:

This is a renewal of a current lease.

Exceptions/Special notes:

New flooring and paint to be installed in Suite 111 to match Suite 110.

2. Name of Lessor:

JS Park Sahara, LLC

3. Address of Lessor:

1600 Dove Street, Suite 480  
Newport Beach, California 92660

4. Property contact:

c/o Commercial Executives Real Estate Services  
Salina Ramirez  
T: 702.316.4500 F: 702.315.4154 E: Salina@Cevegas.com

5. Address of Lease property:

1840 East Sahara Avenue, Suites 110 and 111  
Las Vegas, Nevada 89104

a. Square Footage:

☒ Rentable  
☐ Usable 2,307

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
	\$ 2,814.54	12	\$ 33,774.48	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$1.22
3%	\$ 2,906.82	12	\$ 34,881.84	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$1.26
0%	\$ 2,906.82	12	\$ 34,881.84	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$1.26
3%	\$ 2,999.10	12	\$ 35,989.20	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$1.30
0%	\$ 2,999.10	12	\$ 35,989.20	July 1, 2025 - June 30, 2026	\$0.00	\$0.00	\$1.30

c. Total Lease Consideration:

60 \$ 175,516.56

d. Total Improvement Cost:

\$0.00

e. Option to renew:

☒ Yes ☐ No 365 Renewal terms: One (1) identical term

f. Holdover notice:

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

g. Term:

Five (5) years

h. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

i. Utilities:

☒ Landlord ☐ Tenant

j. Janitorial:

☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)

k. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

l. Comparable Area Market Rate Average:

\$1.71

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3215

6. This lease constitutes:

- ☒ An extension of an existing lease  
☐ An addition to current facilities (requires estimated expenses)  
☐ A relocation (requires estimated expenses)  
☐ A new location (requires estimated expenses)  
☐ Remodeling only  
☐ Other

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00



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

K. [Signature] 2/4/21  
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor 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"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20051400133	Exp: 6/30/2021
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. 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
i. State of Nevada Vendor number:	T29007659	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<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

[Signature] 2/21/21  
Authorized Signature Date  
Public Works Division

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.  
This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	(Signature) 3-3-24
Reviewed by:	(Signature) 3-3-24
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services  
Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, Nevada 89706  
Tessa Grundy  
T: 775.684.5915 F: 775.684.4211 E: contractsunit@health.nv.gov

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BUDGET DIVISION

Remarks:

This is a renewal of an existing lease.

Exceptions/Special notes:

This lease renewal created a savings of \$2,697.49 in the first year, based on the current holdover rent amount.

2. Name of Lessor:

STN Rentals, LLC

3. Address of Lessor:

3860 GS Richard Boulevard  
Carson City, Nevada 89703

4. Property contact:

NAI Alliance  
1000 North Division Street, Suite 202  
Carson City, Nevada 89703  
Brad Bonkowski  
T: 775.721.2057 F: 775.434.2998 E: brandie@carsonbroker.com

5. Address of Lease property:

500 Damonte Ranch Parkway, Suite 657A  
Reno, Nevada 89521

a. Square Footage:

☒ Rentable

☐ Usable 2,882

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
	\$ 4,495.92	12	\$ 53,951.04	May 1, 2021 - April 30, 2022	\$0.00	\$0.00	\$1.56
2%	\$ 4,582.38	12	\$ 54,988.56	May 1, 2022 - April 30, 2023	\$0.00	\$0.00	\$1.59
0%	\$ 4,582.38	12	\$ 54,988.56	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$1.59
2%	\$ 4,668.84	12	\$ 56,026.08	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$1.62
0%	\$ 4,668.84	12	\$ 56,026.08	May 1, 2025 - April 30, 2026	\$0.00	\$0.00	\$1.62

c. Total Lease Consideration:

60 \$ 275,980.32

d. Total Improvement Cost:

\$0.00

e. Option to renew:

☒ Yes

☐ No

365

Renewal terms:

One Identical Term

f. Holdover notice:

# of Days required

30

Holdover terms:

5%/90

g. Term:

Five (5) Years

h. Pass-thrus/CAM/Taxes

☒ Landlord

☐ Tenant

i. Utilities:

☒ Landlord

☐ Tenant

j. Janitorial:

☒ Landlord

☐ Tenant

☐ 3 day

☒ 5 day

☐ Rural 3 day

☐ Rural 5 day

☐ Other (see special notes)

k. Repairs:

Major: ☒ Landlord

☐ Tenant

Minor: ☒ Landlord

☐ Tenant

l. Comparable Area Market Rate Average:

\$2.23

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3219, 3215, 3194

6. This lease constitutes:

☒

An extension of an existing lease

☐

An addition to current facilities (requires estimated expenses)

☐

A relocation (requires estimated expenses)

☐

A new location (requires estimated expenses)

☐

Remodeling only

☐

Other

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00



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

  
Authorized Agency Signature      Date 2/11/21

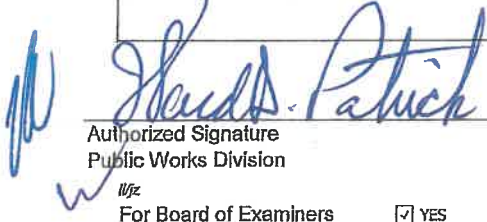
For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
d. The Lessor 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"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Domestic</u>	
f. Nevada Business ID Number:	<u>NV20101722228</u>	Exp: <u>9/30/2021</u>
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
h. 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
i. State of Nevada Vendor number:	<u>T27038535</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		

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 2/21/21  
Public Works Division

W/jz  
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.  
This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	ARF 5.3.21
Reviewed by:	
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services  
Division of Public and Behavioral Health, Southern Nevada Adult Mental Health Services  
6161 West Charleston Boulevard  
Las Vegas, Nevada 89146  
Paul Ripple  
T: 702.486.6099 F: 702.486.6248 E: pripple@health.nv.gov

Remarks:

This is a renewal of a current lease.

Exceptions/Special notes:

This lease was negotiated at a reduced rate, creating a savings of \$2,520 in the first year.

2. Name of Lessor:

Morris-Morris, LLC

3. Address of Lessor:

855 Valley View Drive  
Mesquite, Nevada 89027

4. Property contact:

Larry Morris  
T: 435.229.8426 F: 435.628.0633 E: larrymorris\_855@hotmail.com

5. Address of Lease property:

61 North Willow Street, #4  
Mesquite, Nevada 89027

a. Square Footage:

☐ Rentable  
☒ Usable 3,500

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
	\$ 5,145.00	12	\$ 61,740.00	October 1, 2021 - September 30, 2022	\$0.00	\$0.00	\$1.47
0%	\$ 5,145.00	12	\$ 61,740.00	October 1, 2022 - September 30, 2023	\$0.00	\$0.00	\$1.47
2%	\$ 5,250.00	12	\$ 63,000.00	October 1, 2023 - September 30, 2024	\$0.00	\$0.00	\$1.50
0%	\$ 5,250.00	12	\$ 63,000.00	October 1, 2024 - September 30, 2025	\$0.00	\$0.00	\$1.50
2%	\$ 5,355.00	12	\$ 64,260.00	October 1, 2025 - September 30, 2026	\$0.00	\$0.00	\$1.53
		60	\$ 313,740.00				

c. Total Lease Consideration:

d. Total Improvement Cost:

\$0.00

e. Option to renew:

☒ Yes ☐ No 365 Renewal terms: One (1) identical term

f. Holdover notice:

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

g. Term:

Five (5) years

h. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

i. Utilities:

☒ Landlord ☐ Tenant

j. Janitorial:

☒ Landlord ☐ Tenant ☒ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)

k. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

l. Comparable Area Market Rate Average:

\$1.64

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3161

6. This lease constitutes:

- ☒ An extension of an existing lease  
☐ An addition to current facilities (requires estimated expenses)  
☐ A relocation (requires estimated expenses)  
☐ A new location (requires estimated expenses)  
☐ Remodeling only  
☐ Other

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

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

Leece  
Authorized Agency Signature

2/9/21  
Date

12

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
**If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
d. The Lessor 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"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Domestic</u>	
f. Nevada Business ID Number:	<u>NV19981033487</u>	Exp: <u>6/30/2021</u>
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
h. 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
i. State of Nevada Vendor number:	<u>T81042555</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		

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

Hand Patrick  
Authorized Signature  
Public Works Division

2/21/21  
Date

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:	ARF 3/14/21
Reviewed by:	(Signature) 3/14/21
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Public and Behavioral Health Southern Nevada Adult Mental Health Services 6161 West Charleston Boulevard Las Vegas, Nevada 89146 Paul Ripple T: 702.486.6099 F: 702.486.6248 E: pripple@health.nv.gov						
Remarks:	This is a renewal of an existing lease.						
Exceptions/Special notes:	This lease was negotiated for five (5) years in lieu of the requested three (3) year term, which resulted in a savings of \$7,128.00 over the first three (3) years.						
2. Name of Lessor:	Jones Professional Center, LLC						
3. Address of Lessor:	1301 South Jones Boulevard Las Vegas, Nevada 89146						
4. Property contact:	John Wightman T: 702.878.0959 F: 702.878.1325 E: johnw@richwightman.com						
5. Address of Lease property:	1321 South Jones Boulevard Las Vegas, Nevada 89146						
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 2,970						
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
	\$ 6,088.50	12	\$ 73,062.00	May 1, 2021 - April 30, 2022	\$0.00	\$0.00	\$2.05
1%	\$ 6,147.90	12	\$ 73,774.80	May 1, 2022 - April 30, 2023	\$0.00	\$0.00	\$2.07
0%	\$ 6,147.90	12	\$ 73,774.80	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$2.07
1%	\$ 6,207.30	12	\$ 74,487.60	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$2.09
3%	\$ 6,385.50	12	\$ 76,626.00	May 1, 2025 - April 30, 2026	\$0.00	\$0.00	\$2.15
c. Total Lease Consideration:	60		\$ 371,725.20				
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						
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 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:	\$2.32						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3161						
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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MAR - 8 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

Leeb Day  
Authorized Agency Signature

1/27/21  
Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19991045863	Exp:	6/16/2021	14
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:	T29023809			
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

Paul Patrick  
Authorized Signature  
Public Works Division

2/26/21  
Date

BM/z

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.  
This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:

Department of Transportation  
1263 South Stewart Street  
Carson City, Nevada 89712  
Callie Streifel  
T: 775.888.7114 F: 775.888.7210 E: cstreif@dot.nv.gov

Remarks:

This is a relocation of a current space.

Exceptions/Special notes:

This lease will relocate the agency into space designed to meet the agencies specific needs, inclusive of special hood system for soil and asphalt sampling and stringent requirements of the International fire codes, which the current location does not accommodate.

2. Name of Lessor:

Diamond Sunset Airpark, Ltd.

3. Address of Lessor:

5052 South Jones Boulevard, Suite 110  
Las Vegas, Nevada 89118

4. Property contact:

Regent Partners, LLC  
T: (702) 914-5715 Ex. 105

5. Address of Lease property:

3068 East Sunset Road, Unit S8 - S11  
Las Vegas, Nevada 89120

a. Square Footage:

☒ Rentable  
☐ Usable 6,513

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
	\$ 11,983.92	12	\$ 143,807.04	Year 1: estimated to commence: July 1, 2021 -	\$0.35	\$1.49	\$1.84
0%	\$ 11,983.92	12	\$ 143,807.04	Year 2	\$0.35	\$1.49	\$1.84
3%	\$ 12,374.70	12	\$ 148,496.40	Year 3	\$0.35	\$1.55	\$1.90
0%	\$ 12,374.70	12	\$ 148,496.40	Year 4	\$0.35	\$1.55	\$1.90
2%	\$ 12,635.22	12	\$ 151,622.64	Year 5	\$0.35	\$1.59	\$1.94
0%	\$ 12,635.22	12	\$ 151,622.64	Year 6	\$0.35	\$1.59	\$1.94
2%	\$ 12,895.74	12	\$ 154,748.88	Year 7: estimated to terminate: ~ June 30, 2028	\$0.35	\$1.63	\$1.98
		84	\$ 1,042,601.04				

c. Total Lease Consideration:

d. Total Improvement Cost:

\$189,105.00

e. Option to renew:

☒ Yes ☐ No 365 Renewal terms: One (1) Identical Term

f. Holdover notice:

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

g. Term:

Seven (7) Years

h. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

i. Utilities:

☒ Landlord ☐ Tenant

j. Janitorial:

☒ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☒ Other

k. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

l. Comparable Area Market Rate Average: \$1.88

m. Specific termination clause in lease:

Breach/Default lack of funding

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

4660

6. This lease constitutes:

- ☐ An extension of an existing lease  
☐ An addition to current facilities (requires estimated expenses)  
☒ A relocation (requires estimated expenses)  
☐ A new location (requires estimated expenses)  
☐ Remodeling only  
☐ Other

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$4,000.00

RECEIVED

MAR - 8 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

Declassified by:

*Sharon Farschler*

02/09/2021

Authorized Agency Signature

Date

23

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LTD <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20191367417	Exp: 5/31/2021
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
i. State of Nevada Vendor number:	TBD	
j. Is this an Arms Length Transaction (NO Conflict of Interest)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....		

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

Date

For Board of Examiners

☒ YES

☐ NO

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)  
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee):	Nevada State Contractors Board				
Purpose:	Office Space for the Nevada State Contractors Board's Southern Office				
Exceptions/Special Lease Terms:	10 Months of abated rent commencing on the second full month following the Rent Commencement Date.				
2. Name of Landlord (Lessor):	Gardner Nevada Tech Park 1, L.C. c/o KC Gardner Company, L.C.				
3. Address of Landlord:	201 South Main Street, Suite 2000, Salt Lake City, UT 84111				
4. Property Contact:	Christian K. Gardner				
5. Address of Lease Property:	UNLV Tech Park Building #1, 8400 West Sunset Road, Suite 150, Las Vegas, NV 89113				
a. Square Footage or Unit Description	13,067 rentable Square Feet and 65 non-exclusive parking stalls				
b. Cost:	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase %	\$37,894.30	12	\$75,788.60	11/01/21 thru 10/31/22	\$2.90
	\$38,841.66	12	\$466,099.89	11/01/22 thru 10/31/23	\$2.97
	\$39,810.79	12	\$477,729.52	11/01/23 thru 10/31/24	\$3.05
	\$40,801.71	12	\$489,620.49	11/01/24 thru 10/31/25	\$3.12
	Increase 2.5%	per year			
c. Total Lease Consideration:		130 Months	\$5,234,792.65		
d. Option to Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal Terms: two additional periods of 5 years each				
e. Holdover Notice:	# of Days Required 90 days Holdover Terms: 125% of basic annual rent				
f. Term:	130 Months				
g. Pass-thrus/CAM/Taxes:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 Day <input type="checkbox"/> Rural 5 Day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:					
l. Specific termination clause in lease:	Breach/Default/Lack of Funding				
m. Lease will be paid for by Agency Budget Account Number or BOC Number:	B011				
6. BOE Threshold:					
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input checked="" type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only				
a. Estimated Moving Expenses:	\$ 10,000	Furnishings:	\$	Data/Phones:	\$ Using current phones, data and furnishings.



**PROPERTY OR STORAGE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes ☒ No ☐ Dec Unit Approved by Board

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

  
Authorized Agency Signature

03/23/2021  
Date

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number:	<u>NV20181577912</u>	Exp:	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC. <input type="checkbox"/> CORP. <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:			

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

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

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

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	COUNTY OF WASHOE DBA WASHOE COUNTY SHERIFFS OFFICE	OTHER: SETTLEMENT FUNDS	\$172,252	Exempt
	Contract Description:	This is a new interlocal agreement to provide reimbursement for subcontracted testing services of sexual assault kits.				
	Term of Contract:	01/01/2021 - 06/30/2021	Contract # 23983			
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	LEWIS BRISBOIS BISGAARD	OTHER: TORT CLAIM FUNDS	\$40,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides outside special counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has arisen in the representation of the defendants. This amendment increases the maximum amount from \$25,000 to \$65,000 due to the increased need for these services.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22498			
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MARQUIS AURBACH COFFING, PC	OTHER: TORT CLAIM FUNDS	\$25,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing services for outside counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has risen in the representation of the defendants. This amendment increases the maximum amount from \$45,000 to \$70,000 due to the increased need for these services.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22499			
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS - NON-EXEC	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	FEDERAL	(\$25,859)	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Las Vegas National Guard Readiness Center CIP project: CIP Project No. 17-C05; SPWD Contract No. 112269. This amendment decreases the maximum amount from \$296,311.00 to \$270,452.23 due to the contract close-out.				
	Term of Contract:	01/15/2019 - 06/30/2022	Contract # 21352			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$75,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Housing Units 3 & 4 and Guard Towers 1-4 Roofing Replacement CIP project, which includes design, bid documents and construction administration for the various roof replacements: SPWD Project No. 19-S01-8; Contract No. 11390.1				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23966		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION -	POGGEMEYER DESIGN GROUP, INC.	OTHER: AGENCY FUNDED CIP	\$79,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Floyd Edsall Training Center - Nevada Army National Guard - Combined Services/Field Maintenance Shops - Replace and Construct Pavement CIP project, which includes the design and construction of 4,500 square feet of pavement replacement and 11,500 square feet of pavement expansion: CIP Project No. 21-A004 & 21-A008; SPWD Contract No. 113890.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 23965		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION -	SHAW ENGINEERING, LTD	OTHER: AGENCY FUNDED	\$69,060	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center - Advance Planning - Wastewater System Upgrade CIP project, which includes schematic design, design development and construction documents in preparation for the construction phase of project: CIP Project No. 20-A023; SPWD Contract No. 113917.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 24046		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	DESERT RESEARCH INSTITUTE	FEDERAL	\$173,341	Exempt
	Contract Description:	This is a new interlocal agreement to provide science, technology, engineering and mathematics (STEM) resource kits to public libraries throughout Nevada to provide STEM learning for grades 3 through 5.				
		Term of Contract:	Upon Approval - 11/08/2021	Contract # 24022		
9.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	DEPARTMENT OF ADMINISTRATION	GENERAL 50% FEDERAL 50%	\$117,474	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing appeal process services that ensure those entitled are afforded the right to appeal when refused Medicaid benefits.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24009		
10.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	ESTIPONA GROUP ADVERTISING	OTHER: EPIDEMIOLOGY AND LABORATORY CAPACITY -COVID-19	\$977,288	Exempt
	Contract Description:	This is a new contract to provide COVID-19 emergency and vaccine response content management updates on the Nevada Health Response website.				
		Term of Contract:	03/01/2021 - 12/31/2021	Contract # 23977		
11.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	DELOITTE CONSULTING, LLP	FEDERAL	\$351,000	Sole Source
	Contract Description:	This is a new contract to provide project management, design, development, implementation and production support services for the Temporary Aid to Needy Families program.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 23798		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	431	OFFICE OF THE MILITARY	KILOWATT ENGINEERING, INC. DBA KW ENGINEERING	FEDERAL	\$137,637	Professional Service
	Contract Description:	This is a new contract to provide an Installation Energy and Water Plan for NVGuard Army installations statewide.				
		Term of Contract:	Upon Approval - 03/31/2023	Contract # 23943		
13.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	RENOWN REGIONAL MEDICAL CENTER	GENERAL	\$796,094	Sole Source
	Contract Description:	This is the third amendment to the original contract which continues ongoing on-site specialty health clinics for HIV/AIDS and other infectious diseases. This amendment increases the maximum amount from \$17,153,906 to \$17,950,000 due to an increase in the cost of drugs.				
		Term of Contract:	05/01/2013 - 04/30/2021	Contract # 14128		
14.	440	DEPARTMENT OF CORRECTIONS - PRISON INDUSTRY	SEWING COLLECTION, INC.	OTHER: REVENUE GENERATING CONTRACT	\$672,304	
	Contract Description:	This is the second amendment to the original revenue contract to provide for the reimbursement of costs resulting from the use of offender labor and facility space at High Desert State Prison for the purpose of sorting and boxing clothes hangers and related duties. This amendment extends the termination date from April 30, 2021 to April 30, 2023 and increases the maximum amount from \$695,796 to \$1,368,100 due to the ongoing demand for these resources.				
		Term of Contract:	05/14/2019 - 04/30/2023	Contract # 19429		
15.	440	DEPARTMENT OF CORRECTIONS - THREE LAKES VALLEY CONSERVATION CAMP	DESERT BOILERS & CONTROLS, INC.	GENERAL	\$64,967	
	Contract Description:	This is the second amendment to the original contract which continues ongoing preventative maintenance services for the boilers located at Florence McClure Women's Correctional Center, High Desert State Prison, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$108,984.77.00 to \$173,951.39 due to the continued need for these services and additional repairs at Southern Desert Correctional Center.				
		Term of Contract:	07/01/2017 - 06/30/2023	Contract # 18739		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	440	DEPARTMENT OF CORRECTIONS – ELY CONSERVATION CAMP	WATERS SEPTIC TANK SERVICES DBA WATERS VACUUM TRUCK SERVICE	GENERAL	\$55,666	
	Contract Description:	This is the first amendment to the original contract which continues ongoing regularly scheduled septic and grease trap pumping services at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Tonopah Conservation Camp, Wells Conservation Camp, and Northern Nevada Transitional Housing. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$222,664 to \$278,330 due to additional time need to prepare a Request for Proposal and prevent a break-in needed services.				
	Term of Contract:	07/01/2017 - 06/30/2022		Contract # 18750		
17.	440	DEPARTMENT OF CORRECTIONS	S.P. & B. UTILITIES SERVICES, INC.	GENERAL	\$387,759	
	Contract Description:	This is the fourth amendment to the original contract which continues ongoing monitoring/management of the water and waste distribution systems at correctional facilities statewide. This amendment extends the contract termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$742,391.28 to \$1,130,150.00 due to additional testing required for a new well installed at Southern Desert Correctional Center.				
	Term of Contract:	07/01/2017 - 06/30/2023		Contract # 18625		
18.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	AB SCIEX, LLC	FEE: REGISTRATION, LICENSE AND INSPECTION	\$50,787	
	Contract Description:	This is a new contract to provide preventative maintenance and onsite training for a new mass spectrometer.				
	Term of Contract:	Upon Approval - 02/15/2023		Contract # 24036		
19.	690	COLORADO RIVER COMMISSION	SILVER STATE ENERGY ASSOCIATION	OTHER: POWER SALES REVENUE	\$7,000,000	Exempt
	Contract Description:	This is the second amendment to the original revenue interlocal agreement which provides support services for the purchase, scheduling and sale of electric power resources to the members of the Silver State Energy Association. This amendment extends the termination date from May 13, 2021 to May 13, 2025 and increases the maximum amount from \$14,000,000 to \$21,000,000 due to the continued need for these services.				
	Term of Contract:	05/14/2013 - 05/13/2025		Contract # 13989		
20.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ADMINISTRATION	UNITED STATES DEPARTMENT OF INTERIOR	GENERAL	\$90,000	Exempt
	Contract Description:	This is a new collaborative agreement to provide ongoing sagebrush ecosystem habitat restoration tools by studying sage-grouse as an umbrella species.				
	Term of Contract:	Upon Approval - 06/30/2021		Contract # 24059		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	702	DEPARTMENT OF WILDLIFE – DIVERSITY DIVISION	SWCA, INC.	OTHER: SPORTSMEN REVENUE 25% FEDERAL 75%	\$87,933	
	Contract Description:	This is a new contract to provide surveys of endangered southwestern willow flycatchers during the 2021 mating season to provide a population status update.				
		Term of Contract:	Upon Approval - 11/30/2021	Contract # 23898		
22.	702	DEPARTMENT OF WILDLIFE - HABITAT	EUREKA CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION	\$99,999	Exempt
	Contract Description:	This is a new interlocal agreement to provide a variety of habitat projects including invasive weed abatement, soil health amendments, conifer removal, meadow and wetland enhancements, and fencing.				
		Term of Contract:	Upon Approval - 09/01/2024	Contract # 23917		
23.	702	DEPARTMENT OF WILDLIFE - HABITAT	NORTH EAST NEVADA CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION	\$99,999	Exempt
	Contract Description:	This is a new interlocal agreement to provide a variety of habitat projects including invasive weed abatement, soil health amendments, conifer removal, and meadow and wetland enhancements.				
		Term of Contract:	Upon Approval - 09/01/2024	Contract # 23915		
24.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - FACILITY AND GROUNDS MAINTENANCE -NON-EXEC	LINCOLN COUNTY	OTHER: INTEREST EARNINGS	\$150,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide reimbursement for costs incurred to repair the emergency spillway at Echo Canyon Dam.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 24063		
25.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – WATER RESOURCES	WEBSoft DEVELOPERS, INC.	FEDERAL	\$94,800	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides additional functionality to the water meters application database for data capture and reporting. This amendment increases the maximum amount from \$144,475 to \$239,275 to perform additional application modifications to enable the public to use the application on additional platforms and generate their own reports.				
		Term of Contract:	10/08/2019 - 04/30/2023	Contract # 22239		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION – SAFE DRINKING WATER PROGRAM	AQS, INC.	FEE: LAB CERTIFICATION 52% FEDERAL 48%	\$61,793	
	Contract Description:	This is a new contract to provide a web-based database to track the performance of Nevada certified laboratories.				
		Term of Contract:	04/13/2021 - 06/30/2025	Contract # 23700		
27.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	TRUEPANI, INC.	FEDERAL	\$393,000	
	Contract Description:	This is a new contract to provide sampling, testing and education services to childcare centers in Nevada for the lead testing in the Drinking Water Project.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 23997		
28.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	Q-MATIC CORPORATION	HIGHWAY	\$159,901	
	Contract Description:	This is the third amendment to the original contract which provides a customer queue system for 12 field service offices. This amendment increases the maximum amount from \$711,298.00 to \$871,198.86 due to the increase in text messaging allowed for the remainder of the contract and the need for clarifying the narrative to the Negotiated Items supporting document.				
		Term of Contract:	10/09/2018 - 08/30/2024	Contract # 21044		
29.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	TYLER TECHNOLOGIES, INC.	FEDERAL	\$189,000	Exempt
	Contract Description:	This is a new contract to provide ongoing software updates, support services and maintenance for the Social Security Administration Disability Determination system.				
		Term of Contract:	07/01/2021 - 06/30/2022	Contract # 23872		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	UNIVERSAL DISPATCH LLC DBA KABIT	FEDERAL	\$150,000	Exempt
	Contract Description:	This is a new contract to provide taxicab transportation services for clients to attend doctor appointments.				
		Term of Contract:	Upon Approval - 01/31/2025	Contract # 23884		
31.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	GEOGRAPHIC SOLUTIONS, INC.	FEDERAL	\$1,386,950	Exempt
	Contract Description:	This is the second amendment of the original contract which provides software and user training for the Pandemic Unemployment Assistance Benefits System. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$4,025,495 to \$5,412,445 due to adding a fraud protection toolset.				
		Term of Contract:	04/09/2020 - 12/31/2021	Contract # 23103		
32.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES	DP VIDEO PRODUCTIONS, LLC	OTHER: COST ALLOCATION	\$74,875	Sole Source
	Contract Description:	This is a new contract to provide social media outreach services including graphic design, video animation and paid promotions.				
		Term of Contract:	04/01/2020 - 06/30/2022	Contract # 23242		
33.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	AON CONSULTING, INC.	OTHER: STATE SUBSIDY/ REVENUE	\$225,000	
	Contract Description:	This is the fourth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$3,375,585 to \$3,601,585 for marketing initiatives for assistance in the creation, review and implementation of major solicitations.				
		Term of Contract:	07/01/2016 - 06/30/2022	Contract # 17596		
34.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	CLAIM TECHNOLOGIES, INC.	OTHER: PARTICIPANT PREMIUM/STATE SUBSIDY	\$1,407,656	
	Contract Description:	This is a new contract to provide health plan auditing services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 24030		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	APPRISS, INC.	FEE: LICENSING	\$364,000	Sole Source
	Contract Description:	This is a new contract to provide licensing for the Prescription Drug Monitoring Program required by NRS 453.362.				
		Term of Contract:	12/03/2020 - 12/02/2024	Contract # 23763		
36.	B030	LICENSING BOARDS AND COMMISSIONS - REGISTERED ENVIRONMENTAL HEALTH SPECIALISTS	LORYLYNN, LTD.	FEE: LICENSURE	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides executive director and board administration services. This amendment extends the termination date from August 31, 2021 to August 31, 2023 and increases the maximum amount from \$48,000 to \$96,000 due to the continued need for these services.				
		Term of Contract:	09/01/2019 - 08/31/2023	Contract # 22221		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23983**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1031-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COUNTY OF WASHOE DBA WASHOE COUNTY SHERIFFS OFFICE**Contractor Name: **COUNTY OF WASHOE DBA WASHOE COUNTY SHERIFFS OFFICE**Address: **WASHOE COUNTY SHERIFFS OFFICE  
1001 E NINTH STREET**City/State/Zip: **RENO, NV 89512-1000**Contact/Phone: **7753282800**Vendor No.: **T40283400R**NV Business ID: **GOVERNMENT ENTITY**To what State Fiscal Year(s) will the contract be charged? **2021**

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

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

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 **04/2021**Retroactive? **Yes**

If "Yes", please explain

**We are requesting that this contract be retroactively approved to January 1, 2021 due to the extended time it has taken to finalize this contract with the contractor.**

3. Termination Date: **06/30/2021**Contract term: **179 days**4. Type of contract: **Interlocal Agreement**Contract description: **SAKI TESTING**

5. Purpose of contract:

**This is a new interlocal agreement to provide reimbursement for subcontracted testing services of sexual assault kits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$172,252.09****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Law Enforcement has a backlog of untested sexual assault kits. Completing testing of these kits may result in an increased number of convictions in sexual assault and rape cases.

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

State agencies are not able to do this work due to the sheer volume of backlogged untested sexual assault kits

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

We are currently in contract with Washoe County and they have performed satisfactorily.

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

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

Not Applicable

15. The contractor is 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	jhoba2	02/08/2021 09:54:11 AM
Division Approval	jhoba2	02/08/2021 09:54:14 AM
Department Approval	jhoba2	02/08/2021 09:54:18 AM
Contract Manager Approval	Iramire7	02/22/2021 12:59:28 PM
Budget Analyst Approval	jcoope8	02/25/2021 14:03:16 PM
BOE Agenda Approval	hfield	03/23/2021 13:12:52 PM
BOE Final Approval	Pending	

AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



JESSICA L. ADAIR  
*Chief of Staff*

RACHEL J. ANDERSON  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** February 8, 2021

**To:** Jennifer Cooper, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract #23983 Washoe County

RECEIVED  
FEB - 8 2021  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

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We are requesting that this contract be retroactively approved to January 1, 2021 due to the extended time it has taken to finalize this contract with the contractor.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22498**Amendment  
Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity  
Name: **LEWIS BRISBOIS BISGAARD**Agency Code: **030**Contractor Name: **LEWIS BRISBOIS BISGAARD  
& SMITH LLP**Appropriation Unit: **1348-15**Address: **6385 S. Rainbow Blvd Ste. 600**Is budget authority  
available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89118**

If "No" please explain: Not Applicable

Contact/Phone: **702-693-1712**Vendor No.: **T29037220**NV Business ID: **NV20041000755**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **01/01/2020**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved  
Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides outside special counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has arisen in the representation of the defendants. This amendment increases the maximum amount from \$25,000 to \$65,000 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	\$40,000.00	\$40,000.00	\$65,000.00	Yes - Action
3. New maximum contract amount:	\$65,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Attorney General has decided that it would be impracticable and uneconomical for attorneys in the office of the Attorney General litigating these cases alone to fully protect the State's interests. Therefore outside counsel is needed in this litigation.

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

Because of heavy workload on other important matters and specialized subject matter expertise required

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The OAG is currently using this vendor and their performance has been satisfactory.

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	02/25/2021 09:37:56 AM
Division Approval	jhoba2	02/25/2021 09:38:00 AM
Department Approval	jhoba2	02/25/2021 09:38:03 AM
Contract Manager Approval	Iramire7	02/25/2021 12:10:57 PM
Budget Analyst Approval	jcoope8	03/09/2021 14:48:02 PM
BOE Agenda Approval	hfield	03/11/2021 09:38:38 AM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22499** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **MARQUIS AURBACH COFFING, PC**

Agency Code: **030** Contractor Name: **MARQUIS AURBACH COFFING, PC**

Appropriation Unit: **1348-15** Address: **10001 PARK RUN DR**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89145-8857**

If "No" please explain: Not Applicable Contact/Phone: **702/942-2126**

Vendor No.: **T81035998**

NV Business ID: **NV19721001853**

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing services for outside counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has risen in the representation of the defendants. This amendment increases the maximum amount from \$45,000 to \$70,000 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$70,000.00	Yes - Action
3. New maximum contract amount:	\$70,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Attorney General has decided that it would be impracticable and uneconomical for attorneys in the office of the Attorney General litigating these cases alone to fully protect the State's interests. Therefore outside counsel is needed in this litigation.

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

Because of heavy workload on other important matters and specialized subject matter expertise required.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The OAG is currently using Marquis Aurbach Coffing and their services are satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	02/12/2021 10:35:19 AM
Division Approval	jhoba2	02/12/2021 10:35:22 AM
Department Approval	jhoba2	02/12/2021 10:35:26 AM
Contract Manager Approval	Iramire7	02/12/2021 12:08:07 PM
Budget Analyst Approval	jcoope8	02/25/2021 14:38:27 PM
BOE Agenda Approval	hfield	03/17/2021 15:19:56 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **21352**Amendment  
Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Legal Entity  
Name: **GEOTECHNICAL & ENVIRONMENTAL  
SERVICES, Inc.**Agency Code: **082**Contractor Name: **GEOTECHNICAL & ENVIRONMENTAL  
SERVICES, Inc.**Appropriation Unit: **1577-33**Address: **SERVICES, INC.**Is budget authority  
available?: **Yes****7150 PLACID ST.**City/State/Zip **LAS VEGAS, NV 89119-4203**

If "No" please explain: Not Applicable

Contact/Phone: **DAVID SALTER 702-365-1001**Vendor No.: **T81085017**NV Business ID: **NV19921050120**To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 112269

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2022**  
Termination Date:Contract term: **3 years and 166 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional architectural/engineering services for the Las Vegas National Guard Readiness Center CIP project: CIP Project No. 17-C05; SPWD Contract No. 112269. This amendment decreases the maximum amount from \$296,311.00 to \$270,452.23 due to the contract close-out.****6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$326,311.00	\$326,311.00	\$326,311.00	Yes - Action
a. Amendment 1:	-\$30,000.00	-\$30,000.00	-\$30,000.00	Yes - Info
2. Amount of current amendment (#2):	-\$25,858.77	-\$25,858.77	-\$55,858.77	Yes - Action
3. New maximum contract amount:	\$270,452.23			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2017 CIP Project**

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 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/05/2021 09:41:49 AM
Division Approval	nmann	03/05/2021 09:41:56 AM
Department Approval	nmann	03/05/2021 09:42:01 AM
Contract Manager Approval	lwildes	03/05/2021 09:48:23 AM
Budget Analyst Approval	nkephart	03/15/2021 13:33:34 PM
BOE Agenda Approval	jrodrig9	03/19/2021 15:05:15 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23966**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-53**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PAUL CAVIN ARCHITECT, LLC**Contractor Name: **PAUL CAVIN ARCHITECT, LLC**Address: **1575 DELUCCHI LN  
STE 120**City/State/Zip: **RENO, NV 89502-6581**Contact/Phone: **775-384-6141**Vendor No.: **T29033842**NV Business ID: **NV20131182382**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **113901**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 90 days**4. Type of contract: **Contract**Contract description: **Arch / End**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Housing Units 3 & 4 and Guard Towers 1-4 Roofing Replacement CIP project, which includes design, bid documents and construction administration for the various roof replacements: SPWD Project No. 19-S01-8; Contract No. 113901**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Leg. Approved project 19-S01 - State Roofing**

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

**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:

Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/23/2021 14:29:38 PM
Division Approval	nmann	02/23/2021 14:29:41 PM
Department Approval	nmann	02/23/2021 14:29:44 PM
Contract Manager Approval	lwildes	02/23/2021 14:31:18 PM
Budget Analyst Approval	nkephart	03/15/2021 12:03:07 PM
BOE Agenda Approval	jrodrig9	03/19/2021 15:07:22 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23965**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 Facility.

Legal Entity Name: **POGGEMEYER DESIGN GROUP, INC.**Contractor Name: **POGGEMEYER DESIGN GROUP, INC.**Address: **CMWORKS INC.  
6960 SMOKE RANCH RD STE 110**City/State/Zip: **LAS VEGAS, NV 89128-3204**Contact/Phone: **702-256-4335**Vendor No.: **T29028422A**NV Business ID: **NV19811011150**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 %	<b>X</b> Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: **113890**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2025**Contract term: **4 years and 91 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 Floyd Edsall Training Center - Nevada Army National Guard - Combined Services/Field Maintenance Shops - Replace and Construct Pavement CIP project, which includes the design and construction of 4,500 square feet of pavement replacement and 11,500 square feet of pavement expansion: CIP Project No. 21-A004 & 21-A008; SPWD Contract No. 113890.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,400.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

"Agency Submitted Application (NV National Guard signed 09/30/19) : 21-A004 & 21-A008 Replace and Construct PCC Pavement at the CSMS 2 and FMS1, Floyd Edsall Training Center"

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

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:

Rife, Mike, Project Manager Ph: 775-684-4141

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/23/2021 12:27:36 PM
Division Approval	nmann	02/23/2021 12:27:39 PM
Department Approval	nmann	02/23/2021 12:27:42 PM
Contract Manager Approval	lwildes	02/23/2021 12:54:19 PM
Budget Analyst Approval	nkephart	03/17/2021 11:22:47 AM
BOE Agenda Approval	jrodrig9	03/19/2021 15:07:57 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24046**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**  
 Agency Code: **082**  
 Appropriation Unit: **All Budget Accounts - Category 07**

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 07, Maintenance of Buildings and Grounds.

Legal Entity Name: **SHAW ENGINEERING, LTD**

Contractor Name: **SHAW ENGINEERING, LTD**

Address: **20 VINE ST**

City/State/Zip: **RENO, NV 89503-5520**

Contact/Phone: **775-329-5559**

Vendor No.: **T29002238**

NV Business ID: **NV19951060977**

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 %	<b>X</b> Other funding	<b>100.00 % Agency Funded</b>

Agency Reference #: **113917**

2. Contract start date:

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

Anticipated BOE meeting date **04/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **3 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract which provides professional architectural/engineering services for the Carlin Readiness Center - Advance Planning - Wastewater System Upgrade CIP project, which includes schematic design, design development and construction documents in preparation for the construction phase of project: CIP Project No. 20-A023; SPWD Contract No. 113917**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$69,060.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Agency Submitted Application (Office of the Military signed on 06/30/20) : 20-A023 Advance Planning: Wastewater System Upgrade, Carlin Readiness Center.

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

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/05/2021 10:08:00 AM
Division Approval	nmann	03/05/2021 10:08:04 AM
Department Approval	nmann	03/05/2021 10:08:07 AM
Contract Manager Approval	lwildes	03/05/2021 10:16:42 AM
Budget Analyst Approval	nkephart	03/17/2021 11:22:58 AM
BOE Agenda Approval	jrodrig9	03/19/2021 15:10:06 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24022**

Agency Name:	<b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name:	<b>DESERT RESEARCH INSTITUTE</b>
Agency Code:	<b>332</b>	Contractor Name:	<b>DESERT RESEARCH INSTITUTE</b>
Appropriation Unit:	<b>2891-20</b>	Address:	<b>2215 RAGGIO PKWY</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89512-1095</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>775-673-7482</b>
		Vendor No.:	<b>D35000802</b>
		NV Business ID:	<b>GOVERNMENTAL ENTITY</b>

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/08/2021**Contract term: **221 days**4. Type of contract: **Interlocal Agreement**Contract description: **NASA STEM GRANT**

5. Purpose of contract:

**This is a new interlocal agreement to provide Science, Technology, Engineering and Mathematics (STEM) resource kits to public libraries throughout Nevada to provide STEM learning for grades 3 through 5.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$173,341.00**

Other basis for payment: FY21 \$25,000; FY22 \$148,341.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NSLA was awarded a grant from NASA to enhance STEM literacy among children in underserved areas.**

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

**NSLAPR employees do not have technical expertise required to successfully complete all aspects of the grant proposal.**

9. Were quotes or proposals solicited?

**No**

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

**No**

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

**Not Applicable**b. Solicitation Waiver: **Exempt (Per statute)**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**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:

Norma Fowler, Librarian IV Ph: 775-684-3407

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	02/26/2021 07:54:13 AM
Division Approval	mhelto1	03/05/2021 16:00:42 PM
Department Approval	nmann	03/05/2021 16:02:44 PM
Contract Manager Approval	ssands	03/05/2021 16:03:41 PM
Budget Analyst Approval	mlynn	03/12/2021 14:48:31 PM
BOE Agenda Approval	cbrekken	03/17/2021 17:03:23 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24009**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3158-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DEPARTMENT OF ADMINISTRATION**Contractor Name: **DEPARTMENT OF ADMINISTRATION**Address: **2200 S. Rancho Dr., Suite 220**City/State/Zip: **Las Vegas, NV 89102**Contact/Phone: **Michelle Morgando, Esq. 702-486-2532**

Vendor No.:

NV Business ID: **Governmental Agency**To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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.

<b>X</b>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Appeals Hearings**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing appeal process services that ensures those entitled are afforded the right to appeal when refused Medicaid benefits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$117,473.52**

Other basis for payment: As billed per Attachment A

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This service is Federally Mandated by 42 CFR 431.200-246**

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

**This contract is between State agencies**

9. Were quotes or proposals solicited?

**No**

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

**No**

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

**Not Applicable**b. Solicitation Waiver: **Exempt (Per statute)**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2013 - 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	rmayhall	02/25/2021 14:25:13 PM
Division Approval	dmartin3	03/01/2021 09:22:57 AM
Department Approval	valpers	03/02/2021 09:39:36 AM
Contract Manager Approval	dmartin3	03/02/2021 10:31:54 AM
Budget Analyst Approval	bwooldri	03/11/2021 10:21:36 AM
BOE Agenda Approval	bwooldri	03/11/2021 10:21:40 AM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23977**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>ESTIPONA GROUP ADVERTISING</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>ESTIPONA GROUP ADVERTISING</b>
Appropriation Unit:	<b>3219-13</b>	Address:	<b>&amp; PUBLIC RELATIONS PO BOX 10606</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89510-0606</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>CHELSEY BRICE 775/636-7330</b>
		Vendor No.:	<b>T29035435</b>
		NV Business ID:	<b>NV19951042070</b>

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 %	<b>X Other funding</b>	<b>100.00 % Epidemiology and Laboratory Capacity - COVID19</b>

Agency Reference #: **C 17774**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2021**Anticipated BOE meeting date **04/2021**Retroactive? **Yes**

If "Yes", please explain

**This is an emergency request per the Governor's Office as it is necessary to immediately engage the services of the Estipona Group for statewide public relations and to manage content updates on the Nevada Health Response (NHR) website, manage NHR social media channels, (Twitter, Facebook and Instagram), and graphic design needs as they relate to the COVID-19 and vaccine response.**

3. Termination Date: **12/31/2021**Contract term: **305 days**4. Type of contract: **Contract**Contract description: **COVID-19 Outreach**

5. Purpose of contract:

**This is a new contract to provide COVID-19 emergency and vaccine response content management updates on the Nevada Health Response website.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$977,287.50**

Payment for services will be made at the rate of \$97,728.75 per month

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Vendor will manage content updates on the Nevada Health Response (NHR) website, manage NHR social media channels, (Twitter, Facebook and Instagram), PR efforts, and graphic design needs as they relate to the COVID-19 response.

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: **Exempt (Per statute)**

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

This is an emergency contract approved by Administrator Doty according to NAC 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:

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	kquinter	02/17/2021 14:16:22 PM
Division Approval	chadwic1	02/22/2021 15:32:37 PM
Department Approval	valpers	02/22/2021 17:39:53 PM
Contract Manager Approval	rmille8	02/23/2021 08:29:03 AM
Budget Analyst Approval	afrantz	03/04/2021 08:32:07 AM
BOE Agenda Approval	bwooldri	03/04/2021 09:23:09 AM
BOE Final Approval	Pending	



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Public and Behavioral Health  
*Helping people. It's who we are and what we do.*



DATE: February 8, 2021

**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 - CETS 23977

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Subrecipient: **Estipona Group Advertising & Public Relations**
- Services to be provided: **The Estipona Group, on behalf of the Joint Information Council will manage content updates on the Nevada Health Response (NHR) website, manage NHR social media channels, PR efforts, and graphic design needs as they relate to the COVID-19 emergency and vaccine response.**
- Funding source and expenditure category: **BA 3219 CAT 13 REF # C 17774**
- Requested start date of work: **March 1, 2021**
- Expected execution date of agreement: **April 13, 2021**
- 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 the COVID-19 emergency. This request is per the Governor's Office and it is necessary to immediately engage the services of the Estipona Group for statewide public relations and to manage content updates on the Nevada Health Response (NHR) website, manage NHR social media channels, (Twitter, Facebook, and Instagram), and graphic design needs as they relate to the COVID-19 emergency and vaccine response.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **Vital information and updates to the citizens of Nevada regarding COVID-19 related activities, including the vaccine response would be delayed.**
  - 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](mailto:kquintero@health.nv.gov).

cc: Contract Unit  
Division of Public and Behavioral Health

**From:** Kelli Quintero  
**To:** Ronda Miller  
**Subject:** FW: COVID 19 and Vaccine Response Emergency Contract -Joint Information Council - Estipona Group  
**Date:** Wednesday, February 3, 2021 12:37:04 PM

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**From:** Kevin D. Doty <kddoty@admin.nv.gov>  
**Sent:** Thursday, January 28, 2021 6:32 PM  
**To:** Kelli Quintero <kquintero@health.nv.gov>  
**Cc:** DPBH Contract Unit <contractunit@health.nv.gov>  
**Subject:** Re: COVID 19 and Vaccine Response Emergency Contract -Joint Information Council - Estipona Group

Hi Kelli,  
Pursuant to NAC 333.114, you are authorized to proceed with a contract with Joint Information Council - Estipona Group without the need for a solicitation.  
Kevin

Sent from my iPhone

On Jan 28, 2021, at 6:17 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Good evening Mr. Doty,

I am most respectfully asking permission on behalf of DPBH and the Governor's Office to proceed with a new emergency contract for Joint Information Council - Estipona Group to respond to the COVID19 Emergency and Vaccine Response.

It is necessary to immediately engage the services of the Estipona Group for statewide public relations and to manage content updates on the Nevada Health Response (NHR) website, manage NHR social media channels, (Twitter, Facebook and Instagram), and graphic design needs as they relate to the COVID-19 and vaccine response.

Thank you for your consideration.

<image002.jpg>

**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](mailto:kquintero@health.nv.gov)  
[www.dhhs.nv.gov](http://www.dhhs.nv.gov) | <http://dpbh.nv.gov>

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**NOTICE:** This message and accompanying documents are covered by the electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, may be covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and may contain confidential information or Protected Health Information intended for the specified individual(s) only. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. Violations may result in administrative, civil, or criminal penalties. If you have received this communication in error, please notify sender immediately by e-mail, and delete the message.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23798**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	<b>DELOITTE CONSULTING LLP</b>
Agency Code:	<b>407</b>	Contractor Name:	<b>DELOITTE CONSULTING LLP</b>
Appropriation Unit:	<b>3230-21</b>	Address:	<b>980 9th Street, STE 1800</b>
Is budget authority available?:	<b>No</b>	City/State/Zip	<b>Sacramento, CA 95814</b>
If "No" please explain: Pending approval of work program number C53825.		Contact/Phone:	<b>916/761-6466</b>
		Vendor No.:	<b>T27024237C</b>
		NV Business ID:	<b>NV20081436471</b>

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

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

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

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **148 days**4. Type of contract: **Contract**Contract description: **TANF Sys Maintenance**

5. Purpose of contract:

**This is a new contract to provide project management, design, development, implementation and production support services to implement system modifications to support resolution of the issues impacting the Temporary Aid to Needy Families program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$351,000.00**

Other basis for payment: As outlined in Attachment AA - Deliverable Payment Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The project scope pertains to modifying an existing system that will resolve issues impacting the Temporary Aid to Needy Families program, while preserving the integrity of the current TANF assistance for eligible population groups that should remain unaffected. Successful design, development and implementation of the identified issues requires thorough knowledge of existing Business Processes, Business Rules Engine, Case Management (AMPS and NOMADS), Lobby Management System, benefit issuance, benefit renewal and Notice of Decision (NOD) process, batches batches and document management/imaging/printing (DIS, FileNet and Thunderhead) sub-systems.

TANF issues need to be fixed expeditiously to maintain the integrity of eligibility determination and to maintain program sanctions and prevent inadvertent lifting of sanctions. Fixing the issues will reduce the number of help desk tickets and workarounds used by case managers significantly.

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

State Staff does not possess the expertise required to perform this modification to the TANF 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 201101**

**Approval Date: 11/03/2020**

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:

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:

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:

Lisa Swearingen, Chief, Eligibility and Payments Unit Ph: 775-684-0560

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	12/22/2020 10:55:08 AM
Division Approval	cbuscay	12/29/2020 08:31:45 AM
Department Approval	mwinebar	12/29/2020 16:14:14 PM
Contract Manager Approval	mpomerle	01/05/2021 08:34:50 AM
EITS Approval	daxtel1	01/05/2021 09:09:13 AM

Budget Analyst Approval  
BOE Agenda Approval  
BOE Final Approval

bwooldri  
bwooldri  
Pending

02/25/2021 10:00:40 AM  
02/25/2021 10:27:19 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Enterprise IT Services Division***

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Steve Fisher, Administrator, DWSS  
Bart London, Chief IT Manager, DWSS  
Brenda Berry, Chief Financial Officer, DWSS  
Lisa Swearingen, Chief Eligibility and Payments Unit, 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 – TANF System Maintenance – T3228202

**DATE:** October 28<sup>th</sup>, 2020

We have completed the review for the Division of Welfare and Supportive Services' (DWSS) – TANF System Maintenance TIN.

The submitted TIN, for an estimated value of \$351,000, 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.

This request is for the modification of existing DWSS applications to meet federal guidelines and directives. The modifications will help DWSS deliver benefits to more customers in a timely matter and increase productivity DWSS Staff. DWSS seeks to engage with Deloitte Consulting LLP to achieve these modifications quickly leveraging Deloitte's expert knowledge of DWSS systems. Using Deloitte will enable DWSS IT staff to continue working on emergency program changes and updates require in these unprecedented times.

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.



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

**Purchasing Division**

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

<b>Purchasing Use Only:</b>
Approval#: <i>201101</i> 

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name: <i>Division of Welfare and Supportive Services</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Lisa Swearingen, Chief of Eligibility and Payments Unit</i>	<i>(775) 684-0560</i>	<i>lswearingen@dwss.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Deloitte Consulting LLP</i>
	Contact Name:	<i>Rakesh Dutttagupta</i>
	Complete Address:	<i>980 9th St Suite 1800, Sacramento, CA 95814</i>
	Telephone Number:	<i>(916) 761-6466</i>
	Email Address:	<i>rdutttagupta@deloitte.com</i>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>Upon BOE Approval November 10, 2020</i>	End Date: <i>June 30, 2021</i>

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

Purchasing Use Only:

Approval #:

201101 (2)

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$351,000

Provide a description of work/services to be performed or commodity/good to be purchased:

*Deloitte Consulting LLP will provide Project Management, Design, Development, and Implementation (DD&I) and Production Support to implement system modifications that will resolve the following issues that impact Temporary Assistance for Needy Families (TANF) program.*

- 1. Issue 1: The system is determining individual's ineligible for TANF benefits if they were previously a child dependent on a case that became eligible for benefits due to the TANF time limit.*
- 2. Issue 2: Non-applying case members who have previously exhausted their time limits are causing the denial of TANF for any other case they are a member of.*
- 3. Issue 3: When performing a Reapplication for benefits (REAP) action on a case, any existing sanctions on the case are being removed.*

*This implementation will allow the system to:*

- 1. Maintain eligibility determination integrity for TANF programs*
- 2. Maintain program sanctions and prevent inadvertent lifting of sanctions*
- 3. Reduce help desk tickets and workarounds*

*Deloitte will work with DWSS to identify and implement:*

- 1. Issue 1:*
  - i. Modify Application Modernization and Productivity Services (AMPS) Time Limit (TLMT) screen to allow editing system flag*
  - ii. Modify Nevada Operations of Multi-Automated Data Systems (NOMADS) TLMT screen to allow editing system flag*
  - iii. Modify case management batch to update system flag when the child reaches age 18 or 21 as determined by design session*
  - iv. Add a monthly report for case managers of individuals impacted by previous time limits reached during childhood on cases previously closed and reopened*
- 2. Issue 2:*
  - i. Modify TANF Rules to exclude non-applying members from test*
  - ii. Modify AMPS TLMT screen to add a time limit exclusion field that is case specific*
  - iii. Modify NOMADS TLMT screen to add a time limit exclusion field that is case specific*
- 3. Issue 3:*
  - i. Modify ACM13A to update sanction sit out date*
  - ii. Modify AMPS Application (APPL) screen REAP logic for TANF New Employees Of Nevada (NEON)*
  - iii. Modify NOMADS APPL screen REAP logic for TANF NEON*
  - iv. Modify AMPS TANF Sanction Tracking (TSTR) screen to allow updating sit out date*
  - v. Modify NOMADS TSTR screen to allow updating sit out date*
  - vi. Modify Rules Engine rules to consider sit out date*
  - vii. Convert existing sanctions to include sit out date*

3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><i>Deloitte Consulting LLP has a local team that has knowledge of DWSS processes and systems for efficient project delivery (e.g. Project Web Application (PWA), Help Desk Systems (HEAT), and Configuration Management, Quality Management, Scope Management processes). Deloitte's team also has demonstrated in-depth knowledge of</i></p> <ul style="list-style-type: none"> <li><i>i. Existing DWSS Standards</i></li> <li><i>ii. Existing network, security, technical architecture and environments</i></li> <li><i>iii. Existing ACCESS NV, NOMADS and AMPS Data-models and Functionality, Batch Jobs Framework (Orchestration, Sequencing)</i></li> <li><i>iv. Existing interfaces with Business Rules Engine, Case Management (AMPS and NOMADS), Lobby Management System and document management/ imaging/ printing (Document Imaging System (DIS), FileNet and Thunderhead) sub-systems</i></li> <li><i>v. Existing business and technical requirements, user interfaces and workflows</i></li> <li><i>vi. Troubleshooting production issues and extensive experience in production support</i></li> </ul> <p><i>Additionally, the Deloitte team built, developed and implemented the eligibility engine used to determine eligibility for the TANF, SNAP and Medicaid programs. Deloitte has an in-depth understanding of and has demonstrated in the past, good analytical skills and communication skills and have helped the state development and operations team resolve complex and time sensitive production issues.</i></p> <p><i>Deloitte particularly has in-depth knowledge of DWSS's existing TANF program policies and eligibility rules from the business side as well as the technical implementation of these rules in DWSS's Integrated Eligibility System; in November 2015 Deloitte implemented a project that migrated all TANF rules from the DWSS's legacy system to DWSS's current Business Rules Engine.</i></p>
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4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><b>Knowledge and Expertise:</b></p> <p><i>The proposed project scope pertains to modifying the system that will resolve the issues that impact the TANF program mentioned in section 2 while preserving the integrity of the current TANF assistance for eligible population groups that should remain unaffected. Successful design, development and implementation of the identified issues requires thorough knowledge of existing Business Processes, Business Rules Engine, Case Management (AMPS and NOMADS), Lobby Management System, benefit issuance, benefit renewal and Notice of Decision (NOD) process, batches and document management/imaging/printing (DIS, FileNet and Thunderhead) sub- systems.</i></p> <p><i>Deloitte Consulting LLP built the eligibility engine used by the DWSS to determine eligibility and has the required experience, knowledge and skills in all these areas since they have worked with them over last several years in DWSS and EITS environments.</i></p> <p><i>Deloitte implemented, tested and rolled out the current eligibility determination rules for Supplemental Nutrition Assistance Program (SNAP), as well as MEDICAL and TANF programs.</i></p> <p><i>Deloitte developed the current rules for the above programs. Deloitte's team has in-depth functional and technical understanding required to ensure that the implementation of this project does not interrupt or adversely impact exiting eligibility and benefits issuance.</i></p>
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*The breakdown of recipient cases by program is:*

- i. Medical - 704,322*
- ii. SNAP - 464,612*
- iii. TANF - 21,785*

***Timeline:***

*The timeline of this project is critical, the TANF issues need to be fixed expeditiously to maintain the integrity of eligibility determination and to maintain program sanctions and prevent inadvertent lifting of sanctions. Fixing the issues will reduce the number of help desk tickets and workarounds used by case managers significantly.*

*Furthermore, any other vendor will need additional time, additional DWSS staff resources and training to learn and become familiar with existing TANF policies, business processes, systems and interfaces. Deloitte's proposed scope, timeline and budget does not include these additional activities and associated costs as they already have this knowledge and work relationship.*

	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
5	<b><i>In-house:</i></b>				
	i. <i>DWSS's teams (Development, Operations and User Acceptance Testing) are occupied with other DWSS project implementations and in-house projects, their workload will not allow them to take on additional comprehensive project implementations.</i>				
	<i>DWSS has worked with other vendors during Affordable Care Act implementation and later, who did not have knowledge and experience with our existing computing environment including legacy systems such as NOMADS, AMPS and DIS. These vendors either failed completely, were unable to deliver in a timely fashion or the deliverables did not meet the business requirements.</i>				
	ii. <i>Deloitte built and developed the current eligibility engine system and has the knowledge and understanding of TANF Program, NOMADS, AMPS and DIS and how various sub-systems need to be integrated together is a key success factor.</i> iii. <i>Going through the procurement process, negotiating a new contract, training a new vendor on our systems, and coordinating with internal stakeholders regarding the project will impact the ability of any other vendor to complete the project within the requested timeframe and will reduce overall project productivity. Whereas Deloitte who built the system, has existing knowledge of our systems and would be able to start upon approval of the contract.</i>				
	b. <b><i>If not</i></b> , why were alternatives not evaluated?				

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers <u>MUST</u> accompany this request.</b>	Yes:		No:	<input checked="" type="checkbox"/>
---	--	------	--	-----	-------------------------------------

a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
		\$		
		\$		
		\$		
		\$		
		\$		

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<p><i>Increased risk to eligibility determinations. If forced to implement the project in-house or through another vendor selected through competitive bid, the project cannot be implemented within the requested timeframe. Also, considering the COVID-19 pandemic, implementation would be delayed further if required to be performed in-house or through another vendor.</i></p> <ul style="list-style-type: none"> <li><i>Any delay in the implementation of this project will cause issues with eligibility determinations and sanctions for non-compliance.</i></li> <li><i>If DWSS fails to implement the project expeditiously, helpdesk tickets will increase significantly, and caseworkers will need to do workarounds to process cases.</i></li> <li><i>Failing to implement these changes will impact TANF program integrity and may result in Federal sanctions, fines and loss of federal grant dollars to Nevada.</i></li> </ul> <p><i>Increased risk to project quality. If forced to implement the project in-house or through another vendor selected through competitive bid, the implementation will not have the same level of quality.</i></p> <ul style="list-style-type: none"> <li><i>Bugs in the implementation of TANF issues may impact the eligibility of TANF and other programs if not implemented correctly.</i></li> <li><i>Bugs in integration or common modules or an incorrect implementation approach may impact the eligibility and benefits of current assistance recipients, causing an interruption in benefit issuance or eligibility, or cause performance issues and system interruptions that impact case worker's productivity.</i></li> </ul> <p><i>These services will fix the issues that are impacting DWSS's TANF program. Currently these issues impact -</i></p> <ul style="list-style-type: none"> <li><i>The system to currently deny eligibility by incorrectly applying time limits for certain individuals. This requires development staff to SPUFI (SQL Processor Using File Input) the case to obtain correct eligibility. Preparing, approving and reviewing SPUFI consumes a lot of time for developers, helpdesk and chiefs that must approve it. SPUFIs are also prone to error.</i></li> <li><i>When a case is 'reapplied', any current sanctions in the system are removed. This allows individuals who are in a mandatory sit-out or sanction period to obtain benefits in error.</i></li> </ul> <p><i>Deloitte's functional and technical understanding of the current systems (NOMADS, AMPS, Eligibility Engine and OASIS) is an advantage over other vendors. Deloitte has an intimate knowledge of the Division's current systems because they built, developed and implemented the current eligibility engine.</i></p>

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>
	<p><i>Deloitte is the vendor that implemented, and tested the current Rules used by the state for SNAP, TANF and Medical programs and provided support in the production environment. They are the most knowledgeable and experienced vendor in Nevada to implement this project for DWSS.</i></p> <p><i>The costs proposed are in-line with engagements of similar complexity and scope.</i></p>

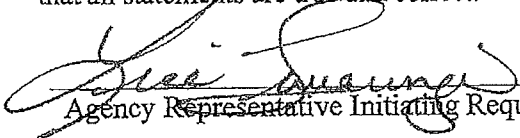
9	<p>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>	Yes:	X	No:	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>Having Deloitte available for repairs and warranty fixes would be a benefit to the Division. If the agency obtains additional funding to make system enhancements, Deloitte would be available to make these changes. Also, Deloitte was selected to make the required legislative changes to the TANF program when we mandated to implement the Fictive Kin program during the last legislative session.</i></p>				

Purchasing Use Only:

Approval #:

# 2011010

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

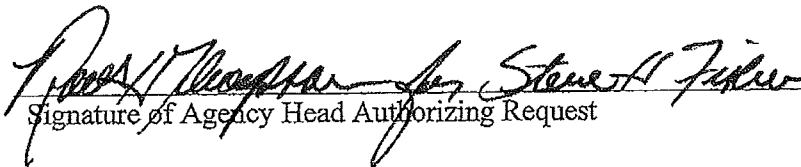
  
Agency Representative Initiating Request

Lisa Swearingen

Print Name of Agency Representative Initiating Request

9.4.2020

Date

  
Signature of Agency Head Authorizing Request

Steve H. Fisher

Print Name of Agency Head Authorizing Request

9/8/2020

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

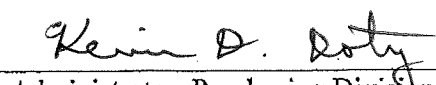
\_\_\_\_\_  
Print Name of Representative Providing Review

\_\_\_\_\_  
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

11/03/2020

Date



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](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Steve Fisher, Administrator, DWSS  
Bart London, Chief IT Manager, DWSS  
Brenda Berry, Chief Financial Officer, DWSS  
Lisa Swearingen, Chief Eligibility and Payments Unit, 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* – TANF System Maintenance – T3228202

**DATE:** October 28<sup>th</sup>, 2020

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

## Cindy L. Stoeffler

---

**From:** Lisa Swearingen  
**Sent:** Wednesday, October 28, 2020 10:40 AM  
**To:** Cindy L. Stoeffler  
**Subject:** FW: TIN Review Completed – DWSS – TANF System Maintenance – T3228202  
**Attachments:** TIN Completion Memo - DWSS - TANF System Maintenance 10282020.pdf

Hi Cindy,

Hope you are doing well. So...I know this was just approved. Can you tell me what the next steps are? No rush...just am not sure who over in my house that I need to poke to make sure it keeps moving. 😊

Any insight is appreciated. Thank you!

Also – I do have a couple of questions for you about another request. Please let me know when would be a good time to have a call.

### Lisa Swearingen

Interim Deputy Administrator  
Nevada Department of Health and Human Services  
Division of Welfare and Supportive Services | Field Operations Support  
Direct Line: (775) 684-0560

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**From:** Timothy Galluzi <tim.galluzi@admin.nv.gov>  
**Sent:** Wednesday, October 28, 2020 9:52 AM  
**To:** Steve H. Fisher <shfisher@dwss.nv.gov>; Brenda Berry <BXBERRY@dwss.nv.gov>; Bart P. London <bplondon@dwss.nv.gov>; Lisa Swearingen <LSWEARINGEN@dwss.nv.gov>  
**Cc:** David Axtell <daxtell@admin.nv.gov>; David Haws <dhaws@admin.nv.gov>; TIR's <TIRs@admin.nv.gov>  
**Subject:** TIN Review Completed – DWSS – TANF System Maintenance – T3228202

Good Morning,

We have completed the review for the Division of Welfare and Supportive Services' (DWSS) – TANF System Maintenance TIN.

The submitted TIN, for an estimated value of \$351,000, 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.

This request is for the modification of existing DWSS applications to meet federal guidelines and directives. The modifications will help DWSS deliver benefits to more customers in a timely matter and increase productivity DWSS Staff. DWSS seeks to engage with Deloitte Consulting LLP to achieve these modifications quickly leveraging Deloitte's expert knowledge of DWSS systems. Using Deloitte will enable DWSS IT staff to continue working on emergency program changes and updates require in these unprecedented times.

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,

**Tim Galluzi, MBA | Enterprise Architect**

State of Nevada | Department of Administration | Office of the CIO

Desk: (775) 684-7330 | Cell: (775) 552-5024 | E: [tim.galluzi@admin.nv.gov](mailto:tim.galluzi@admin.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 CONTRACT**1. Contract Number: **23943**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: **KILOWATT ENGINEERING, INC. DBA KW ENGINEERING**Contractor Name: **KILOWATT ENGINEERING, INC. DBA KW ENGINEERING**Address: **KW ENGINEERING****329 East 2100 South**City/State/Zip: **Salt Lake City, UT 84115**Contact/Phone: **Sanjiv Devnani 801-599-2388**Vendor No.: **T29033352**NV Business ID: **NV20101701323**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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/31/2023**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Energy Water Plan**

5. Purpose of contract:

**This is a new contract to provide an Installation Energy and Water Plan for NVGuard Army installations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$137,637.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The National Guard Bureau requires all states to develop an installation water and energy resilience program.**

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

**Lack of qualification for the 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: **Professional Service (As defined in NAC 333.150)**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	01/25/2021 11:51:56 AM
Division Approval	ctyle1	01/25/2021 11:51:59 AM
Department Approval	ctyle1	01/25/2021 11:52:01 AM
Contract Manager Approval	csnido1	01/25/2021 12:19:07 PM
Budget Analyst Approval	jrodrig9	03/15/2021 12:08:22 PM
BOE Agenda Approval	jrodrig9	03/15/2021 12:08:27 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **14128**Amendment Number: **3**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Renown Regional Medical Center**Agency Code: **440**Contractor Name: **Renown Regional Medical Center**Appropriation Unit: **3706-50**Address: **1155 Mill Street, #012**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89502-1576**

If "No" please explain: Not Applicable

Contact/Phone: **Tina Manguso 775-982-4678**Vendor No.: **T41975000**NV Business ID: **NV19851012417**To what State Fiscal Year(s) will the contract be charged? **2013-2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **04/30/2021**Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **HIV/AIDS Services**

5. Purpose of contract:

**This is the third amendment to the original contract which continues ongoing on-site specialty health clinics for HIV/AIDS and other infectious diseases. This amendment increases the maximum amount from \$17,153,906 to \$17,950,000 due to an increase in the cost of drugs.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,600,000.00	\$5,600,000.00	\$5,600,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$11,553,906.00	\$11,553,906.00	\$11,553,906.00	Yes - Action
2. Amount of current amendment (#3):	\$796,094.00	\$796,094.00	\$796,094.00	Yes - Action
3. New maximum contract amount:	\$17,950,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The AIDS Assistance Program is the primary means of access to life saving treatment for individuals in the program. HIV/AIDS services provided through this clinic help to ensure individuals incarcerated in the Department of Corrections will receive the highest level of HIV/AIDS specialty care possible.

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

The Department of Corrections does not have the expertise in providing medical care and/or related prescriptions for inmates with HIV/AIDS.

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 #: 130204**

**Approval Date: 02/27/2013**

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

Renown Regional Medical Center in Reno and University Medical Center (UMC) in Las Vegas are the only DSH (Disproportionate Share Hospitals) in Nevada. Since UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide, Renown Regional Medical Center was chosen because UMC has indicated that they have no interest in 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:

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbarsegi	02/17/2021 14:30:12 PM
Division Approval	amonro1	02/17/2021 14:35:55 PM
Department Approval	amonro1	02/18/2021 08:49:31 AM
Contract Manager Approval	aroma2	02/18/2021 09:53:42 AM

Budget Analyst Approval  
BOE Agenda Approval

bmacke1  
jrodrig9

03/19/2021 16:48:00 PM  
03/23/2021 15:50:07 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19429**Amendment Number: **2**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Sewing Collection, Inc.**Agency Code: **440**Contractor Name: **Sewing Collection, Inc.**Appropriation Unit: **3719-00**Address: **3113 E. 26th Street**Is budget authority available?: **Yes**City/State/Zip: **Vernon, CA 90058**

If "No" please explain: Not Applicable

Contact/Phone: **Rob Molaie 323-264-2223**

Vendor No.:

NV Business ID: **NV20191231743**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue Generating Contract</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **04/30/2021**Contract term: **3 years and 352 days**4. Type of contract: **Revenue Contract**Contract description: **Offender Labor**

5. Purpose of contract:

**This is the second amendment to the original revenue contract to provide for the reimbursement of costs resulting from the use of offender labor and facility space at High Desert State Prison for the purpose of sorting and boxing clothes hangers and related duties. This amendment extends the termination date from April 30, 2021 to April 30, 2023 and increases the maximum amount from \$695,796 to \$1,368,100 due to the ongoing demand for these resources.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$695,796.00	\$695,796.00	\$695,796.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$672,304.00	\$672,304.00	\$672,304.00	Yes - Action
3. New maximum contract amount:	\$1,368,100.00			
and/or the termination date of the original contract has changed to:	04/30/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 209.461 authorizes the State of Nevada, Department of Corrections, (NDOC), by and through its Director to provide offender work, contractual activity or business activity, subject to the approval of the Board of State Prison Commissioners and the State Board of Examiners. This contract will allow NDOC to provide work and occupational training for offenders through Sewing Collection Inc.

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

This is a revenue generating 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?

NRS 209.391. This contractor was chosen because they approached NDOC for work.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	jdoucet	03/04/2021 08:48:10 AM
Division Approval	amonro1	03/08/2021 10:57:14 AM
Department Approval	amonro1	03/08/2021 10:57:18 AM
Contract Manager Approval	aroma2	03/09/2021 14:35:47 PM

Budget Analyst Approval  
BOE Agenda Approval

bmacke1  
jrodrig9

03/19/2021 16:48:38 PM  
03/23/2021 15:47:59 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18739**Amendment Number: **2**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Desert Boilers & Controls, Inc.**Agency Code: **440**Contractor Name: **Desert Boilers & Controls, Inc.**Appropriation Unit: **3725-09**Address: **305 W. St. Louis Ave.**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89102**

If "No" please explain: Not Applicable

Contact/Phone: **Dan Coltharp 702-631-7780**Vendor No.: **PUR0001437**NV Business ID: **NV19971189711**To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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

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

Agency Reference #: **RFP 3424**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2021**Contract term: **6 years**4. Type of contract: **Contract**Contract description: **Boiler Maintenance**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing preventative maintenance services for the boilers located at Florence McClure Women's Correctional Center, High Desert State Prison, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$108,984.77.00 to \$173,951.39 due to the continued need for these services and additional repairs at Southern Desert Correctional Center.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$106,514.77	\$106,514.77	\$106,514.77	Yes - Action
a. Amendment 1:	\$2,470.00	\$2,470.00	\$2,470.00	No
2. Amount of current amendment (#2):	\$64,966.62	\$67,436.62	\$67,436.62	Yes - Action
3. New maximum contract amount:	\$173,951.39			
and/or the termination date of the original contract has changed to:	06/30/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

To preserve State property and for the health and safety of department staff and inmates.

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

The department does not have the expertise and/or the equipment necessary to perform these services. No other State agency provides these services.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to Solicitation 3424, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/14/2017 Anticipated re-bid date: 02/12/2021

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:

FY10 to current with Nevada Department of Corrections. Services have been verified as satisfactory.

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbarsegi	03/08/2021 07:19:25 AM
Division Approval	amonro1	03/08/2021 07:55:14 AM
Department Approval	amonro1	03/08/2021 07:55:17 AM

Contract Manager Approval	aroma2	03/09/2021 14:36:39 PM
Budget Analyst Approval	bmacke1	03/19/2021 16:49:38 PM
BOE Agenda Approval	jrodrig9	03/23/2021 15:55:13 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18750** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Waters Septic Tank Services DBA WATERS VACUUM TRUCK SERVICE**

Agency Code: **440** Contractor Name: **Waters Septic Tank Services DBA WATERS VACUUM TRUCK SERVICE**

Appropriation Unit: **3747-09** Address: **Waters Vacuum Truck Service 4275 Rewana Way**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: Not Applicable Contact/Phone: **Justin Waters 775-825-1595**

Vendor No.: **T80206180**

NV Business ID: **NV19781005671**

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

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

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

## 2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Pump Septic/Grease**

## 5. Purpose of contract:

**This is the first amendment to the original contract which continues ongoing regularly scheduled septic and grease trap pumping services at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Tonopah Conservation Camp, Wells Conservation Camp, and Northern Nevada Transitional Housing. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$222,664 to \$278,330 due additional time need to prepare a Request for Proposal and prevent a break in needed services.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$222,664.00	\$222,664.00	\$222,664.00	Yes - Action
2. Amount of current amendment (#1):	\$55,666.00	\$55,666.00	\$55,666.00	Yes - Action
3. New maximum contract amount:	\$278,330.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

**II. JUSTIFICATION**

## 7. What conditions require that this work be done?

For the health and safety of NDOC staff and inmates.

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

The department does not have the staff, expertise and/or equipment for these services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

RFP 3427 was distributed by State Purchasing to 124 vendors who are on the Vendor Management System and 18 vendors who requested information. Waters Septic Tank Services was the only respondent.

d. Last bid date: 03/22/2017 Anticipated re-bid date: 02/19/2021

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:

FY03 - current with Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	02/09/2021 11:17:03 AM
Division Approval	amonro1	02/09/2021 12:05:44 PM
Department Approval	amonro1	02/09/2021 12:05:48 PM
Contract Manager Approval	aroma2	02/16/2021 10:22:28 AM



Budget Analyst Approval  
BOE Agenda Approval

bmacke1  
bwooldri

03/23/2021 12:26:49 PM  
03/24/2021 08:17:01 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18625** Amendment Number: **4**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **S.P. & B. Utilities Services, Inc.**

Agency Code: **440** Contractor Name: **S.P. & B. Utilities Services, Inc.**

Appropriation Unit: **All Budget Accounts - Category 09** Address: **DBA SPB Utility Services, Inc.**

Is budget authority available?: **No** City/State/Zip: **Reno, NV 89503**

If "No" please explain: A work program may be needed for a portion of the funding for FY22 & FY23 for BA 3762-09, BA 3738-09 and BA 3725-09, depending on the final budget approved. Contact/Phone: **Linda Peterson 775-329-7757**

Vendor No.: **T80794830**

NV Business ID: **NV19831010170**

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2021**Contract term: **6 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is the fourth amendment to the original contract which continues ongoing monitoring/management of the water and waste distribution systems at correctional facilities statewide. This amendment extends the contract termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$742,391.28 to \$1,130,150.00 due additional testing required for a new well installed at Southern Desert Correctional Center.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$724,633.28	\$724,633.28	\$724,633.28	Yes - Action
a. Amendment 1:	\$1,461.80	\$1,461.80	\$1,461.80	No
b. Amendment 2:	\$517.90	\$1,979.70	\$1,979.70	No
c. Amendment 3:	\$15,778.30	\$17,758.00	\$17,758.00	Yes - Info
2. Amount of current amendment (#4):	\$387,759.26	\$387,759.26	\$405,517.26	Yes - Action
3. New maximum contract amount:	\$1,130,150.54			
and/or the termination date of the original contract has changed to:	06/30/2023			

## II. JUSTIFICATION

7. What conditions require that this work be done?

To preserve State property, and to ensure the health and safety of staff and inmates at correctional facilities are maintained.

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

Technical expertise and certification required by Nevada Division of Environmental Protection to monitor and test water distribution systems and waste water treatment. Employees for the Department do not have the necessary qualifications or equipment to provide these services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

SPB Utilities Services was the only respondent to RFP 3405.

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:

FY03 to current with Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

Budget Account Approval

User

gbarsegi

Signature Date

02/03/2021 11:02:40 AM

Division Approval	amonro1	02/03/2021 11:03:22 AM
Department Approval	amonro1	02/03/2021 11:03:27 AM
Contract Manager Approval	aroma2	02/16/2021 13:30:20 PM
Budget Analyst Approval	bmacke1	03/19/2021 16:48:58 PM
BOE Agenda Approval	jrodrig9	03/23/2021 15:44:47 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24036**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4545-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AB SCIEX, LLC**Contractor Name: **AB SCIEX, LLC**Address: **2101 RADIO RD**City/State/Zip: **REDWOOD, CA 94065-1217**Contact/Phone: **MICHAEL DRISCOLL 916-933-9110**Vendor No.: **T32010503**NV Business ID: **NV20091513258**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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Registration, License and Inspection</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **02/15/2023**Contract term: **1 year and 320 days**4. Type of contract: **Contract**Contract description: **PM-Triple Quad-Plant**

5. Purpose of contract:

**This is a new contract to provide preventative maintenance and onsite training for a new mass spectrometer.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,786.60****II. JUSTIFICATION**

7. What conditions require that this work be done?

Preventative maintenance and onsite training for this specialty mass spectrometer must be completed by the manufacturer to keep this equipment functioning and in compliance.

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

State workers don't have the expertise to provide the preventative maintenance or the onsite training.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor who responded to solicitation #55AGR-S1472.

d. Last bid date: **02/17/2021** 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	tdoucett	03/09/2021 12:23:50 PM
Division Approval	tdoucett	03/09/2021 12:23:59 PM
Department Approval	kdailey	03/09/2021 13:04:04 PM
Contract Manager Approval	melli2	03/18/2021 11:12:05 AM
Budget Analyst Approval	mlynn	03/18/2021 14:57:50 PM
BOE Agenda Approval	cbrekken	03/22/2021 08:54:14 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **13989**Amendment Number: **2**Agency Name: **COLORADO RIVER COMMISSION**Legal Entity Name: **SILVER STATE ENERGY association**Agency Code: **690**Contractor Name: **SILVER STATE ENERGY association**Appropriation Unit: **4490-00**Address: **100 CITY PARKWAY SUITE 700**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89106**

If "No" please explain: Not Applicable

Contact/Phone: **SCOTT KRANTZ 702/691-5240**Vendor No.: **T32001797A**NV Business ID: **Gov't Entity**To what State Fiscal Year(s) will the contract be charged? **2013-2025**

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 %	<b>X Other funding</b>	<b>100.00 % Power Sales Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2013**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **05/13/2021**Contract term: **12 years and 2 days**4. Type of contract: **Interlocal Agreement**Contract description: **SSEA Admin Services**

5. Purpose of contract:

**This is the second amendment to the original revenue interlocal agreement which provides support services for the purchase, scheduling and sale of electric power resources to the members of the Silver State Energy Association. This amendment extends the termination date from May 13, 2021 to May 13, 2025 and increases the maximum amount from \$14,000,000 to \$21,000,000 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:	\$7,000,000.00	\$7,000,000.00	\$7,000,000.00	Yes - Action
a. Amendment 1:	\$7,000,000.00	\$7,000,000.00	\$7,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$7,000,000.00	\$7,000,000.00	\$7,000,000.00	Yes - Action
3. New maximum contract amount:	\$21,000,000.00			
and/or the termination date of the original contract has changed to:	05/13/2025			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The SSEA has requested that the agency provide services supporting electric power purchases on behalf of its member agencies. The Commission able to provide these services as part of its normal operations in the electric power markets and has been providing these services for the SSEA members individually for many years.

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

Employees of the agency will be doing the work on behalf of the SSEA and the agency will be paid for all costs associated with the work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	gbenton	02/08/2021 10:05:03 AM
Division Approval	gbenton	02/08/2021 10:05:06 AM
Department Approval	gbenton	02/08/2021 10:05:10 AM
Contract Manager Approval	dbeatty	02/08/2021 13:28:21 PM
Budget Analyst Approval	cbrekken	03/17/2021 16:55:43 PM
BOE Agenda Approval	cbrekken	03/18/2021 13:39:37 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24059**

Agency Name:	<b>DCNR - CONSERVATION &amp; NATURAL RESOURCES</b>	Legal Entity Name:	<b>UNITED STATES DEPARTMENT OF INTERIOR</b>
Agency Code:	<b>700</b>	Contractor Name:	<b>UNITED STATES DEPARTMENT OF INTERIOR</b>
Appropriation Unit:	<b>4150-10</b>	Address:	<b>US GEOLOGICAL SURVEY 800 BUSINESS PARK DR DIXON, CA 20192</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>DIXON, CA 20192</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Peter Coates 530-669-5073
		Vendor No.:	T80964941
		NV Business ID:	Federal Agency

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **90 days**4. Type of contract: **Cooperative Agreement**Contract description: **USGS/SETT Agreement**

5. Purpose of contract:

**This is a new collaborative agreement to provide ongoing sagebrush ecosystem habitat restoration tools by studying sage-grouse as an umbrella species.**

6. NEW CONTRACT

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

Other basis for payment: Full amount payable upon receipt of invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency uses contracts and cooperative agreements to fund science-based studies in support of work done in the Sagebrush Ecosystem. Specifically, this cooperative agreement will support ongoing development of and updates to multiple Sagebrush Ecosystem habitat restoration tools using Greater Sage-grouse as an umbrella species.**

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

**The agency does not have the expertise to develop analytical planning tools based on field data and GIS information. The agency coordinates with the USGS in their mission to provide natural resource managers with scientific knowledge to address challenges to ecosystem function and information about sage-grouse populations and sustaining populations.**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?

This is a cooperative agreement with a federal agency in support of work they are doing in support of the Sagebrush Ecosystem. NRS 277.180

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**Yes** If "Yes", please explain

Contractor is Federal Government Agency

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 Federal Government Agency who cooperates with many State of Nevada agencies.

14. Is the contractor currently involved in litigation with the State 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	kwilliam	03/09/2021 15:45:32 PM
Division Approval	kwilliam	03/09/2021 15:45:34 PM
Department Approval	kwilliam	03/09/2021 15:45:38 PM
Contract Manager Approval	kwilliam	03/09/2021 16:28:10 PM
Budget Analyst Approval	rjacob3	03/11/2021 15:36:08 PM
BOE Agenda Approval	cbrekken	03/18/2021 14:23:11 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23898**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4466-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SWCA, INC.**Contractor Name: **SWCA, INC.**Address: **20 EAST THOMAS ROAD  
SUITE 1700**City/State/Zip: **PHOENIX, AZ 85012**Contact/Phone: **JUSTIN STREIT 702-248-3880**Vendor No.: **T27024217C**NV Business ID: **NV20011181091**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 **75.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **25.00 % SPORTSMEN REVENUE**

Agency Reference #: 21-19

2. Contract start date:

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

Anticipated BOE meeting date 03/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/30/2021**Contract term: **274 days**4. Type of contract: **Contract**Contract description: **Flycatcher Survey**

5. Purpose of contract:

**This is a new contract to provide surveys of endangered southwestern willow flycatchers during the 2021 mating season to provide a population status update.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,932.65**

Other basis for payment: AS INVOICED

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Southwestern willow flycatchers are listed as endangered under the federal Endangered Species Act, and NDOW has a responsibility to determine their population status within Nevada annually with an aim toward species recovery. NDOW has received funding from USFWS to conduct surveys at known sites during the 2021 breeding season to assess site occupancy, breeding indices, and color band individuals to gain information about flycatcher site fidelity, dispersal, survival, etc.

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

The amount of time required to conduct the survey field activities is extensive, and NDOW has a limited amount of staff and time to allot to this project while conducting various other required activities across southern Nevada. The trapping and color banding activities are quite technically challenging, and they require a special permit through the Federal Bird Banding Laboratory of which staff at NDOW do not possess.

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):

Brian Giroux  
Zia Engineering & Environmental Consultants, LLC  
Willow Creek Environmental Consulting, LLC  
Nevada Environmental Consulting, LLC  
RECON Environmental, Inc.  
Benjamin Carson  
Eco Logical Research, Inc.  
SWCA Inc.  
Otis Bay, Inc.  
DCR Services and Construction, Inc.  
Duraroot  
ADAMS ECOLOGY INC  
Trinity Consultants

b. Solicitation Waiver: **Not Applicable**

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

They possess all required permits, have provided high quality flycatcher studies and timely reporting in the past, and have shown an ability to complete the work on time and under budget. SWCA Inc. was also the only vendor to respond to the solicitation.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Nevada Department of Wildlife - Yes, quality of work has been verified as satisfactory.

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

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

Not Applicable

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

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:

MATT FLORES, SUPERVISING BIOLOGIST Ph: 702-668-3936

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

bvale1

01/15/2021 12:35:58 PM

Division Approval	bvale1	01/15/2021 12:36:00 PM
Department Approval	bvale1	01/15/2021 12:36:07 PM
Contract Manager Approval	btait	02/23/2021 15:09:18 PM
Budget Analyst Approval	mlynn	03/08/2021 14:27:22 PM
BOE Agenda Approval	cbrekken	03/10/2021 14:05:52 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23917**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4467-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **EUREKA CONSERVATION DISTRICT**Contractor Name: **EUREKA CONSERVATION DISTRICT**Address: **PO BOX 323**City/State/Zip: **EUREKA, NV 89316-0323**Contact/Phone: **VICKIE BUCHANAN 775-318-0322**Vendor No.: **T80999367**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.

General Funds 0.00 % **X** Fees **100.00 % HABITAT CONSERVATION**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 21-37

2. Contract start date:

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

Anticipated BOE meeting date 03/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/01/2024**Contract term: **3 years and 184 days**4. Type of contract: **Interlocal Agreement**Contract description: **Habitat Restoration**

5. Purpose of contract:

**This is a new interlocal agreement to provide a variety of habitat projects including invasive weed abatement, soil health amendments, conifer removal, meadow and wetland enhancements, and fencing.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,999.00**

Other basis for payment: AS INVOICED

**II. JUSTIFICATION**

7. What conditions require that this work be done?

These conservation projects will benefit native wildlife. The conservation concerns that will be addressed include habitat fragmentation, stream degradation, fire, invasive plants, soil degradation and other negative impacts to habitat for sage grouse, mule deer, and other sagebrush obligates.

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 proper supplies or resources to accomplish these goals.

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?

Interlocal agreement pursuant to NRS 277.180.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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:

MADI STOUT, BIOLOGIST III Ph: 775-388-1982

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/20/2021 17:40:31 PM
Division Approval	bvale1	01/20/2021 17:40:35 PM
Department Approval	bvale1	01/20/2021 17:40:37 PM
Contract Manager Approval	btait	03/03/2021 14:05:46 PM
Budget Analyst Approval	mlynn	03/11/2021 17:12:59 PM
BOE Agenda Approval	cbrekken	03/18/2021 13:50:46 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 CONTRACT**1. Contract Number: **23915**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4467-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NORTH EAST NEVADA CONSERVATION DISTRICT**Contractor Name: **NORTH EAST NEVADA CONSERVATION DISTRICT**Address: **HC 62 BOX 1300**City/State/Zip: **WELLS, NV 89835-9824**Contact/Phone: **WYATT MESNA 775-293-1114**Vendor No.: **T81000968**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.

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

Agency Reference #: **21-36**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/01/2024**Contract term: **3 years and 184 days**4. Type of contract: **Interlocal Agreement**Contract description: **Habitat Restoration**

5. Purpose of contract:

**This is a new interlocal agreement to provide a variety of habitat projects including invasive weed abatement, soil health amendments, conifer removal, and meadow and wetland enhancements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,999.00**Other basis for payment: **AS INVOICED****II. JUSTIFICATION**

7. What conditions require that this work be done?

These conservation projects will benefit native wildlife. The conservation concerns that will be addressed include habitat fragmentation, stream degradation, fire, invasive plants, soil degradation and other negative impacts to habitat for sage grouse, mule deer, and other sagebrush obligates.

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 proper supplies or resources to accomplish these goals.

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?

Interlocal agreement pursuant to NRS 277.180.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

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

**No**

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

**No**

If "Yes", please explain

Not Applicable

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

Yes

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

Nevada Department of Wildlife - 09/07/2017 to 09/01/2020 - Work was verified as satisfactory.

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

**No**

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

MADI STOUT, BIOLOGIST III Ph: 775-388-1982

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	01/20/2021 14:49:17 PM
Division Approval	bvale1	01/20/2021 14:49:19 PM
Department Approval	bvale1	01/20/2021 14:49:21 PM
Contract Manager Approval	btait	02/23/2021 15:13:41 PM
Budget Analyst Approval	mlynn	03/11/2021 11:03:07 AM
BOE Agenda Approval	cbrekken	03/18/2021 14:33:20 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24063**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4604-06**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lincoln County

Contractor Name: **Lincoln County**Address: **181 Main Street**City/State/Zip: **Pioche, NV 89043**

Contact/Phone: Dylan Frehner 7759628073

Vendor No.: T40267400

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **90 days**4. Type of contract: **Interlocal Agreement**Contract description: **Interlocal**

5. Purpose of contract:

**This is a new interlocal agreement to provide reimbursement for costs incurred to repair the emergency spillway at Echo Canyon Dam.**

6. NEW CONTRACT

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

7. What conditions require that this work be done?

The spillway at Echo Canyon Dam is damaged and needs to be repaired. Parks manages the land within the boundaries of Echo Canyon, but it is owned by Lincoln County.

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

Staff do not have the expertise to complete this repair.

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?

Interlocal agreement pursuant to NRS 277.180.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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:

Cody Tingey, Eastern Region Manager Ph: 7757288100

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	03/10/2021 10:25:41 AM
Division Approval	jidema	03/10/2021 10:25:43 AM
Department Approval	jidema	03/10/2021 10:25:45 AM
Contract Manager Approval	jidema	03/10/2021 10:25:47 AM
Budget Analyst Approval	rjacob3	03/11/2021 15:10:10 PM
BOE Agenda Approval	cbrekken	03/18/2021 14:11:19 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22239**Amendment  
Number: **1**Agency Name: **DCNR - DIVISION OF WATER  
RESOURCES**Legal Entity  
Name: **WEBSOFT DEVELOPERS, INC.**Agency Code: **705**Contractor Name: **WEBSOFT DEVELOPERS, INC.**Appropriation Unit: **4171-35**Address: **2020 RESEARCH PARK DR STE 140**Is budget authority  
available?: **Yes**City/State/Zip **DAVIS, CA 95618-6150**

If "No" please explain: Not Applicable

Contact/Phone: **MANOJ DESAI 530/759-8754**Vendor No.: **PUR0004383**NV Business ID: **NV20121454363**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/08/2019**  
Examiner's approval?

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **04/30/2023**

Termination Date:

Contract term: **3 years and 205 days**4. Type of contract: **Contract**Contract description: **Database Enhancement**

5. Purpose of contract:

**This is the first amendment to the original contract which provides additional functionality to the water meters application database for data capture and reporting. This amendment increases the maximum amount from \$144,475 to \$239,275 to perform additional application modifications to enable the public to use the application on additional platforms and generate their own reports.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$144,475.00	\$144,475.00	\$144,475.00	Yes - Action
2. Amount of current amendment (#1):	\$94,800.00	\$94,800.00	\$94,800.00	Yes - Action
3. New maximum contract amount:	\$239,275.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Water Resources has over 130 enhancements, bug fixes and several new reports identified to increase staff efficiencies as well as the public's ability to generate new reports and submit additional data. With the growth of the data being stored in the application, as well as adding hydrographic basins with mandatory totalizing meter installations, the Meters Application requires these efficiencies. These changes include, but are not limited to user interface modifications, additional totalizing meter related data capture, database design changes to optimize and reduce duplication of data, and create several new reports to view captured data in a printable format.

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

Agency staff are currently working on several high priority management systems and do not have the time or expertise needed to accomplish this work. Websoft Developers, Inc. is the creator of the Meters application and have intimate knowledge of the code, database design and staff work flows.

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 #: 190803**

**Approval Date: 08/14/2019**

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

The vendor was chosen because they were previously awarded the contract through the RFP process. The vendor's work product, familiarity with the current code, database, and staff workflow support them as the preferred vendor.

Solicitation Waiver # 190803

- 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:

Nevada Division of Water Resources, 2016-2018. Quality of service has been satisfactory, and delivery of software and reports has been accurate and or repaired quickly.

Nevada Division of State Lands, 2009-Current. The vendor provides ongoing maintenance and support for a custom application. The quality of service is 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:

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	sweb4	03/18/2021 15:48:01 PM
Division Approval	sweb4	03/18/2021 15:48:04 PM
Department Approval	kwilliam	03/18/2021 16:09:46 PM
Contract Manager Approval	sweb4	03/18/2021 16:19:13 PM
EITS Approval	daxtel1	03/19/2021 00:37:07 AM
Budget Analyst Approval	cbrekken	03/22/2021 08:42:29 AM
BOE Agenda Approval	cbrekken	03/22/2021 08:42:32 AM

State of Nevada  
Department of Administration

Purchasing Division

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



Steve Sisolak  
Governor

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

<b>Purchasing Use Only:</b>	
Approval#:	190803

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> <i>Division of Water Resources</i>		
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Brian McMenamy IT Professional IV</i>	<i>684-2858</i>	<i>bmcmenamy@water.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	<i>Websoft Developers, Inc.</i>
	<b>Contact Name:</b>	<i>Manoj Desai</i>
	<b>Address:</b>	<i>2020 Research Park Dr Ste. 140 Davis, CA 95618</i>
	<b>Telephone Number:</b>	<i>530-759-8754 ext. 210</i>
	<b>Email Address:</b>	<i>Manoj.Desai@websoftdev.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	<i>Sole Source (the original contract was done as an RFP)</i>
	<b>Professional Service Exemption:</b>	

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

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>			
	<b>Contract: Yes</b>	<b>Start Date:</b>	<i>Upon Approval</i>	<b>End Date:</b> <i>7/1/2023</i>

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	
	<b>Grant Funds:</b>	<i>DOE Through NDEP Grant</i>
	<b>Other (Explain):</b>	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$ 144,475</i>

08/13/19

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Websoft Developers will be enhancing custom software that Water Resources uses to track totalizing meter readings installed on thousands of wells throughout Nevada. The enhancements will provide the public as well as Water Resources with more efficiency for viewing and recording data as well as searching and generating reports. The enhancements will also make the software more accessible to the public via mobile devices such as smart phones and tablets. The finalized source code will be provided to Water Resources IT staff when the project is completed and will belong to Water Resources.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>Websoft Developers originally developed the application starting in 2007 and made some minor changes in 2010. Websoft recently completed a major enhancement of the application requiring extensive database changes as well as creating a public portal that provided the ability for water right owners to report their own totalizing meter readings via a web interface. Websoft is familiar with the complex queries, database structure, web code and security modules that are being utilized for authentication for public access to the current application.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The Division is requesting single source as the agency has previously went to RFP for enhancements to the database and Websoft Developers was awarded a 1 year and 136 day contract. During that time additional needed enhancements to the database were identified. The Division has invested its funds, data, staff time, and training working with this particular vendor. Additionally, the current vendor has been working with the database and software code and has historical knowledge related to the specialized application. Turning over further development of this database to a new vendor would not be cost effective.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	<i>The Division has already invested a great deal of funds, time, effort, staff, coordination and training with the current vendor in the development of the application. This vendor is already familiar with the application code, the functionality, the staff work-flows and the database schema. Alternatives have been evaluated previously at the last RFP. This vendor came in with better pricing as well as having previous knowledge of the application, which provided many efficiencies.</i>					
	b. <i>If not, why were alternatives not evaluated?</i>					

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



	4/2018	12/31/2018	\$14,800	Addition of a Portal for the Public to record their own Meter Readings	
	7/25/2017	6/30/2018	\$41,775	Database Backend Redesign, additional data entry and reporting capabilities	RFP# 2017-002
			\$		
			\$		
			\$		

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>It would be cost prohibitive to reverse engineer the current code, learn the needs of Water Resources staff's expectations of the application and create the updated code from scratch. The cost of a Vendors project management and developer staff time will be increased as they would have to learn what the application does, what our needs are and what the enhancement requests would entail as well as the time to get the source code from Water Resources and set up a test environment on their server equipment.</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>The development rate being charged falls within the average price range per hour for highly complex .NET application development. The hours planned for the project were discussed with other .NET developers in the Department and were realistic for each task outlined.</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:	<input checked="" type="checkbox"/>	No:	<input checked="" type="checkbox"/>
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>It is the agency's intent to contract for the application enhancements for 4 years. In the future, if there is a funding source available, there is a possibility that we could rehire Websoft to make additional enhancements to our application if the need is identified.</i>				

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

Brian McMenamy  
Agency Representative Initiating Request

Brian McMenamy  
Print Name of Agency Representative Initiating Request

8/13/19  
Date

Adam Sullivan  
Signature of Agency Head Authorizing Request

ADAM SULLIVAN, Deputy Administrator  
Print Name of Agency Head Authorizing Request

8/13/19  
Date

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

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

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

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

\_\_\_\_\_  
Date

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

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

Signed:

\* Kim D. Doty  
Administrator, Purchasing Division or Designee

8/14/19  
Date

**\*\* Note: Agency must reachout to Purchasing prior to new contract term date- as an RFP Solicitation Waiver will need to be conducted. No future waivers will be approved. \*\***

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23700**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3197-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AQS, INC.**Contractor Name: **AQS, INC.**Address: **Quality Solutions Corp  
2112 Deer Run Dr**City/State/Zip: **South Weber, UT 84405-9429**Contact/Phone: **Joel Workman 801-476-1365**Vendor No.: **T29043523**NV Business ID: **NV20101668601**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 **52.00 % Lab Certification****X** Federal Funds **48.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **DEP #21-014**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2025**Contract term: **4 years and 79 days**4. Type of contract: **Contract**Contract description: **Lab Cert Database**

5. Purpose of contract:

**This is a new contract to provide a web-based database to track the performance of Nevada certified laboratories.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,793.21****II. JUSTIFICATION**

7. What conditions require that this work be done?

The new web version of AB Manager is a powerful and easy-to-use accreditation management system. This application supports national (TNI) and international (ISO) accreditation methods and standards. AB Manager helps simplify and coordinate the complicated accreditation process for multiple laboratories using multiple assessors. For each laboratory, AB Manager tracks accreditation status for requested analytical methods, matrices and analytes. The software helps track and evaluate proficiency testing (PT) results. PT results for each parameter can be uploaded directly from the PT provider, compared with historical results, and flagged, if necessary, for further action. AB Manager also simplifies on-site assessments by setting due dates and milestones, tracking participants, summarizing methods for review, organizing audit findings & recommendations, and helping to complete assessment reports.

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

AQS is proprietary and is the only company who is on the cutting edge of a fully functional database made specifically for Laboratory Certification Programs that are using the NELAC/TNI Standards.

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):

Gold Systems, Inc.  
SMART IT PROS INC  
Monster Government Solutions  
Quality Solutions Corp

b. Solicitation Waiver: **Not Applicable**

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

AQS is proprietary and is the only company who is on the cutting edge of a fully functional database made specifically for Laboratory Certification Programs that are using the NELAC/TNI Standards.

d. Last bid date: 03/03/2021 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:

June 30, 2010 to June 30, 2011. Nevada Division of Environmental Protection. Quality of service was satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Jasmine Curiel, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	03/04/2021 15:56:29 PM
Division Approval	aseifert	03/08/2021 14:05:37 PM
Department Approval	aseifert	03/08/2021 14:39:09 PM
Contract Manager Approval	kkochen	03/09/2021 11:10:35 AM
EITS Approval	daxtel1	03/09/2021 17:40:30 PM
Budget Analyst Approval	rjacob3	03/11/2021 09:58:59 AM
BOE Agenda Approval	cbrekken	03/22/2021 08:26:34 AM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23997**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>TruePani inc.</b>
Agency Code: <b>709</b>	Contractor Name: <b>TruePani inc.</b>
Appropriation Unit: <b>3197-20</b>	Address: <b>220 W Jackson Ave #405</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Knoxville, TN 37902</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shannon Evanchec 724-584-7192</b>
	Vendor No.: <b>T32010675</b>
	NV Business ID: <b>NV20212017052</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2024</b>

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

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

Agency Reference #: **DEP21-013**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2024**Contract term: **3 years and 91 days**4. Type of contract: **Contract**Contract description: **LeadTestg Childcares**

5. Purpose of contract:

**This is a new contract to provide sampling, testing and education services to childcare centers in Nevada for the lead testing inthe Drinking Water Project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$393,000.00**

Other basis for payment: Monthly or quarterly as invoiced by the contractor

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Th WIIN ACT Grant provides federal funding to implement a program of voluntary testing for lead in drinking water at local child care facilities. As the recipient of this grant, NDEP is responsible for implementation of this project which will conduct drinking water testing, provide educational outreach to the child care facility community on lead hazards, communicate testing results, and support follow-up corrections as needed.

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

NDEP does not have adequate resources to provide the services required by the WIIN Grant Project to the 600+ Childcare facilities located throughout the state.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

NOVA  
120Water  
Tetra Tech

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S1359, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Kathryn Kochen, Administrative Assistant III Ph: 7756879518

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	02/26/2021 08:08:50 AM
Division Approval	vking	02/26/2021 08:13:25 AM
Department Approval	vking	02/26/2021 08:13:30 AM
Contract Manager Approval	ssimpso2	02/26/2021 10:13:39 AM
Budget Analyst Approval	rjacob3	03/04/2021 11:01:23 AM
BOE Agenda Approval	cbrekken	03/10/2021 14:15:23 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **21044**Amendment  
Number: **3**Agency Name: **DEPARTMENT OF MOTOR  
VEHICLES**Legal Entity  
Name: **Q-MATIC CORPORATION**Agency Code: **810**Contractor Name: **Q-MATIC CORPORATION**Appropriation Unit: **4735-26**Address: **2875 BRECKINRIDGE BLVD  
STE 100**Is budget authority  
available?: **Yes**City/State/Zip: **DULUTH, GA 30096**

If "No" please explain: Not Applicable

Contact/Phone: **TOBIAS MARTINSSON 770-817-4296**Vendor No.: **PUR0000841**NV Business ID: **NV20101164462**To what State Fiscal Year(s) will the contract be charged? **2019-2025**

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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **10/09/2018**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **08/30/2024**

Termination Date:

Contract term: **5 years and 327 days**4. Type of contract: **Contract**Contract description: **Customer Queue Syst**

5. Purpose of contract:

**This is the third amendment to the original contract which provides a customer queue system for 12 field service offices. This amendment increases the maximum amount from \$711,298.00 to \$871,198.86 due to the increase in text messaging allowed for the remainder of the contract and the need for clarifying narrative to the Negotiated Items supporting document.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$706,198.06	\$706,198.06	\$706,198.06	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$5,100.00	\$5,100.00	\$5,100.00	No
2. Amount of current amendment (#3):	\$159,900.80	\$165,000.80	\$165,000.80	Yes - Action
3. New maximum contract amount:	\$871,198.86			

**II. JUSTIFICATION**

7. What conditions require that this work be done?



The Department through its main Carson City DMV Office and 17 Field Service Offices throughout the State, serves approximately 1.8 million customers every year. In order to effectively manage this population flow and deliver services, and reduce wait times to acceptable levels, DMV requires a customer queuing system to be in place that will allow us to see our customers in the shortest amount of time, ensure they receive the services they need and make the best use of our staffing resources to complete transactions.

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

The State does not have the staffing capability, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S110, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/10/2018 Anticipated re-bid date: 05/01/2022

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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:

DMV previously contracted for the installation of "Solo" queuing machines in our rural Field Service Offices-service have been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pgra1	02/22/2021 12:42:11 PM
Division Approval	asmit3	02/23/2021 12:14:51 PM

Department Approval	asmit3	02/23/2021 12:14:55 PM
Contract Manager Approval	bjobe	02/24/2021 14:53:26 PM
EITS Approval	daxtel1	02/25/2021 14:25:07 PM
Budget Analyst Approval	nkephart	03/18/2021 13:22:26 PM
BOE Agenda Approval	jrodrig9	03/19/2021 18:03:59 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23872**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Tyler Technologies, Inc.

Contractor Name: **Tyler Technologies, Inc.**Address: **PO Box 203556**City/State/Zip: **Dallas, TX 75320-3556**

Contact/Phone: Karen M. Edelen 314-744-7317

Vendor No.: T32001084A

NV Business ID: NV20051167615

To what State Fiscal Year(s) will the contract be charged? **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 #: 3494-22-BDA

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Tyler Tech**

5. Purpose of contract:

**This is a new contract to provide ongoing software updates, support services and maintenance for the Social Security Administration Disability Determination system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$189,000.00**

Payment for services will be made at the rate of \$169,000.00 per SFY

Other basis for payment: \$20,000 for Enhancements (as needed). Total Contract invoices payable upon approval by authorized BDA staff. Total Contract Not to Exceed: \$189,000.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Federal Laws & Regulations, Social Security Administration policy**

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

**Tyler Technologies owns the Proprietary software that the Social Security Administration Disability Determination System requires using. Tyler Technologies is the sole source for support and maintenance.**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?

Vendor's software is mandated by the Federal Social Security Administration. Per SAM 326(8) Computer software maintenance that consists of the following: license agreements, right to download updates remotely and/or off site technical support.

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:

Vendors predecessor companies have provided satisfactory service to BDA since 2011

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

**No** If "Yes", please provide details of the litigation 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	tzehne1	01/14/2021 08:47:11 AM
Division Approval	kdesoci1	02/08/2021 15:35:08 PM
Department Approval	kdesoci1	02/08/2021 15:35:12 PM
Contract Manager Approval	tzehne1	02/08/2021 15:37:53 PM
EITS Approval	daxtel1	03/03/2021 14:59:43 PM
Budget Analyst Approval	dbaughn	03/04/2021 11:01:29 AM
BOE Agenda Approval	cbrekken	03/08/2021 10:38:52 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23884**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Universal Dispatch LLC dba KABIT

Contractor Name: **Universal Dispatch LLC dba KABIT**Address: **Kabit****5225 W. Post Rd  
Las Vegas, NV 89118-4331**

Contact/Phone: Michael Bailin 702-933-1819

Vendor No.: T29041579

NV Business ID: NV20161556372

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 #: 3498-25-BDA

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/31/2025**Contract term: **3 years and 306 days**4. Type of contract: **Contract**Contract description: **Kabit**

5. Purpose of contract:

**This is a new contract to provide taxicab transportation services for clients to attend doctor appointments.**

6. NEW CONTRACT

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

Other basis for payment: Nevada Taxicab Authority authorized rate(s) + 15%. Monthly invoices payable upon receipt of summary travel documentation for each client by: a. Passenger Name(s), b. Trip Miles, c. Amount to be charged, d. No Shows and or Cancellations. Invoices will be rejected if the summary documentation is not submitted at the same time or prior to the invoice. Total contract not to exceed: \$150,000.00.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department of Employment, Training and Rehabilitation, Rehabilitation Division's Bureau of Disability Adjudication (BDA) has a need to transport clients between their homes and various Doctor's offices around southern Nevada, on a non-emergency basis. Many clients do not have vehicles or can't drive to the Doctor's offices for required assessments to determine eligibility for SSA Disability.

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

BDA does not have the staff or vehicles to transport the clients to their required medical assessments.

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?

Per Purchasing, NRS 333.395 allows BDA to contract directly with taxicab companies.

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	tzehne1	01/20/2021 14:31:59 PM
Division Approval	kdesoci1	02/14/2021 15:26:45 PM
Department Approval	kdesoci1	02/14/2021 15:26:48 PM
Contract Manager Approval	tzehne1	02/16/2021 08:34:16 AM
Budget Analyst Approval	dbaughn	02/23/2021 08:00:39 AM
BOE Agenda Approval	cbrekken	02/24/2021 14:04:16 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **23103** Amendment Number: **2**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **GEOGRAPHIC SOLUTIONS, INC.**

Agency Code: **902** Contractor Name: **GEOGRAPHIC SOLUTIONS, INC.**

Appropriation Unit: **4772-22** Address: **1001 OMAHA CIR**

Is budget authority available?: **Yes** City/State/Zip: **PALM HARBOR, FL 34683-4036**

If "No" please explain: Not Applicable Contact/Phone: **Deane Toler 831-206-1858**

Vendor No.: **T27039926**

NV Business ID: **NV20161382911**

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: **3421-21-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2020**Anticipated BOE meeting date **04/2021**Retroactive? **Yes**

If "Yes", please explain

**Combatting fraud in an increasingly efficient manner within the PUA program is an ongoing emergency initiative necessary to protect the integrity of the program and protect against a large volume of fraudulent claims in order to pay real Nevadans their due benefits.**

3. Previously Approved Termination Date: **06/30/2021**Contract term: **1 year and 266 days**4. Type of contract: **Contract**Contract description: **PUA software**

5. Purpose of contract:

**This is the second amendment of the original contract which provides software and user training for the Pandemic Unemployment Assistance Benefits System. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$4,025,495 to \$5,412,445 due to adding a fraud protection toolset.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,995,145.00	\$3,995,145.00	\$3,995,145.00	Yes - Action
a. Amendment 1:	\$30,350.00	\$30,350.00	\$30,350.00	Yes - Info
2. Amount of current amendment (#2):	\$1,386,950.00	\$1,386,950.00	\$1,417,300.00	Yes - Action
3. New maximum contract amount:	\$5,412,445.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

A new emergency program included in the Federal Coronavirus Aid Relief, and Economic Security act, the Pandemic Unemployment Compensation program, requires a technology solution to properly administer.

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

State employees lack the necessary 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: **Exempt (Per statute)**

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

Emergency contract approved per NAC 333.114

Geographic Solutions is the only vendor the Department is aware of that has developed a solution for this program at this time.

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 currently provides Unemployment Insurance technology solutions for DETR satisfactorily.

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

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

Not Applicable

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

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

carnol1

03/04/2021 13:53:35 PM

Division Approval

kdesoci1

03/12/2021 16:24:19 PM



Department Approval	kdesoci1	03/12/2021 16:24:22 PM
Contract Manager Approval	tzehne1	03/12/2021 16:53:50 PM
EITS Approval	daxtel1	03/12/2021 17:01:43 PM
Budget Analyst Approval	cbrekken	03/22/2021 09:46:04 AM
BOE Agenda Approval	cbrekken	03/22/2021 09:46:07 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23242**

Agency Name:	<b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name:	DP VIDEO PRODUCTIONS, LLC
Agency Code:	<b>908</b>	Contractor Name:	<b>DP VIDEO PRODUCTIONS, LLC</b>
Appropriation Unit:	<b>All Budget Accounts - Category 04</b>	Address:	<b>6984 SMILING CLOUD AVE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>HENDERSON, NV 89011-5013</b>
If "No" please explain:	Not Applicable	Contact/Phone:	EMIRE STITT 702/468-9901
		Vendor No.:	T29019963A
		NV Business ID:	NV20041136819

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: 3434-22-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2020**

Anticipated BOE meeting date 04/2021

Retroactive? **Yes**

If "Yes", please explain

**Media outreach services were needed during the unemployment crisis due to the COVID-19 pandemic. Initial contract creation was done at the beginning of the crisis, in-between acting Directors, and the complete scope of work was not agreed upon until now.**

3. Termination Date: **06/30/2022**Contract term: **2 years and 90 days**4. Type of contract: **Contract**Contract description: **Media Outreach**

5. Purpose of contract:

**This is a new contract to provide social media outreach services including graphic design, video animation and paid promotions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,875.00**

Other basis for payment: Hourly outreach work (471 hours) - \$125/hour; \$16,000 media promotional budget - per invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The current unemployment crisis requires increased ability to deliver information to the public in a diverse manner.

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.

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 #: G200502**

**Approval Date: 05/12/2020**

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

Exemption granted pursuant to NRS 333.475, approval #G200502 to use another Governmental Solicitation.

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:

Vendor has provided satisfactory media outreach services for the Rehabilitation Division of DETR for four years.

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

**No** If "Yes", please provide details of the litigation 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	tzehne1	03/11/2021 11:38:45 AM
Division Approval	kdesoci1	03/11/2021 15:30:25 PM
Department Approval	kdesoci1	03/11/2021 15:30:29 PM
Contract Manager Approval	tzehne1	03/12/2021 10:24:54 AM
Budget Analyst Approval	dbaughn	03/12/2021 13:27:16 PM
BOE Agenda Approval	cbrekken	03/18/2021 13:38:36 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 #: **G 200302**

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

1	<b>Agency Contact Information - Note: Approval notification will be sent to only the contact(s) listed below:</b>		
	State Agency Name: <i>DETR/ Employment Security Division and DETR/ Administration</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Brian Deem/ Management Analyst II</i>	<i>775-684-3823</i>	<i>fmcu@detr.nv.gov</i>

2	<b>Vendor Information:</b>	
	Identify Vendor:	<i>DP Video Productions</i>
	Contact Name:	<i>Emire Stitt</i>
	Complete Address:	<i>1240 Olivia Parkway Henderson, NV 89011</i>
	Telephone Number:	<i>702-303-8554</i>
	Email Address:	<i>emirestitt@dpvideo.com</i>

3	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	Type of Solicitation:	<i>RFP</i>
	Identify Original State/Entity:	<i>DETR/Rehabilitation Division</i>
	Contact Name:	<i>Walter Cuneo</i>
	Telephone Number:	<i>775-687-6864</i>
	Email Address:	<i>wlcuneo@detr.nv.gov</i>

4	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract.</b>				
	Original Contract:	Start Date:	<i>07/01/2018</i>	End Date:	<i>06/30/2022</i>
	New Contract:	Start Date:	<i>04/01/2020</i>	End Date:	<i>06/30/2022</i>

5	<b>Funding for this new contract:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>100% Interest and Penalties</i>

**Purchasing Use Only:**

Approval #:

G20050201

6	Does the Scope of Work (SOW) in the original contract meet/exceed your needs?	Yes:	X	No:	
	To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.				
7	Did the agency receive awarded vendors permission to contract?	Yes:	X	No:	
	Written approval from the awarded vendor must accompany the agency's request/submission to the Purchasing Division.				
8	To ensure fair & reasonable pricing to the State, did the agency request a copy of the awarded vendors technical and cost proposals?	Yes:	X	No:	
	Copies of such must be included with submission to the Purchasing Division.				
9	Did the agency address any Federal Requirements associated with the contract?	Yes:	X	No:	
10	Is this vendor registered in NevadaEPro?	Yes:	X	No:	
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro. (Vendor# VEN87)				
11	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	X	No:	
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				
12	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	X
	If so, please include copies with submission to the Purchasing Division.				

**Purchasing Use Only:**

Approval #:

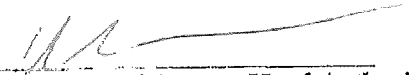
G2005020

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

  
Agency Representative Initiating Request

Rosa Mendez  
Print Name of Agency Representative Initiating Request

5-6-20  
Date

  
Signature of Agency Head Authorizing Request

Dennis A. Perez  
Print Name of Agency Head Authorizing Request

5-6-20  
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. 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 300.700(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

5/12/2020  
Date



**MEMORANDUM**

**DATE:** February 12, 2021

**TO:** Darlene L. Baughn, Executive Budget Officer I  
Department of Administration

**FROM:** Elisa Cafferata, Director

**SUBJECT:** RETROACTIVE CONTRACT  
DP Video Productions LLC

---

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract with DP Video Productions LLC. This contract is to perform social media outreach services for DETR to enhance the online presence of the department, especially during the time of the unemployment crisis due to the COVID-19 pandemic.

Thank you for your consideration of this request.

Tracy Zehner  
Contract Manager

**DETR, Financial Management, Approved by:**

*Kitty DeSocio*  
\_\_\_\_\_  
Kitty DeSocio  
Chief Financial Officer, DETR

Date: 02-16-2021

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17596** Amendment Number: **4**

Agency Name: **PUBLIC EMPLOYEES' BENEFITS** Legal Entity Name: **AON CONSULTING, INC.**

Agency Code: **950** Contractor Name: **AON CONSULTING, INC.**

Appropriation Unit: **1338-04** Address: **707 Wilshire Blvd**

Is budget authority available?: **Yes** City/State/Zip: **Los Angeles, CA 90017**

If "No" please explain: Not Applicable Contact/Phone: Kirby Bosley 213-630-2903

Vendor No.: T27021582A

NV Business ID: NV19921026511

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % State Subsidy / Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 04/2021

Retroactive? **Yes**

If "Yes", please explain

The PEBP Board approved this contract amendment on January 28, 2021. PEBP required work on TPA and PBM RFPs needs to be completed as soon as possible and can't wait until April BOE.

3. Previously Approved Termination Date: **06/30/2022**Contract term: **6 years**4. Type of contract: **Contract**Contract description: **Actuary Consultant**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$3,375,585 to \$3,601,585 for marketing initiatives for assistance in the creation, review, and implementation of major solicitations.

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	-\$123,415.00	-\$123,415.00	-\$123,415.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$225,000.00	\$225,000.00	\$225,000.00	Yes - Action
3. New maximum contract amount:	\$3,601,585.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires the services of an actuary consultant.



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

State employees do not have the expertise to advise on a plan of the size and scope of PEBP.

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 #3211, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/01/2015 Anticipated re-bid date: 10/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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:

Aon is PEBP's current actuary consultant. PEBP is satisfied by the services provided by Aon.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	03/02/2021 20:46:21 PM
Division Approval	ceaton	03/02/2021 20:46:25 PM
Department Approval	ceaton	03/02/2021 20:46:28 PM
Contract Manager Approval	ceaton	03/02/2021 20:46:32 PM
Budget Analyst Approval	hfield	03/19/2021 13:52:53 PM
BOE Agenda Approval	hfield	03/19/2021 13:52:57 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24030**

Agency Name:	<b>PUBLIC EMPLOYEES' BENEFITS PROGRAM</b>	Legal Entity Name:	Claim Technologies, Inc.
Agency Code:	<b>950</b>	Contractor Name:	<b>Claim Technologies, Inc.</b>
Appropriation Unit:	<b>1338-04</b>	Address:	<b>100 Court Ave Suite 306</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Des Moines, IA 50309</b>
If "No" please explain:	Not Applicable	Contact/Phone:	515-244-7322
		Vendor No.:	T32010673
		NV Business ID:	NV20212025321

To what State Fiscal Year(s) will the contract be charged? **2021-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2027**Contract term: **6 years and 91 days**4. Type of contract: **Contract**Contract description: **Health Plan Auditor**

5. Purpose of contract:

**This is a new contract to provide health plan auditing services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,407,656.00**

Other basis for payment: Attachment DD - Fee Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Terms and conditions of PEBP vendor contracts require periodic audits to monitor compliance and performance.

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 experience or certifications to perform these audits

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

RFP 95PEBP-S1388

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	ceaton	03/02/2021 10:13:06 AM
Division Approval	ceaton	03/02/2021 10:13:10 AM
Department Approval	ceaton	03/02/2021 10:13:14 AM
Contract Manager Approval	ceaton	03/02/2021 10:13:17 AM
Budget Analyst Approval	hfield	03/11/2021 12:59:56 PM
BOE Agenda Approval	hfield	03/11/2021 13:00:02 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23763**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	Appriss, Inc.
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Appriss, Inc.</b>
Appropriation Unit:	<b>B022 - All Categories</b>	Address:	<b>9901 Linn Station Road Suite 500</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Louisville, KY 40223</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Blake McGowan 502-815-0891
		Vendor No.:	
		NV Business ID:	NV20071670784
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2025</b>		

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/03/2020**

Anticipated BOE meeting date 04/2021

Retroactive? **Yes**

If "Yes", please explain

**Due to negotiations with vendor taking longer than expect with staffing shortages due to the COVID-19 pandemic.**3. Termination Date: **12/02/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **PDMP License**

5. Purpose of contract:

**This is a new contract to provide licensing for the Prescription Drug Monitoring Program required by NRS 453.362.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$364,000.00**

Payment for services will be made at the rate of \$91,000.00 per Year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 453.162 requires the Board and the Division shall cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III, IV or V that is filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board.

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

The Prescription Drug Monitoring Program (PDMP) is a complex software system that must interface with several external platforms including but not limited to; healthcare provider electronic records, treatment facility availability, and a federal data exchange. Due to the complexity of data exchange and rapidly evolving state and federal requirements an enterprise system is not practical.

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 #: 201209**

**Approval Date: 12/22/2020**

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

This is the only vendor with a commercially available off the shelf product that will fulfill all state and federal requirements, as well as the only platform that will integrate with all platforms desired by the state related to the PDMP.

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 provides the statewide VINE platform and provides exceptional services and products.

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

**No** If "Yes", please provide details of the litigation 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	cschonl1	03/01/2021 14:21:47 PM
Division Approval	cschonl1	03/01/2021 14:21:49 PM
Department Approval	cschonl1	03/01/2021 14:21:51 PM
Contract Manager Approval	cschonl1	03/01/2021 14:21:53 PM
EITS Approval	daxtel1	03/05/2021 14:01:27 PM
Budget Analyst Approval	hfield	03/05/2021 14:13:51 PM
BOE Agenda Approval	hfield	03/05/2021 14:13:55 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

<b>Purchasing Use Only:</b>	
Approval#:	2012090

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	Nevada State Board of Pharmacy	
	Contact Name and Title	Phone Number	Email Address
	Christian Schonlau, Chief Financial Officer	775-850-1440	C.Schonlau@pharmacy.nv.gov

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Appriss Health
	Contact Name:	Blake McGowan
	Complete Address:	9901 Linn Station Rd. Louisville, KY 40223
	Telephone Number:	1-502-815-0891
Email Address:	smcgowan@apprisshealth.com	

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	X	No
	Amendment:	#		
CETS:	#23763			

1e	<b>Term:</b>				
	One (1) Time Purchase:				
	Contract:	Start Date:	Retroactive to 12/3/2020	End Date:	12/2/2024

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
Grant Funds:		

Other (Explain):	<i>Licensing Fees</i>
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Purchasing Use Only:

Approval #:

201209 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$364,000

2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>Appriss will provide continued licensing to their commercially available off the shelf software for a prescription drug monitoring program, PMP AWARe.</i>
---	--

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>PMP AWARe provides many unique and proprietary features and functions not found with any other PDMP software solution. Below are some of the features available to the Nevada PDMP that can only be found within PMP AWARe:</i></p> <ol style="list-style-type: none"> <li><i>1. Out-of-the-box connectivity to PMP InterConnect (PMPi) – PMP AWARe maintains existing PMPi connectivity as a COTS feature.</i></li> <li><i>2. Real-time PMPi system updates to new state access – PMP AWARe provides automated state data sharing control changes whenever a new state is added to PMPi. No other PDMP solution has this functionality.</i></li> <li><i>3. PMP AWARe is the only Prescription Monitoring Program solution that has the ability to incorporate authorized user activity such as queries from Electronic Health Record and Pharmacy Management System integrations into the PDMP portal.</i></li> <li><i>4. PMP AWARe's data collection is the only solution that supports large, multi-state dispensing organizations by providing the organizations with a single account to comply with data submission requirements to all the states that utilize the PMP AWARe software. The resulting benefit for the Nevada Board of Pharmacy is that many of the dispensers operating in Nevada have existing accounts with PMP AWARe therefore can dispense in Nevada through a "one stop shop" approach.</i></li> <li><i>5. Ability to begin processing pharmacy claim records once received during data collection – Unlike other solutions, PMP AWARe begins processing incoming pharmacy claims data in near real-time vs. the typical batching process.</i></li> <li><i>6. PMP AWARe is the only solution that supports the validation of queries from Electronic Health Records and Pharmacy Management Systems to ensure that that all Nevada users have an active account with the PMP.</i></li> <li><i>7. Pre-packaged business intelligence tools – PMP AWARe maintains two pre-packaged BI tools as a COTS feature.</i></li> </ol>
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	8. <i>Administrative and requestor dashboards – PMP AWAxE provides administrative and requestor dashboards for easy access to system statistical data.</i>
	9. <i>Pharmacy compliance module – Allows PDMP administrators to track pharmacy submissions and pharmacies that are out of data submission compliance.</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>There are no other vendors offering an off the shelf solution for PDMP that encompasses all the integration and reporting requirements of NRS, federal funding sources, and Board.</i>
---	--

	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>				
	<i>No other providers were able to integrate with all components required by NRS, Federal Funders, and board. See section 3 for specific capabilities only offered by Appriss.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				Yes:	X	No:	
	a. If yes, starting with the most recent contract and working backward, for the <i>entire</i> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	12/3/16	12/2/17	\$91,000	PMP AWA <sub>R</sub> x <sub>E</sub> License				
	12/3/17	12/2/18	\$91,000	PMP AWA <sub>R</sub> x <sub>E</sub> License				
	12/3/18	12/2/19	\$91,000	PMP AWA <sub>R</sub> x <sub>E</sub> License				
	12/3/19	12/2/2020	\$91,000	PMP AWA <sub>R</sub> x <sub>E</sub> License				

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 agency has expended significant resources and time which would not be recoverable to implement the system currently in place. No other vendor offers a software program that meets the statutory, federal, and functional requirements for Nevada.</i>
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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?
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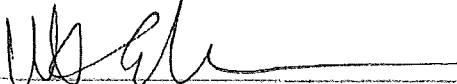


Purchasing Use Only:

Approval #:

201209 @

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

12-1-20

Christian Schonlau  
Print Name of Agency Representative Initiating Request

12/1/2020

Date

  
Signature of Agency Head Authorizing Request

12/1/20

J. David Wuest  
Print Name of Agency Head Authorizing Request

12/1/2020

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

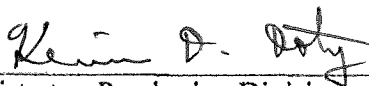
Print Name of Representative Providing Review

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

12/22/2020  
Date



# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

E-mail: [dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov) • Web Page: [bop.nv.gov](http://bop.nv.gov)

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Dear Heather Field,

Please find three copies of a new contract to provide licensing software for the Nevada State Board of Pharmacy for your review. Due to the immediate need for services and staffing shortages during COVID-19 shutdowns, this contract is written retroactive to December 3, 2020. For any question please don't hesitate to call me at 775-200-3327 or email [C.Schonlau@pharmacy.nv.gov](mailto:C.Schonlau@pharmacy.nv.gov).

Regards,

A handwritten signature in blue ink, appearing to be "CS", followed by a long horizontal line.

Christian Schonlau  
Chief Financial Officer

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **22221** Amendment Number: **1**

Legal Entity Name: **Lorylynn, Ltd.**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Contractor Name: **Lorylynn, Ltd.**

Agency Code: **BDC** Address: **8885 Scott Valley Ct.**

Appropriation Unit: **B030 - All Categories** City/State/Zip: **Reno, NV 89523**

Is budget authority available?: **Yes** Contact/Phone: **Loretta Ponton 775-560-8662**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **NV20061202027**

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

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

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

## 2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Exec Director Srvs**

## 5. Purpose of contract:

**This is the first amendment to the original contract which provides executive director and board administration services. This amendment extends the termination date from August 31, 2021 to August 31, 2023 and increases the maximum amount from \$48,000 to \$96,000 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:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$48,000.00	\$48,000.00	\$96,000.00	Yes - Action
3. New maximum contract amount:	\$96,000.00			
and/or the termination date of the original contract has changed to:	08/31/2023			

**II. JUSTIFICATION**

## 7. What conditions require that this work be done?

**NRS 625A.055 provides authority for the Board to employ and fix the compensation of staff**

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

The Board must employ its own staff.

9. Were quotes or proposals solicited? Yes

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

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

GPI Record Management LLC  
Posted on State Purchasing Website  
Lorylynn Ltd

b. Solicitation Waiver: **Not Applicable**

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

The vendor has extensive experience in providing Executive Director and similar services and was the highest ranked proposer.

d. Last bid date: 05/31/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Speech-Language Pathology Audiology and Hearing Aid Dispensing Board, current, services are verified as satisfactory  
Board of Occupational Therapy, 9/1/06 - 6/30/14; services verified as satisfactory  
Board of Environmental Health Specialists, current, services verified as satisfactory  
Nevada Physical Therapy Board, 2/16 - 6/16, services verified as satisfactory

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

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

Not Applicable

15. The contractor is 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	lp310000	02/23/2021 12:06:21 PM
Division Approval	lp310000	02/23/2021 12:06:29 PM
Department Approval	lp310000	02/23/2021 12:06:34 PM
Contract Manager Approval	lp310000	02/23/2021 12:06:39 PM

Budget Analyst Approval  
BOE Agenda Approval

hfield  
hfield

03/22/2021 16:46:19 PM  
03/22/2021 16:46:21 PM

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	CHARITY'S PLACE, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24043		
2.		VARIOUS STATE AGENCIES	COMMUNITY CHEST, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing behavioral and trauma counseling services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23980		
3.		VARIOUS STATE AGENCIES	CURTIS & SONS CONSTRUCTION, INC.	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
		Term of Contract:	Upon Approval - 03/30/2025	Contract # 23934		
4.		VARIOUS STATE AGENCIES	EAGLE COMMUNICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
		Term of Contract:	Upon Approval - 03/30/2025	Contract # 23933		
5.		VARIOUS STATE AGENCIES	EDGE COMMUNICATIONS, INC.	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
		Term of Contract:	Upon Approval - 03/30/2025	Contract # 23938		
6.		VARIOUS STATE AGENCIES	NARWHAL MET, LLC DBA THE NARWHAL GROUP	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
		Term of Contract:	Upon Approval - 03/30/2025	Contract # 23931		
7.		VARIOUS STATE AGENCIES	NOR CAL BATTERY COMPANY	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
		Term of Contract:	Upon Approval - 03/30/2025	Contract # 23936		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	NORTH BAY REHABILITATION SERVICES DBA NORTH BAY INDUSTRIES	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 23998		
9.		VARIOUS STATE AGENCIES	PROJECT REDIRECT, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 24001		
10.		VARIOUS STATE AGENCIES	RADCO COMMUNICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
	Term of Contract:		Upon Approval - 03/30/2025	Contract # 23937		
11.		VARIOUS STATE AGENCIES	REDHEAD SUPPORTS NV, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 24047		
12.		VARIOUS STATE AGENCIES	SOCIETY FOR THE BLIND	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing behavioral therapy services.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 24028		
13.		VARIOUS STATE AGENCIES	SPECTRUM SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.				
	Term of Contract:		Upon Approval - 03/30/2025	Contract # 23932		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24043**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: **CHARITY'S PLACE, LLC**Contractor Name: **CHARITY'S PLACE, LLC**Address: **8565 S EASTERN AVE., SUITE 150**City/State/Zip: **LAS VEGAS, NV 89123**Contact/Phone: **CHARITY WHITE 702/600-9481**Vendor No.: **T29043540**NV Business ID: **NV20201789923**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 #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing community-based living arrangement services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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



This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	gdavi6	03/08/2021 11:43:05 AM
Division Approval	gdavi6	03/08/2021 11:43:08 AM
Department Approval	ldeloach	03/08/2021 13:21:20 PM
Contract Manager Approval	rvradenb	03/08/2021 14:12:12 PM
Budget Analyst Approval	dkluever	03/16/2021 10:48:41 AM
BOE Agenda Approval	hfield	03/23/2021 13:25:29 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23980**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: **COMMUNITY CHEST, INC.**Contractor Name: **COMMUNITY CHEST, INC.**Address: **991 South C Street**City/State/Zip: **VIRGINIA CITY, NV 89440-0980**Contact/Phone: **Erik Schoen 775/847-9311**Vendor No.: **T80951469**NV Business ID: **NV19911013020**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 #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing behavioral and trauma counseling services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/05/2021 16:25:55 PM
Division Approval	gdavi6	03/05/2021 16:25:58 PM
Department Approval	ldeloach	03/08/2021 11:38:13 AM
Contract Manager Approval	rvradenb	03/08/2021 14:12:27 PM
Budget Analyst Approval	dkluever	03/09/2021 10:16:12 AM
BOE Agenda Approval	hfield	03/12/2021 10:43:33 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23934**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: **CURTIS & SONS CONSTRUCTION, INC.**Contractor Name: **CURTIS & SONS CONSTRUCTION, INC.**Address: **PO BOX 2911**City/State/Zip: **MINDEN, NV 89423-2911**Contact/Phone: **Doug Curtis 775/782-2728**Vendor No.: **T27012921A**NV Business ID: **NV19931037528**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 #: **S1212-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	03/05/2021 16:24:37 PM
Division Approval	gdavi6	03/05/2021 16:24:40 PM
Department Approval	ldeloach	03/08/2021 09:10:48 AM
Contract Manager Approval	rvradenb	03/08/2021 11:31:54 AM
Budget Analyst Approval	dcluever	03/16/2021 11:31:48 AM
BOE Agenda Approval	hfield	03/23/2021 13:33:47 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23933**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: **EAGLE COMMUNICATIONS, LLC**Contractor Name: **EAGLE COMMUNICATIONS, LLC**Address: **180 River St. STE A**City/State/Zip: **Elko, NV 89801**Contact/Phone: **Paden Hilyard 775-738-4055**Vendor No.: **PUR0004945A**NV Business ID: **NV20101615737**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 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1212-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	03/05/2021 16:24:10 PM
Division Approval	gdavi6	03/05/2021 16:24:12 PM
Department Approval	ldeloach	03/08/2021 09:06:47 AM
Contract Manager Approval	rvradenb	03/08/2021 11:31:30 AM
Budget Analyst Approval	dkluever	03/16/2021 11:35:04 AM
BOE Agenda Approval	hfield	03/23/2021 13:28:50 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23938**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: **EDGE COMMUNICATIONS, INC.**Contractor Name: **EDGE COMMUNICATIONS, INC.**Address: **PO BOX 1021**City/State/Zip: **VERDI, NV 89439-1021**Contact/Phone: **Chris Martin 775/747-4180**Vendor No.: **T32004115**NV Business ID: **NV20041552435**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 #: **S1212-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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



This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	03/05/2021 16:25:17 PM
Division Approval	gdavi6	03/05/2021 16:25:20 PM
Department Approval	ldeloach	03/08/2021 09:08:34 AM
Contract Manager Approval	rvradenb	03/08/2021 11:31:42 AM
Budget Analyst Approval	dkluever	03/16/2021 11:33:57 AM
BOE Agenda Approval	hfield	03/23/2021 13:31:07 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23931**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: **NARWHAL MET, LLC DBA THE NARWHAL GROUP**Contractor Name: **NARWHAL MET, LLC DBA THE NARWHAL GROUP**Address: **THE NARWHAL GROUP  
1950 S 900 W N-1**City/State/Zip: **SALT LAKE CITY, UT 84110-1762**Contact/Phone: **John Grant 385/231-1179**Vendor No.: **T32003496**NV Business ID: **NV20131182395**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 #: **S1212-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	02/12/2021 16:00:15 PM
Division Approval	gdavi6	02/12/2021 16:00:18 PM
Department Approval	ldeloach	03/08/2021 08:55:28 AM
Contract Manager Approval	rvradenb	03/08/2021 11:30:50 AM
Budget Analyst Approval	dkluever	03/09/2021 10:24:34 AM
BOE Agenda Approval	hfield	03/12/2021 10:18:15 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23936**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: **NOR CAL BATTERY COMPANY**Contractor Name: **NOR CAL BATTERY COMPANY**Address: **3432 CHEROKEE RD STE D**City/State/Zip: **STOCKTON, CA 95205-2439**Contact/Phone: **Helen Woosley 209/948-1411**Vendor No.: **PUR0005789**NV Business ID: **NV20151633606**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 #: **S1212-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	02/12/2021 15:58:32 PM
Division Approval	gdavi6	02/12/2021 15:58:34 PM
Department Approval	ldeloach	03/08/2021 09:04:59 AM
Contract Manager Approval	rvradenb	03/08/2021 11:31:13 AM
Budget Analyst Approval	dkluever	03/09/2021 10:12:02 AM
BOE Agenda Approval	hfield	03/12/2021 10:36:27 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23998**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: North Bay Rehabilitation Services DBA North Bay Industries

Contractor Name: **North Bay Rehabilitation Services DBA North Bay Industries**Address: **715 Industrial Park Dr.**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Jamie Freymuth Thompson 775-227-8677

Vendor No.: T27043448

NV Business ID: NV20181618049

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 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S165-RV

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide ongoing job development services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	gdavi6	03/08/2021 11:44:22 AM
Division Approval	gdavi6	03/08/2021 11:44:24 AM
Department Approval	ldeloach	03/08/2021 13:23:03 PM
Contract Manager Approval	rvradenb	03/08/2021 14:11:59 PM
Budget Analyst Approval	dkluever	03/16/2021 11:20:06 AM
BOE Agenda Approval	hfield	03/23/2021 13:18:48 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24001**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PROJECT REDIRECT, INC.**Contractor Name: **PROJECT REDIRECT, INC.**Address: **8555 16TH ST STE 700**City/State/Zip: **SILVER SPRING, MD 20910-2846**Contact/Phone: **Harold King 240/839-7333**Vendor No.: **T27043022**NV Business ID: **NV20191529374**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 #: **S165-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide ongoing job development services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

**This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development related services.**



10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/08/2021 11:45:52 AM
Division Approval	gdavi6	03/08/2021 11:45:56 AM
Department Approval	ldeloach	03/08/2021 13:26:12 PM
Contract Manager Approval	rvradenb	03/08/2021 14:11:38 PM
Budget Analyst Approval	hfield	03/23/2021 13:17:02 PM
BOE Agenda Approval	hfield	03/23/2021 13:17:04 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23937**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: **RADCO COMMUNICATIONS, LLC**Contractor Name: **RADCO COMMUNICATIONS, LLC**Address: **450 US HIGHWAY 395 N**City/State/Zip: **CARSON CITY, NV 89704-9581**Contact/Phone: **Robert Davidson 775/826-6338**Vendor No.: **T29007652**NV Business ID: **NV20051105274**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 #: **S1212-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	03/05/2021 16:24:57 PM
Division Approval	gdavi6	03/05/2021 16:24:59 PM
Department Approval	ldeloach	03/08/2021 08:57:18 AM
Contract Manager Approval	rvradenb	03/08/2021 11:31:01 AM
Budget Analyst Approval	dkluever	03/09/2021 10:22:30 AM
BOE Agenda Approval	hfield	03/12/2021 10:22:31 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24047**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: Redhead Supports NV, LLC

Contractor Name: **Redhead Supports NV, LLC**Address: **2226 East Pama Lane**City/State/Zip: **Las Vegas, NV 89119**

Contact/Phone: David Nuestro 702-850-8050

Vendor No.: T29039300

NV Business ID: NV20171012017

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 #: S165-RV

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide ongoing job development services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

**This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development related services.**

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	gdavi6	03/08/2021 11:47:58 AM
Division Approval	gdavi6	03/08/2021 11:48:01 AM
Department Approval	ldeloach	03/08/2021 13:27:54 PM
Contract Manager Approval	rvradenb	03/08/2021 14:11:21 PM
Budget Analyst Approval	hfield	03/23/2021 13:20:25 PM
BOE Agenda Approval	hfield	03/23/2021 13:20:30 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24028**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: **SOCIETY FOR THE BLIND**Contractor Name: **SOCIETY FOR THE BLIND**Address: **1238 S. STREET**City/State/Zip: **SACRAMENTO, CA 95811**Contact/Phone: **SHARI ROESELER 916-452-8271**Vendor No.: **T32010149**NV Business ID: **EXEMPT NON-PROFIT**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 #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **1 year and 90 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing behavioral therapy services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**

9. Were quotes or proposals solicited?

**No**

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

**Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**The vendor has submitted paperwork to the Secretary of State's office to register as an Exempt Non-profit organization. Paperwork is still pending due to extended processing times.**

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/08/2021 12:49:31 PM
Division Approval	gdavi6	03/08/2021 12:49:34 PM
Department Approval	ldeloach	03/08/2021 13:32:41 PM
Contract Manager Approval	rvradenb	03/08/2021 14:11:05 PM
Budget Analyst Approval	dkluever	03/16/2021 11:24:03 AM
BOE Agenda Approval	hfield	03/23/2021 13:35:18 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23932**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: **SPECTRUM SERVICES, INC.**Contractor Name: **SPECTRUM SERVICES, INC.**Address: **4850 W OQUENDO RD**City/State/Zip: **LAS VEGAS, NV 89118-2834**Contact/Phone: **Patrick O'Laughlin 702/367-7705**Vendor No.: **T32003495**NV Business ID: **NV19941072954**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 #: **S1212-RV**

2. Contract start date:

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

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/30/2025**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Comm Network Support**

5. Purpose of contract:

**This is a new contract to provide communications site parts and services to include emergency or general maintenance and repairs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**State agencies require maintenance and repairs on various communication site equipment.**

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

**The State does not have the staffing or expertise to perform maintenance and repairs.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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



This vendor was chosen, based on scoring, as part of a multi-award RFP 99SWC-S1212 by the evaluation committee.

d. Last bid date: 08/17/2020 Anticipated re-bid date: 09/01/2024

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:

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	gdavi6	03/05/2021 16:23:29 PM
Division Approval	gdavi6	03/05/2021 16:23:32 PM
Department Approval	ldeloach	03/08/2021 08:53:39 AM
Contract Manager Approval	rvradenb	03/08/2021 11:30:37 AM
Budget Analyst Approval	dkluever	03/09/2021 10:26:41 AM
BOE Agenda Approval	hfield	03/12/2021 10:11:17 AM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – COLLEGE OF SOUTHERN NEVADA	FEDERAL	\$21,995	Exempt
	Contract Description:	This is a new interlocal agreement to provide training for Mindstrong facilitators.				
		Term of Contract:	02/09/2021 - 06/30/2021	Contract # 23869		
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	JOHNSON PERKINS GRIFFIN, LLC	OTHER: REGULATORY ASSESSMENT	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness services for case number CV20-00506, Killebrew v. The State of Nevada ex rel Charles Donohue, State Lands Registrar.				
		Term of Contract:	02/01/2021 - 12/31/2021	Contract # 23994		
3.	040	SECRETARY OF STATE'S OFFICE	HBE, LLP	GENERAL	\$24,750	
	Contract Description:	This is the first amendment to the original contract which provides technical and functional remote support for the Microsoft Dynamics Great Plains system used as part of the accounting and business management software suite. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$24,750 to \$34,650 due to the continued need for these services.				
		Term of Contract:	04/30/2020 - 06/30/2022	Contract # 23143		
4.	040	SECRETARY OF STATE'S OFFICE	PLURALSIGHT, LLC	GENERAL	\$22,470	
	Contract Description:	This is the third amendment to the original contract which provides technical training services and course content to Information Technology staff. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$56,940 to \$79,410 due to the continued need for these services.				
		Term of Contract:	05/25/2018 - 06/30/2022	Contract # 20157		
5.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	RCG ECONOMICS, LLC	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide technical services to the Southern Nevada Strategic Infrastructure Work Group to define a development vision.				
		Term of Contract:	02/18/2021 - 12/31/2021	Contract # 23948		
6.	130	DEPARTMENT OF TAXATION	MCF ENVIRONMENTAL SERVICES	GENERAL	\$17,500	
	Contract Description:	This is a new contract to provide transportation and destruction of vapor products seized during a compliance inspection by the Department of Taxation Compliance Enforcement Division, pursuant to NRS 370.				
		Term of Contract:	02/18/2021 - 06/30/2021	Contract # 23944		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - APPLICATION SUPPORT	GARTNER INCORPORATED	FEE: USER	\$32,425	
	Contract Description:	This is a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.				
		Term of Contract:	07/01/2021 - 06/30/2022	Contract # 24002		
8.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS	FEE: USER	\$25,000	
	Contract Description:	This is a new contract to provide preventative maintenance on the boilers located at the computer facility.				
		Term of Contract:	03/15/2021 - 06/30/2024	Contract # 24026		
9.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NEW CINGULAR WIRELESS, PCS, LLC	FEE: REVENUE	\$17,065	
	Contract Description:	This is a new revenue contract to provide ongoing rack space at Bald Peak in Elko County.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 24016		
10.	230	PEACE OFFICERS STANDARDS & TRAINING COMMISSION	ELKO BAND TRIBAL POLICE	OTHER: TRIBAL FUNDS AS A PORTION OF THE COST FOR REQUIRED TRAINING	\$20,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement for the Commission on Peace Officers' Standards and Training to provide law enforcement agencies with training in order to meet the minimum standards for basic certification as a Category I or Category II Peace Officer per NRS 289 and NAC 289.				
		Term of Contract:	02/19/2021 - 01/31/2025	Contract # 23919		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	RELIABLE APPLIANCE OF NV	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$5,000	
	Contract Description:	This is the first amendment to the original contract to provide ongoing maintenance on washer and dryer equipment. This amendment increases the maximum amount from \$7,611.84 to \$12,611.84 due to the continued need for this service.				
12.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - MAIL SERVICES	LAS VEGAS PRESORT, INC.	OTHER: CONTRACTOR TO RECEIVE REBATE FROM THE UNITED STATES POST OFFICE	\$28,000	
	Contract Description:	This is a new contract to provide ongoing services for First Class Presort/Prebarcode Mail Services for all mail not presorted within the Nevada State Mail System and for any other agencies or political subdivision that may require this service.				
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THOMPSON GARAGE DOORS	GENERAL	\$32,000	
	Contract Description:	This is a new contract to provide garage door repair service on an as-needed basis.				
14.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	BUDGET FENCE COMPANY	GENERAL	\$24,623	
	Contract Description:	This is a new contract to provide for the removal and replacement of two sally port gates and operators and to replace all overhead rollers and track wheel assemblies.				
		Term of Contract:	03/16/2021 - 06/30/2021	Contract # 23991		

# INFORMATION 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 - YOUTH PAROLE SERVICES	ALAND FAMILY DENTISTRY	GENERAL 50% OTHER: COUNTY PARTICIPATION 50%	\$16,117	
	Contract Description:	This is a new contract to provide dental repair services to a youth whose mouth was injured during an incident while in the care of the Division.				
		Term of Contract:	01/11/2021 - 06/30/2022	Contract # 23999		
16.	431	OFFICE OF THE MILITARY	AMERICAN LOCK & KEY	GENERAL	\$45,000	
	Contract Description:	This is a new contract to provide ongoing locksmith and door repair services for the Nevada Guard facilities in southern Nevada.				
		Term of Contract:	03/12/2021 - 04/30/2025	Contract # 24033		
17.	431	OFFICE OF THE MILITARY	BUTTER BUILDING & DEVELOPMENT	GENERAL 50% FEDERAL 50%	\$45,000	
	Contract Description:	This is a new contract to provide plumbing maintenance and repair services for Nevada Guard facilities in southern Nevada. The services will include but are not limited to: plumbing fixtures, system valves, main and ancillary water and sewage line repairs, hydro jet drain lines and vents, as well as gas line installation and water heater repair and replacements.				
		Term of Contract:	03/22/2021 - 04/30/2025	Contract # 24055		
18.	431	OFFICE OF THE MILITARY	CANYON ELECTRIC CO., INC.	GENERAL 50% FEDERAL 50%	\$45,000	
	Contract Description:	This is a new contract to provide electrical repair services for Nevada Guard facilities in southern Nevada.				
		Term of Contract:	03/22/2021 - 04/30/2025	Contract # 24052		
19.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	STAR MICROWAVE SERVICE CORPORATION	GENERAL	\$24,272	
	Contract Description:	This is a new contract to provide for the installation of a 2-way microwave radio system to extend the Local Area Network and improve communications capabilities between Ely State Prison and Ely Conservation Camp.				
		Term of Contract:	03/16/2021 - 06/30/2021	Contract # 23263		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE	GENERAL	\$30,105	
	Contract Description:	This is the first amendment to the original contract to provide ongoing grease trap and interceptor pumping and cleaning services at the Northern Nevada Correctional Center, Stewart Conservation Camp, and Warm Springs Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$89,435 to \$119,540 to allow the agency to prepare a Request for Proposal without a break in service.				
	Term of Contract:	08/01/2018 - 06/30/2022		Contract # 20513		
21.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	NEVADA YAMAS CONTROLS, INC.	GENERAL	\$36,672	
	Contract Description:	This is a new contract to provide ongoing annual preventative maintenance and repair services for the existing Yamas temperature control systems at Lovelock Correctional Center.				
	Term of Contract:	02/26/2021 - 02/15/2023		Contract # 23954		
22.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	CHILL RITE, INC.	GENERAL	\$12,114	
	Contract Description:	This is a new contract to provide troubleshooting and repairs to chillers at High Desert State Prison.				
	Term of Contract:	03/16/2021 - 06/30/2021		Contract # 24017		
23.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	UNIVERSITY OF CINCINNATI	OTHER: NON-FEDERAL GRANT - COMMUNITY RESOURCES FOR JUSTICE, INC.	\$36,000	
	Contract Description:	This is a new contract to provide Nevada Risk Assessment System training through the University of Cincinnati.				
	Term of Contract:	03/12/2021 - 09/30/2021		Contract # 23751		
24.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	ANTHONY SPATUCCI DBA DAY GO ADVENTURES	FEE: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide kayak tours at Cave Rock and Sand Harbor State Parks.				
	Term of Contract:	03/18/2021 - 05/31/2022		Contract # 24027		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CLEARLY TAHOE, LLC	FEE: REVENUE	\$10,000	
		Contract Description: This is a new revenue contract to provide kayak tours at Cave Rock and Sand Harbor State Parks.				
		Term of Contract:	03/04/2021 - 05/31/2022	Contract # 24006		
26.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE JACKS ADVENTURE AUTHORITY	FEE: REVENUE	\$10,000	
		Contract Description: This is a new revenue contract to provide guided non-motorized water and land tours within Sand Harbor and Spooner Lake State Parks.				
		Term of Contract:	03/09/2021 - 04/30/2022	Contract # 24042		
27.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS - NON-EXEC	I & E ELECTRICAL, INC.	FEE: USER FEE OVERAGE	\$40,000	
		Contract Description: This is a new contract to provide on-call electrical services at South Fork and Wildhorse State Parks.				
		Term of Contract:	03/03/2021 - 12/31/2024	Contract # 24007		
28.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS - NON-EXEC	PLUMB LINE MECHANICAL, INC.	FEE: OVERAGE & SURCHARGE	\$40,000	
		Contract Description: This is a new contract to provide on-call plumbing services to South Fork and Wild Horse Recreation Areas.				
		Term of Contract:	02/16/2021 - 12/31/2024	Contract # 23786		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	IRONWOOD CONSULTING, INC.	FEDERAL	\$41,371	Sole Source
	Contract Description:	This is a new contract to provide surveys for three state-listed endangered plant species across 3,000 acres of modeled habitat.				
		Term of Contract:	03/09/2021 - 11/30/2021	Contract # 23996		
30.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - TAHOE MITIGATION - NON-EXEC	INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT	FEE: REVENUE	\$10,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal revenue agreement which administers the sale and transfer of land coverage owned by Incline Village General Improvement District. This amendment extends the termination date from May 9, 2021 to June 30, 2023 and increases the maximum amount from \$20,000 to \$30,000 due to the continued need for these services.				
		Term of Contract:	04/29/2017 - 06/30/2023	Contract # 18594		
31.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	GREENSPOON MARDER, LLP	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide ongoing mediation services as needed.				
		Term of Contract:	02/18/2021 - 12/31/2022	Contract # 23826		
32.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MALCOLM DOCTORS DBA AUBURN ASSOCIATES	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide ongoing mediation services as needed.				
		Term of Contract:	02/18/2021 - 12/31/2022	Contract # 23824		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – WESTERN NEVADA COLLEGE - CONTROLLERS OFFICE	GENERAL 21.3% FEDERAL 78.7%	\$13,424	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services to disabled youths, ages 16-22.				
	Term of Contract:	03/04/2021 - 12/31/2021	Contract # 23963			
34.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	GENERAL 21.3% FEDERAL 78.7%	(\$27,600)	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Pre-Employment Transition Services to disabled youths, ages 16-22. This amendment revises the scope of work to eliminate all in-person camps and convert the 2021 Summer camp to virtual due to the continued concern over the COVID-19 pandemic.				
	Term of Contract:	01/01/2021 - 12/31/2021	Contract # 22804			
35.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	GARTNER, INC.	FEE: CARRIER PREMIUM	\$40,000	
	Contract Description:	This is a new work plan under master service agreement contract #18964 which provides research and advisory services related to information technology. This work plan is for independent verification and validation services for updates to the existing eligibility and enrollment platform changes.				
	Term of Contract:	02/23/2021 - 08/08/2021	Contract # 23995			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS	FEE: LICENSURE	\$19,000	Sole Source
	Contract Description:	This is a new contract to provide a practice analysis for the Nevada Residential Design Exam with the development of final test specifications.				
	Term of Contract:	03/22/2021 - 06/01/2021	Contract # 23968			
37.	B005	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	THE ADVANTAGE GROUP	FEE: LICENSURE	\$40,000	
	Contract Description:	This is a new contract for ongoing investigative services.				
	Term of Contract:	02/26/2021 - 06/30/2024	Contract # 23992			
38.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	BRYAN L. STOCKTON, ATTORNEY AT LAW	FEE: LICENSURE	\$15,000	Professional Service; Former Employee
	Contract Description:	This is a new contract to provide hearing officer services.				
	Term of Contract:	03/18/2021 - 12/31/2022	Contract # 24014			
39.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	PATRICK D. DOLAN	FEE: LICENSURE	\$15,000	Professional Service
	Contract Description:	This is a new contract to provide hearing officer services.				
	Term of Contract:	03/17/2021 - 12/31/2022	Contract # 24003			
40.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	HALSTEAD LAW OFFICES, LLC	FEE: LICENSURE	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide hearing officer services.				
	Term of Contract:	03/17/2021 - 12/31/2022	Contract # 24013			
41.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	ROBINSON, SHARP, SULLIVAN & BRUST	FEE: LICENSURE	\$32,500	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
	Term of Contract:	03/17/2021 - 12/31/2022	Contract # 24068			

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23869**Agency Name: **OFFICE OF WORKFORCE INNOVATION**Agency Code: **018**Appropriation Unit: **1004-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **BOARD OF REGENTS-CSN**Contractor Name: **BOARD OF REGENTS-CSN**Address: **CSN CONTROLLERS OFFICE  
6375 WEST CHARLESTON BLVD**City/State/Zip: **LAS VEGAS, NV 89146**Contact/Phone: **Frank Woodbeck 702-651-7319**Vendor No.: **D35000800**NV Business ID: **GOVERNMENT ENTITY**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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2021**Anticipated BOE meeting date **04/2021**Retroactive? **Yes**

If "Yes", please explain

**This contract was on the approval path and was lost in the shuffle of several other contracts and was just noticed it was "missing".**3. Termination Date: **06/30/2021**Contract term: **140 days**4. Type of contract: **Interlocal Agreement**Contract description: **Mental Health**

5. Purpose of contract:

**This is a new Interlocal agreement that provides training for Mindstrong facilitators.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,995.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This project is funded by Workforce Innovation special project funding and is an allowable activity/project that supports WIOA/GOVRES under statewide activities under WIOA sec. 129(b).**

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

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

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

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

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

**Governmental Agency**

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Ansara Martino, Program Administrator Ph: 702-486-2502

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rkankiew	12/31/2020 14:17:20 PM
Division Approval	nmann	03/10/2021 16:28:34 PM
Department Approval	tmilazz1	03/10/2021 16:31:38 PM
Contract Manager Approval	ssands	03/11/2021 08:35:20 AM
Budget Analyst Approval	dbaughn	03/12/2021 16:06:58 PM

Steve Sisolak  
*Governor*



Laura E. Freed  
*Director*

Colleen Murphy  
*Deputy Director*

Matt Tuma  
*Administrator*

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

209 E. Musser Street, Suite 304 | Carson City, Nevada 89701  
Phone: (775) 684-0273 | [www.adminsvcs.nv.gov](http://www.adminsvcs.nv.gov) | Fax: (775) 684-5846

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**MEMORANDUM**

March 5, 2016

TO: Darlene Baughn  
Budget Analyst

FROM: Sue Sands, Admin Services Division, Contracts Section

RE: Retro Memo for College of Southern Nevada

This contract was on the approval path and was lost in the shuffle of several other contracts and just noticed that it was missing.

As this is a contract under \$50,000, we are requesting a retro start date on this contract of February 9, 2021.

This was an unfortunate situation and I am sorry this contract "fell through the cracks" during the rush to get the other OWINN grant contracts to the February BOE. TMCC, CSN, GBC & WNC.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23994**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: **JOHNSON PERKINS GRIFFIN LLC**Contractor Name: **JOHNSON PERKINS GRIFFIN LLC**Address: **245 E LIBERTY ST STE 100**City/State/Zip: **RENO, NV 89501-2277**Contact/Phone: **775/322-1155**Vendor No.: **T29038043**NV Business ID: **NV20151108081**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	<b>100.00 % Regulatory Assessment</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2021**Anticipated BOE meeting date **02/2021**Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactively approved to February 1, 2021 due to the expert may be deposited as soon as March 8, 2021 therefore reviewing relevant documents is required to prepare allowing for a narrowed timeframe for timely submission.**

3. Termination Date: **12/31/2021**Contract term: **333 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide expert witness services for case number CV20-00506, Killebrew v. The State of Nevada ex rel Charles Donohue, State Lands Registrar**

6. NEW CONTRACT

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

7. What conditions require that this work be done?

To retain the services of Johnson Perkins Griffin, LLC for the purpose of providing expert testimony.

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

State employees do not have the expertise needed for this matter.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Dan Nubel, DAG Ph: 775-684-1225

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	02/12/2021 10:34:46 AM
Division Approval	jhoba2	02/12/2021 10:34:49 AM
Department Approval	jhoba2	02/12/2021 10:34:52 AM
Contract Manager Approval	lramire7	02/12/2021 12:08:21 PM
Budget Analyst Approval	jcoope8	02/25/2021 15:58:14 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23143**Amendment  
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity  
Name: **HBE LLP**Agency Code: **040**Contractor Name: **HBE LLP**Appropriation Unit: **1050-26**Address: **7140 Stephanie Lane**Is budget authority  
available?: **Yes**City/State/Zip **Lincoln, NE 68516**If "No" please explain: **Not Applicable**Contact/Phone: **402-423-4343**Vendor No.: **T32009817**NV Business ID: **NV20201766961**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **04/30/2020**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved  
Termination Date: **06/30/2021**Contract term: **2 years and 61 days**4. Type of contract: **Contract**Contract description: **HBE**

5. Purpose of contract:

**This is the first amendment to the original contract which provides technical and functional remote support for the Microsoft Dynamics Great Plains system used as part of the accounting and business management software suite. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$24,750 to \$34,650 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:	\$9,900.00	\$9,900.00	\$9,900.00	No
2. Amount of current amendment (#1):	\$24,750.00	\$34,650.00	\$34,650.00	Yes - Info
3. New maximum contract amount:	\$34,650.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

**II. JUSTIFICATION**

7. What conditions require that this work be done?



What conditions require that this work be done?

The Microsoft Dynamics Great Plains system requires technical and functional remote support by a qualified individual with extensive knowledge specific to the implementation and configuration of the system based upon the Secretary of State's needs. This technical and functional remote support is essential to the continued adaptation of the Great Plains system to the new Cenuity accounting system that was implemented in July 2019.

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

There are no agency or State employees who are specifically trained on the Microsoft Dynamics Great Plains System used by the Secretary of State as the accounting and business management 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):

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:

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	shudder	03/15/2021 09:04:55 AM
Division Approval	shudder	03/15/2021 09:04:58 AM

Department Approval	shudder	03/15/2021 09:05:02 AM
Contract Manager Approval	svaldez	03/15/2021 09:06:02 AM
Budget Analyst Approval	hfield	03/22/2021 16:27:56 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **20157**Amendment Number: **3**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity Name: **Pluralsight, LLC**Agency Code: **040**Contractor Name: **Pluralsight, LLC**  
Address: **182 North Uion Ave**Appropriation Unit: **1050-26**Is budget authority available?: **Yes**City/State/Zip: **Farmington, UT 84025**If "No" please explain: **Not Applicable**Contact/Phone: **Sarah Burns 916-749-5542**Vendor No.: **T27029555A**NV Business ID: **NV20041137059**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/25/2018**Anticipated BOE meeting date **04/2022**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2021**Contract term: **4 years and 37 days**4. Type of contract: **Contract**Contract description: **Training Contract**

5. Purpose of contract:

**This is the third amendment to the original contract which provides technical training services and course content to Information Technology staff. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$56,940 to \$79,410 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:	\$16,770.00	\$16,770.00	\$16,770.00	Yes - Info
a. Amendment 1:	\$17,970.00	\$17,970.00	\$34,740.00	Yes - Info
b. Amendment 2:	\$22,200.00	\$22,200.00	\$56,940.00	Yes - Action
2. Amount of current amendment (#3):	\$22,470.00	\$22,470.00	\$22,470.00	Yes - Info
3. New maximum contract amount:	\$79,410.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

In order to maintain the skills we need here in the IT division to address changes agency needs related to evolving business conditions, evolving cyber security threats and remaining current with the latest techniques and available tools, the IT Division needs to have access to continuing education on a wide variety of technical topics. Topics include Application Development languages and techniques, Project Management, Cyber Security, System Administration, Database Administration and industry standards for operations and continuous improvement programs such as ITIL and Six-Sigma.

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

State employees have neither the expertise or time to complete the work 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?

Pluralsight offered the best combination of pricing per course and user and variety of course content we required.

d. Last bid date: 02/13/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	03/09/2021 09:57:44 AM
Division Approval	shudder	03/09/2021 09:57:48 AM
Department Approval	shudder	03/09/2021 09:57:53 AM

Contract Manager Approval  
Budget Analyst Approval

svaldez  
hfield

03/09/2021 10:09:06 AM  
03/22/2021 16:18:22 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23948**

Agency Name:	<b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name:	<b>RCG ECONOMICS LLC</b>
Agency Code:	<b>102</b>	Contractor Name:	<b>RCG ECONOMICS LLC</b>
Appropriation Unit:	<b>1526-24</b>	Address:	<b>11221 MERADO PEAK DR</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89135-1352</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>John Restrepo 702/278-6050</b>
		Vendor No.:	<b>T32005989</b>
		NV Business ID:	<b>NV20101803069</b>

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/18/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2021**Contract term: **316 days**4. Type of contract: **Contract**Contract description: **working group svcs**

5. Purpose of contract:

**This is a new contract to provide technical services to the Southern Nevada Strategic Infrastructure Work Group to define a development vision.**

6. NEW CONTRACT

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

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?

**A working group will bring together key stakeholders to develop an infrastructure vision for Southern Nevada that will signal to the public and private sector that the region is ready for investment.**

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

**GOED's staff has insufficient time to take on the coordination of activities necessary for this project at this time.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

DEAN RUNYAN  
EKAY ECONOMIC CONSULTANTS  
GRELLA PARTNERSHIP  
HOBBS, ONG & ASSOCIATES  
APPLIED ECONOMICS

b. Solicitation Waiver: **Not Applicable**

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

Price and quality of work.

d. Last bid date: 01/30/2020 Anticipated re-bid date: 01/30/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

GOED - satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Michael Brown, Executive Director Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Icopelan	02/03/2021 09:59:24 AM
Division Approval	Icopelan	02/03/2021 09:59:27 AM
Department Approval	Icopelan	02/03/2021 09:59:30 AM
Contract Manager Approval	Icopelan	02/03/2021 09:59:32 AM
Budget Analyst Approval	stilley	02/18/2021 15:43:20 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23944**Agency Name: **DEPARTMENT OF TAXATION**Agency Code: **130**Appropriation Unit: **2361-09**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MCF ENVIRONMENTAL SERVICES**Contractor Name: **MCF ENVIRONMENTAL SERVICES**Address: **HAZARDOUS WASTE EXPERTS****4319 TANNERS CHURCH RD**City/State/Zip: **ELLENWOOD, GA 30294-2340**Contact/Phone: **KEITH MILLER 608-358-3025**Vendor No.: **T29043698**NV Business ID: **NV20211992730**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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/18/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **131 days**4. Type of contract: **Contract**Contract description: **Vapor Destruction**

5. Purpose of contract:

**This is a new contract to provide transportation and destruction of vapor products seized during a compliance inspection by the Department of Taxation Compliance Enforcement Division, pursuant to NRS 370.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,500.00**

Payment for services will be made at the rate of \$12,317.00 per One-time event

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**In June 2020, the Department seized approximately 12 pallets worth of vapor products during a compliance inspection, due to the new enforcement requirements set forth during the 2019 Legislative Session that went into effect in January 2020.**

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

**State employees and agencies do not have the specialized skills and training, licenses or permits, or equipment required to transport and dispose of hazardous waste materials in a safe manner.**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):



AET Environmental  
MCF Environmental Services, Inc.  
Clean Harbors Environmental Services, Inc.

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest cost quote and met the qualifications for the work.

d. Last bid date: 01/14/2021 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	jgrimmer	02/05/2021 09:40:34 AM
Division Approval	jgrimmer	02/05/2021 09:40:37 AM
Department Approval	jgrimmer	02/09/2021 13:40:35 PM
Contract Manager Approval	lhansen4	02/09/2021 13:41:01 PM
Budget Analyst Approval	jcoope8	02/18/2021 11:15:37 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24002**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>GARTNER INCORPORATED</b>
Agency Code: <b>180</b>	Contractor Name: <b>GARTNER INCORPORATED</b>
Appropriation Unit: <b>1365-26</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JAY FRIEDMAN 480-283-8933</b>
	Vendor No.: <b>T807976121A</b>
	NV Business ID: <b>NV19941112701</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**Anticipated BOE meeting date **05/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **364 days**4. Type of contract: **Other (include description): MSA**Contract description: **IT Advisory Services**

5. Purpose of contract:

**This is a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,425.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Enterprise IT Services (ITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud-based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.**

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?

Work Plan to existing no cost MSA#18964

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

EITS - 2014 Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	02/18/2021 11:20:49 AM
Division Approval	nmann	03/03/2021 09:52:21 AM
Department Approval	nmann	03/03/2021 09:52:25 AM
Contract Manager Approval	ddav12	03/16/2021 12:11:43 PM
Budget Analyst Approval	dlenzner	03/17/2021 15:27:47 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24026**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1385-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RAY HEATING PRODUCTS INC DBA**Contractor Name: **RAY HEATING PRODUCTS INC DBA**Address: **RHP MECHANICAL SYSTEMS****1008 East 4th Street**City/State/Zip: **RENO, NV 89512**Contact/Phone: **Randy Acosta 775-322-9494**Vendor No.: **PUR0002724A**NV Business ID: **NV20041446186**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 %	<b>X</b>	Fees	<b>100.00 % User</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/15/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2024**Contract term: **3 years and 108 days**4. Type of contract: **Contract**Contract description: **Boiler Maintenance**

5. Purpose of contract:

**This is a new contract to provide preventative maintenance on the boilers located at the computer facility.**

6. NEW CONTRACT

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

Other basis for payment: FY21 \$5040 FY22 \$5280 FY23 \$5520 FY24 \$5520

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**It is imperative that the boilers continue to work at the Facility.**

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

**EITS lacks personnel to perform 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):

**RHP Mechanical Systems  
Desert Boilers  
BCS Boilers**b. Solicitation Waiver: **Not Applicable**

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

This vendor was able to perform the task as well as being cost effective.

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 2003 they have been contracted with various agencies and the 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:

John Hannan, Facility Supervisor III Ph: 775-684-4343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	03/02/2021 12:56:33 PM
Division Approval	mhelto1	03/02/2021 14:54:39 PM
Department Approval	nmann	03/03/2021 13:46:12 PM
Contract Manager Approval	ddav12	03/03/2021 13:48:53 PM
Budget Analyst Approval	dlenzner	03/15/2021 15:30:32 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24016**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>New Cingular Wireless PCS, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>New Cingular Wireless PCS, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1025 Lenox Park Blvd. NE</b>
Is budget authority available?: <b>Yes</b>	<b>3rd Floor</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Atlanta, GA 30319</b>
	Contact/Phone: <b>Alisa Montijo 877-231-5447</b>
	Vendor No.:
	NV Business ID: <b>NV19991079179</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**Anticipated BOE meeting date **04/2021**Retroactive? **Yes**

If "Yes", please explain

**The attached Revenue Contract with New Cingular Wireless PCS has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2020.**

3. Termination Date: **06/30/2024**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Bald Peak in Elko County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,065.38**

Payment for services will be made at the rate of \$2,133.16 per Rack Space

Other basis for payment: Back payment consideration of \$26,381.76

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Revenue Contract

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

Revenue Contract

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

EITS has had ongoing revenue contracts with New Cingular Wireless PCS for many years and other mountain top sites, all satisfactory.

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

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

Not Applicable

15. The contractor is 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	paiazz1	02/24/2021 08:34:07 AM
Division Approval	mhelto1	02/24/2021 13:37:49 PM
Department Approval	nmann	02/26/2021 16:44:14 PM
Contract Manager Approval	ddav12	03/03/2021 05:45:31 AM
Budget Analyst Approval	dlenzner	03/09/2021 16:29:40 PM

Steve Sisolak  
Governor



Laura E. Freed  
Interim Director  
Timothy Galluzi  
Administrator

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

February 2, 2021

MEMORANDUM

**To:** David Lenzer, Budget Analyst

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

*Ann Scott*

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

The attached Revenue Contract with New Cingular Wireless PCS, LLC has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2020.

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

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

Sincerely, Ann Scott



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23919**

Agency Name:	<b>PEACE OFFICER STANDARDS &amp; TRAINING</b>	Legal Entity Name:	<b>ELKO BAND TRIBAL POLICE</b>
Agency Code:	<b>230</b>	Contractor Name:	<b>ELKO BAND TRIBAL POLICE</b>
Appropriation Unit:	<b>3774-00</b>	Address:	<b>1509 SOSHONE CIRCLE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ELKO, NV 89801-2650</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>775-738-2650</b>
		Vendor No.:	<b>pending</b>
		NV Business ID:	<b>Government Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2025</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Tribal funds as a portion of the cost for required training</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/19/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/31/2025**Contract term: **3 years and 347 days**4. Type of contract: **Other (include description): Revenue Interlocal Agreement**Contract description: **Academy Training**

5. Purpose of contract:

**This is a new revenue interlocal agreement for the Commission on Peace Officers' Standards and Training (POST) to provide Law Enforcement Agencies (LEA's) with training in order to meet the minimum standards for basic certification as a Category I or Category II peace officer per NRS 289 and NAC 289.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$2,420.00 per Category I Cadet

Other basis for payment: \$1,920 plus \$500 per Category I Cadet

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 289 and NAC 289 require agency law enforcement employees to obtain training that meets the minimum standards for basic certification for Category I and Category II peace officers within the first year of being hired.**

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

**POST is providing the training. This interlocal requires the agency to pay a portion of the cost of the cadet's training to POST.**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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	01/27/2021 08:45:05 AM
Division Approval	mhelto1	01/27/2021 08:45:07 AM
Department Approval	nmann	01/27/2021 10:06:20 AM
Contract Manager Approval	ssands	01/27/2021 10:15:38 AM
Budget Analyst Approval	bmacke1	02/19/2021 13:58:02 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **20817**Amendment  
Number: **1**Agency Name: **DEPARTMENT OF VETERANS  
SERVICES**Legal Entity  
Name: **RELIABLE APPLIANCE of NV DBA**Agency Code: **240**Contractor Name: **RELIABLE APPLIANCE of NV DBA**Appropriation Unit: **2561-07**Address: **RELIABLE APPLIANCE OF NV dba  
269 N. Bluff St.**Is budget authority  
available?: **Yes**City/State/Zip: **ST. GEORGE, UT 84770-4552**If "No" please explain: **Not Applicable**Contact/Phone: **WAYNE HOPPAL 775-745-2513**Vendor No.: **T32009971**NV Business ID: **NV20011387894**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 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **08/20/2018**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved  
Termination Date: **08/19/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Laundry Equip Maint**

5. Purpose of contract:

**This is the first amendment to the original contract to provide ongoing maintenance on washer and dryer equipment. This amendment increases the maximum amount from \$7,611.84 to \$12,611.84 due to the continued need for this service.****6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,611.84	\$7,611.84	\$7,611.84	No
2. Amount of current amendment (#1):	\$5,000.00	\$12,611.84	\$12,611.84	Yes - Info
3. New maximum contract amount:	\$12,611.84			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Industrial laundry equipment at the Southern Nevada State Veterans Home requires consistent maintenance to function properly.**

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

**There are no State employees available and qualified to do perform this work.**

9. Were quotes or proposals solicited? Yes

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

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

Brady Laundry Service  
Paul's Washer & Dryer Repair Service  
Reliable Appliance of NV

b. Solicitation Waiver: **Not Applicable**

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

Vendor offered the best price and proposal

d. Last bid date: 08/02/2018 Anticipated re-bid date: 04/04/2022

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:

Contractor has performed similar work at the SNSVH in the past and the work that was performed was satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	03/16/2021 10:25:50 AM
Division Approval	jtheil1	03/16/2021 10:25:55 AM
Department Approval	agarland	03/16/2021 16:07:40 PM
Contract Manager Approval	agarland	03/16/2021 16:07:46 PM
Budget Analyst Approval	afrantz	03/19/2021 13:55:28 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23852**Agency Name: **ADMIN - NV ST LIBRARY,  
ARCHIVES AND PUBLIC RECORDS**Agency Code: **332**Appropriation Unit: **1346-10**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **LAS VEGAS PRESORT INC**Contractor Name: **LAS VEGAS PRESORT INC**Address: **3655 E PATRICK LN STE 300**City/State/Zip: **LAS VEGAS, NV 89120**Contact/Phone: **702/320-0450**Vendor No.: **T29009519**NV Business ID: **NV20061772395**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 %	<b>X</b> Other funding	<b>100.00 % Contractor to receive rebate from the United States Post Office</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/24/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2024**Contract term: **3 years and 311 days**4. Type of contract: **Contract**Contract description: **Mail services**

5. Purpose of contract:

**This is a new contract to provide ongoing services for First Class Presort/Prebarcode Mail Services for all mail not presorted within the Nevada State Mail System and for any other agencies or political subdivision that may require this service.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00**Other basis for payment: **FY21 \$7,000; FY22 \$7,000; FY23 \$7,000 AND FY24 \$7,000****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Las Vegas Mail Services does not have the equipment necessary and in place to achieve postage discounts by presorting mail, this service needs to be provided by an outside vendor in order to receive a discount on outgoing State mail.**

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

**The Las Vegas Mail Services does not have the room or the equipment for obtaining postage discounts on mail with the United States Postal Service. A presort house is used to achieve these discounts to our customers.**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 in LV area.

d. Last bid date: 12/10/2020 Anticipated re-bid date: 12/10/2025

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?

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:

Sue Conn, State Mail Coordinator Ph: 684-1862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rkankiew	12/28/2020 13:57:48 PM
Division Approval	mhelto1	01/29/2021 14:51:09 PM
Department Approval	nmann	02/01/2021 10:52:34 AM
Contract Manager Approval	ssands	02/01/2021 11:42:49 AM
Budget Analyst Approval	mlynn	02/24/2021 10:02:49 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23861**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>THOMPSON GARAGE DOORS</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>THOMPSON GARAGE DOORS</b>
Appropriation Unit:	<b>3162-07</b>	Address:	<b>BERGER BUILDING SUPPLY 171 S 18TH ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>SPARKS, NV 89431-6601</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Kenneth Reyman 775/356-6601</b>
		Vendor No.:	<b>T80929952</b>
		NV Business ID:	<b>NV19931038124</b>

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.

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

Agency Reference #: **C 17754**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/31/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Garage Door repair**

5. Purpose of contract:

**This is a new contract to provide garage door repair service on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: Up to \$32,000 per Attachment A - Scope of work

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The facility requires routine maintenance to maximize the lifespan of the building which reduces the cost to the State.**

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, equipment, and tools to perform this type of work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**A1 Garage Door Service  
Overhead Door  
Thompson Garage Doors**b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/04/2020 Anticipated re-bid date: 10/01/2024

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:  
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:

Andy Chao, ASO II Ph: 775-688-2033

Greg Holcomb, Facility Supervisor Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mille8	02/24/2021 10:55:29 AM
Division Approval	kquinter	02/26/2021 08:46:43 AM
Department Approval	valpers	02/26/2021 09:03:51 AM
Contract Manager Approval	tgrundy	03/03/2021 08:10:46 AM
Budget Analyst Approval	afrantz	03/03/2021 08:13:25 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: **23991**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>BUDGET FENCE COMPANY</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>BUDGET FENCE COMPANY</b>
Appropriation Unit:	<b>3148-95</b>	Address:	<b>4295 ARVILLE ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89103-3848</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>BRIAN THOMAS 702/850-2468</b>
		Vendor No.:	<b>T27040724</b>
		NV Business ID:	<b>NV20161389926</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **106 days**4. Type of contract: **Contract**Contract description: **Sally Gate Ports**

5. Purpose of contract:

**This is a new contract to remove and replace two sally port gates and operators and to replace all overhead rollers and track wheel assemblies.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,623.00**

Payment for services will be made at the rate of \$24,623.00 per fixed flat fee per project

Other basis for payment: Includes all parts and labor.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The sally port vehicle gates are in poor condition causing a safety and security issue for the youth and potentially delaying access to emergency vehicles. One of the gate openers does not work. It must be chained closed and staff must push it to open and close it. The gates are bent from being struck over the years and are beyond repair.**

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 training and lack the equipment.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Fencing Specialist  
Tiberti Fence Company  
Budget Fence Company

b. Solicitation Waiver: **Not Applicable**

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

The vendor had the lowest bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The Division used the vendor in State Fiscal Year 2018 and 2019 and services were satisfactory.

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

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

Not Applicable

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

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:

Van Dishong, Facility Supervisor 2 Ph: 702-668-4747

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	02/19/2021 15:48:33 PM
Division Approval	knielsen	03/09/2021 15:27:29 PM
Department Approval	valpers	03/10/2021 14:32:28 PM
Contract Manager Approval	sknigge	03/11/2021 16:25:19 PM
Budget Analyst Approval	jyou23	03/16/2021 16:57:57 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23999**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>ALAND FAMILY DENTISTRY</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>ALAND FAMILY DENTISTRY</b>
Appropriation Unit:	<b>3263-36</b>	Address:	<b>85 CONTINENTAL DR</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89509-3432</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Michelle Harrington 775/323-3366</b>
		Vendor No.:	<b>T27032214</b>
		NV Business ID:	<b>NV20071302906</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>		

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	<b>0.00 %</b>
Federal Funds	<b>0.00 %</b>	Bonds	<b>0.00 %</b>
Highway Funds	<b>0.00 %</b>	<input checked="" type="checkbox"/> Other funding	<b>50.00 % County Participation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/11/2021**Anticipated BOE meeting date **04/2021**Retroactive? **Yes**

If "Yes", please explain

A retroactive, emergency contract request was submitted to, and approved by, the Administrator of the Purchasing Division. This contract provides for corrective dental services for a youth who was injured while in the care of the Division.

3. Termination Date: **06/30/2022**Contract term: **1 year and 169 days**4. Type of contract: **Contract**Contract description: **Dental Services**

5. Purpose of contract:

This is a new contract to provide dental repair services to a youth whose mouth was injured during an incident while in the care of the Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,117.00**

Other basis for payment: As detailed in Section 3 - Scope of Work; includes all possible options.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

A youth in the care of the Division suffered facial injuries during an incident that occurred while in correctional care. The youth was seen by a contracted dentist. The dental repairs turned out to be faulty. This contract will repair the damage and provide further repair to work completed by the oral surgeon.

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

No State employees have the necessary skills, training or equipment to provide the necessary services.

9. Were quotes or proposals solicited?

**Yes**

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

**No**

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

Silver State OMS  
Christopher Galea DDS  
North Hills Dental  
Small Smiles

b. Solicitation Waiver: **Not Applicable**

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

Several vendors were contacted but Aland Family Dentistry was the only vendor who would agree to treat the youth.

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:

David Anderson, Admin Services Officer 3 Ph: 702-486-7099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	02/22/2021 12:02:01 PM
Division Approval	knielsen	03/05/2021 12:59:19 PM
Department Approval	valpers	03/09/2021 10:25:44 AM
Contract Manager Approval	sknigge	03/09/2021 10:46:15 AM
Budget Analyst Approval	jyou23	03/16/2021 16:42:47 PM

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: Kevin Doty, Administrator  
Purchasing Division

FROM: Katrina Nielsen, Administrative Services Officer IV  
Division of Child and Family Services *Katrina Nielsen*

DATE: February 2, 2021

SUBJECT: Emergency Retroactive Contract – Aland Family Dentistry Continental

An emergency retroactive contract, with an effective date of January 11, 2021, is being requested between the Division of Child and Family Services (DCFS) and Aland Family Dentistry Continental. This contract will provide a necessary medical procedure for a youth previously injured while in the care of DCFS.

A youth was adjudicated to Caliente Youth Center (CYC), and while there, she was involved in an incident where she needed to be restrained by staff. Both the youth and the staff inadvertently fell to the ground and subsequently two of the youth's teeth were knocked out. The youth was taken to Gentle Dentistry of Las Vegas, LLC. and seen by Dr. Farah Divanbeigi. The doctor recommended and the youth received dental implants, specifically posts were placed into her gums and two crowns were implanted.

Later, the youth completed programming and was paroled. Within days of being paroled, one of the crowns had fallen out. The youth was residing with her sister at the time, who referred her to a local dentist. DCFS intervened by obtaining a caseworker through The Children's Cabinet to assist the family. In time, the youth was seen by a dentist and then referred to an oral surgeon. It was explained to the youths assigned Youth Parole Counselor that the dental implants were not completed correctly and needed to be removed and then put in correctly. However, since the youth was now on FFS Medicaid (after being paroled) and awaiting placement into an unconfirmed Residential Treatment Program, the oral surgeon refused to accept the youth as a patient, causing DCFS to seek other resolution.

The Purchasing Division approved an emergency contract for this service on February 12, 2020 allowing for the Sierra Oral & Facial Surgery to treat the youth. The assigned Youth Parole Counselor took the youth to see the oral surgeon. After seeing the youth, the oral surgeon was unsure of the best treatment plan and requested time to consult with the referring dentist. Sierra Oral & Facial Surgery later confirmed that the original implants and posts were not done correctly, explained that there was a significant amount of bone and gum damage, some of which cannot be repaired. The youth required extensive bone grafts prior to surgery and was advised that her treatment plan will take many months.

After receiving the treatment plan from Sierra Oral & Facial Surgery, DCFS was notified that the remaining portion of this treatment would be best completed by a dentist, as opposed to an oral surgeon. Many dentists were contacted and all but Aland Family Dentistry Continental declined to treat the youth. Aland Family Dentistry Continental has already prescreened the youth and consulted with Sierra Oral & Facial Surgery. A final treatment plan has been established, quoted and now just needs to be carried out in order to complete the oral repairs this youth requires.

DCFS is now requesting an emergency retroactive contract for those services in order to expedite the necessary medical treatment and to prevent further damage. However, DCFS is requesting that the contract amount be above the quoted

amount due to ensure sufficient contract authority is in place in the event unknown issues arise or more damage has occurred. DCFS also feels that it is in the best interest of the youth and the state to finish the necessary medical services as quickly as possible to avoid further damage, to minimize the youth's pain and suffering and to minimize the liability to the state.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

**From:** [Kevin D. Doty](#)  
**To:** [Katrina Nielsen](#)  
**Cc:** [Cindy L. Stoeffler](#); [DCFS contracts](#); [David Anderson](#); [Mandi Davis](#)  
**Subject:** RE: Emergency Retroactive Contract Request - Aland Family Dentistry Continental  
**Date:** Tuesday, February 2, 2021 9:36:13 AM  
**Attachments:** [image001.png](#)

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Hi Katrina,

Pursuant to NAC 333.114, you are authorized to proceed with a contract for the specified dental services from Aland Family Dentistry Continental without the need for a solicitation. The other requirements, DAG approval and the appropriate BOE approval, still apply of course.

Please let me know if you have any questions.

Kevin

**From:** Katrina Nielsen <KNielsen@dcfs.nv.gov>  
**Sent:** Tuesday, February 02, 2021 9:15 AM  
**To:** Kevin D. Doty <kddoty@admin.nv.gov>  
**Cc:** Cindy L. Stoeffler <cstoeffler@admin.nv.gov>; DCFS contracts <contracts@dcfs.nv.gov>; David Anderson <d-anderson@dcfs.nv.gov>; Mandi Davis <Mandi.Davis@dcfs.nv.gov>  
**Subject:** RE: Emergency Retroactive Contract Request - Aland Family Dentistry Continental

Hi Kevin,

I apologize but the retroactive contract needs to be effective January 11<sup>th</sup> not January 12<sup>th</sup>. The corrected memo is attached.

Thanks,

*Katrina Nielsen*  
*Administrative Services Officer 4*  
*775-684-4414*  
[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)

**From:** Katrina Nielsen  
**Sent:** Tuesday, February 2, 2021 8:46 AM  
**To:** Kevin D. Doty <kddoty@admin.nv.gov>  
**Cc:** Cindy L. Stoeffler <cstoeffler@admin.nv.gov>; DCFS contracts <contracts@dcfs.nv.gov>; David Anderson <d-anderson@dcfs.nv.gov>; Mandi Davis <Mandi.Davis@dcfs.nv.gov>  
**Subject:** Emergency Retroactive Contract Request - Aland Family Dentistry Continental

Good morning Kevin,

If you recall, we had previously received approval for an emergency retroactive contract with Sierra Oral Surgery (attached). The new request attached is for Aland Family Dentistry Continental to

complete the work initiated and as recommended by Sierra Oral Surgery.

Please let me know if you have any questions or concerns.

Thanks,



**Katrina Nielsen**

**Administrative Services Officer – Administrative Services**

Nevada Department of Health and Human Services  
Division of Child and Family Services

4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706

T: (775) 684-4414 E: [knielsen@dcfs.nv.gov](mailto:knielsen@dcfs.nv.gov)

[www.dhhs.nv.gov](http://www.dhhs.nv.gov) | [www.dcfs.nv.gov](http://www.dcfs.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: **24033**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>AMERICAN LOCK &amp; KEY</b>
Agency Code: <b>431</b>	Contractor Name: <b>AMERICAN LOCK &amp; KEY</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>837 S RAINBOW BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89145-6238</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rick Laffey 702-434-5397</b>
	Vendor No.: <b>T29028568</b>
	NV Business ID: <b>NV20081017088</b>
To what State Fiscal Year(s) will the contract be charged? <b>2021-2025</b>	

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

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

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **04/30/2025**Contract term: **4 years and 49 days**4. Type of contract: **Contract**Contract description: **Las Vegas Locksmith**

5. Purpose of contract:

**This is a new contract to provide ongoing locksmith and door repair services for the Nevada Guard facilities in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Contract is needed as the agency needs services ranging from rekeying, cutting keys, repairing and installing deadbolts and doorknobs.**

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

**Tools and lack of expertise for cutting and rekeying keys.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**American Lock  
Green Valley Locksmith  
Liberty Lock**

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	03/04/2021 10:55:12 AM
Division Approval	ctyle1	03/04/2021 10:55:15 AM
Department Approval	ctyle1	03/04/2021 10:55:17 AM
Contract Manager Approval	csnido1	03/05/2021 10:33:48 AM
Budget Analyst Approval	jrodrig9	03/12/2021 17:22:35 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24055**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-07**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BUTTER BUILDING & DEVELOPMENT**Contractor Name: **BUTTER BUILDING & DEVELOPMENT**Address: **DBA BUTTER PLUMBING  
4130 ARCTIC SPRING AVE STE A  
LAS VEGAS, NV 89115-1870**City/State/Zip: **LAS VEGAS, NV 89115-1870**Contact/Phone: **Shawn Butter 702-655-5214**Vendor No.: **T29039308**NV Business ID: **NV19981332063**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.

<b>X</b>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **04/30/2025**Contract term: **4 years and 40 days**4. Type of contract: **Contract**Contract description: **So. NV Plumbing**

5. Purpose of contract:

**This is a new contract to provide plumbing maintenance and repair services for Nevada Guard facilities in Southern Nevada. The service will include, but not limited to: plumbing fixtures, system valves, main and ancillary water and sewage line repairs, hydro jet drain lines and vents, as well as gas line install and water heater repair and replacements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Repair and replacing all plumbing needs.**

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

**The expertise and certifications that require to do the work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Atlas Plumbing  
Precision Plumbing  
Butter Plumbing

b. Solicitation Waiver: **Not Applicable**

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

Most cost effective 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 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	03/11/2021 17:26:26 PM
Division Approval	ctyle1	03/11/2021 17:26:29 PM
Department Approval	ctyle1	03/11/2021 17:26:31 PM
Contract Manager Approval	csnido1	03/15/2021 14:10:39 PM
Budget Analyst Approval	jrodrig9	03/22/2021 17:57:37 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24052**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-07**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: **4080 E Lake Mead Blvd.  
C-200**City/State/Zip: **Las Vegas, NV 89030**Contact/Phone: **Jessica Cox 702-384-4747**Vendor No.: **T27003566**NV Business ID: **NV19881005351**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.

<b>X</b>	<b>General Funds</b>	<b>50.00 %</b>	<b>Fees</b>	<b>0.00 %</b>
<b>X</b>	<b>Federal Funds</b>	<b>50.00 %</b>	<b>Bonds</b>	<b>0.00 %</b>
	<b>Highway Funds</b>	<b>0.00 %</b>	<b>Other funding</b>	<b>0.00 %</b>

Agency Reference #: **431**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **04/30/2025**Contract term: **4 years and 40 days**4. Type of contract: **Contract**Contract description: **So. NV Electrical**

5. Purpose of contract:

**This is a new contract to provide electrical repair services for Nevada Guard facilities in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Need to make sure that all electric systems are running correctly.**

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

**License and certifications are required for electrical 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):

**Canyon Electric  
American Southwest Electrical  
Pacific Electric**
b. Solicitation Waiver: **Not Applicable**

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

Provided the best quote.

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	03/11/2021 17:26:57 PM
Division Approval	ctyle1	03/11/2021 17:26:59 PM
Department Approval	ctyle1	03/11/2021 17:27:02 PM
Contract Manager Approval	csnido1	03/15/2021 14:08:33 PM
Budget Analyst Approval	jrodrig9	03/22/2021 17:44:23 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23263**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>STAR MICROWAVE SERVICE CORPORATION</b>
Agency Code: <b>440</b>	Contractor Name: <b>STAR MICROWAVE SERVICE CORPORATION</b>
Appropriation Unit: <b>3710-26</b>	Address: <b>41458 CHRISTY STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>FREMONT, CA 94538-5105</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Octavio Beas 510/498-7929</b>
	Vendor No.: <b>T32010192</b>
	NV Business ID: <b>NV20201899661</b>
To what State Fiscal Year(s) will the contract be charged? <b>2021</b>	

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

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

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2021**Anticipated BOE meeting date **02/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **106 days**4. Type of contract: **Contract**Contract description: **2 Way Radio Towers**

5. Purpose of contract:

**This is a new contract to provide services to install a 2-way microwave radio system to extend the Local Area Network (LAN) and improve communications Quality of Service (QoS) by providing encrypted radio transmission, allowing for data transfer between Ely State Prison and Ely Conservation Camp.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,272.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This microwave radio technology is required to extend the Local Area Network (LAN) and improve communications Quality of Service (QoS) by providing encrypted radio transmission, allowing for data transfer between Ely State Prison and Ely Conservation Camp.**

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

**NDOC employees are not trained or certified for this work. No other State agency provides this service.**

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

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

CalNeva Towers  
Cable AML  
ATT

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest and most responsive bid.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOC ~ CETS#23555. Work has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	bweisent	01/05/2021 11:25:21 AM
Division Approval	amonro1	01/06/2021 14:21:05 PM
Department Approval	amonro1	01/06/2021 14:21:08 PM
Contract Manager Approval	aroma2	01/13/2021 15:31:40 PM
Budget Analyst Approval	bmacke1	03/16/2021 08:00:29 AM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **20513**Amendment Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **WATERS SEPTIC TANK SERVICE DBA**Agency Code: **440**Contractor Name: **WATERS SEPTIC TANK SERVICE DBA**Appropriation Unit: **3716-09**Address: **WATERS VACUUM TRUCK SERVICE  
4275 REWANA WAY**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502**If "No" please explain: **Not Applicable**Contact/Phone: **Justin Waters 775-825-1595**Vendor No.: **T80206180**NV Business ID: **NV19781005671**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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2018**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Grease Trap Service**

5. Purpose of contract:

**This is the first amendment to the original contract to provide ongoing grease trap and interceptor pumping and cleaning at Northern Nevada Correctional Center, Stewart Conservation Camp, and Warm Springs Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$89,435.00 to \$119,540.00 to allow the agency to prepare a Request for Proposal (RFP) without a break in service.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$89,435.00	\$89,435.00	\$89,435.00	Yes - Action
2. Amount of current amendment (#1):	\$30,105.00	\$30,105.00	\$30,105.00	Yes - Info
3. New maximum contract amount:	\$119,540.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NDOC is required by State, Federal and local regulations to ensure the grease traps do not pose an environmental hazard through proper care and maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the equipment or expertise to provide the service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

RFP evaluation committee scored this vendor the highest based on experience and cost.

d. Last bid date: 04/06/2018 Anticipated re-bid date: 02/01/2021

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:

2010 to current, NDOC, services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	02/03/2021 13:52:23 PM
Division Approval	amonro1	02/09/2021 12:10:38 PM
Department Approval	amonro1	02/09/2021 12:10:41 PM
Contract Manager Approval	aroma2	02/16/2021 13:02:58 PM
Budget Analyst Approval	bmacke1	03/17/2021 10:39:03 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: **23954**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: **NEVADA YAMAS CONTROLS INC**Contractor Name: **NEVADA YAMAS CONTROLS INC**Address: **13526 S 110 W**City/State/Zip: **Draper , UT 84020-9818**Contact/Phone: **Kirby Keller, Sales Engineer 775-722-1498**Vendor No.: **T29032379**NV Business ID: **NV20121569583**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **02/15/2023**Contract term: **1 year and 354 days**4. Type of contract: **Contract**Contract description: **Temp. Control Maint.**

5. Purpose of contract:

**This is a new contract to provide ongoing annual preventative maintenance services and minor repairs to the existing Yamas temperature control systems at Lovelock Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,672.00**

Other basis for payment: 3759-09 FY21 \$9,168.00 / FY22 \$18,336.00 / FY23 \$9,168.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Temperature control maintenance is required to preserve State property and for the health and safety of staff and inmates.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Department of Corrections does not have the license and/or equipment required to perform this service. No other State agency offers these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

BCS  
Enviser  
Nevada Yamas Controls Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOC contract/ CETS#22687 from 01/16/20 to 12/31/2020. Work performed verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	02/02/2021 11:38:15 AM
Division Approval	amonro1	02/10/2021 14:46:01 PM
Department Approval	amonro1	02/10/2021 14:46:04 PM
Contract Manager Approval	aroma2	02/18/2021 11:27:55 AM
Budget Analyst Approval	bmacke1	02/26/2021 16:20:03 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24017**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3762-07**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHILL RITE INC**Contractor Name: **CHILL RITE INC**Address: **6295 MCLEOD DR STE 1**City/State/Zip: **LAS VEGAS, NV 89120-4097**Contact/Phone: **Steve Robledo 702/456-6200**Vendor No.: **T27042453**NV Business ID: **NV19941128460**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.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **106 days**4. Type of contract: **Contract**Contract description: **Chiller Repairs**

5. Purpose of contract:

**This is a new contract to provide troubleshooting and repairs to chillers at High Desert State Prison.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,114.00**

Other basis for payment: HDSP-3762-07 GL 7060 FY21

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**There is currently a leak in the chiller causing a potential failure and a possible safety issue for the infirmary, administration, security operations, education, gate house and Prison Industries areas of the facility as temperatures begin to warm.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No agency employees can provide this service. No other State agency performs 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):

**Enviser  
Chill-Rite Air Conditioning & Heating  
Lawyer Mechanical**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor proved the lowest and most responsive bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOC Contract/CETS# 21745 in 2019. Work performed was 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	gbarsegi	03/02/2021 13:07:22 PM
Division Approval	amonro1	03/03/2021 13:48:49 PM
Department Approval	amonro1	03/03/2021 13:48:52 PM
Contract Manager Approval	aroma2	03/09/2021 14:28:51 PM
Budget Analyst Approval	bmacke1	03/16/2021 12:11:25 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23751**Agency Name: **DPS-PAROLE & PROBATION**Agency Code: **652**Appropriation Unit: **3740-35**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **UNIVERSITY OF CINCINNATI**Contractor Name: **UNIVERSITY OF CINCINNATI**Address: **51 Goodman Drive  
Suite 530**City/State/Zip: **CINCINNATI, OH 45221-0222**Contact/Phone: **513-556-2868**Vendor No.: **T29024907B**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Non-Federal Grant - Community Resources for Justice, Inc.</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2021**Contract term: **201 days**4. Type of contract: **Interlocal Agreement**Contract description: **NRAS Master Training**

5. Purpose of contract:

**This is a new contract to provide Nevada Risk Assessment System (NRAS) training through the University of Cincinnati.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

Payment for services will be made at the rate of \$36,000.00 per Training Course

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The University of Cincinnati worked with NPP to develop NRAS. The initial training of NRAS was completed during the development stage. Funding for this requested training was secured so that UCCI can train additional 'train the trainers' within NPP so that the training for new hires can be completed within NPP.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This work requires a wide range of specialized expertise. This training will need to be provided by the University of Cincinnati, as they developed NRAS and have already completed the initial training of NPP staff.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **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:

Tami Beauregard, Management Analyst II Ph: (775) 684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	11/19/2020 08:31:56 AM
Division Approval	ssieber	11/19/2020 08:33:09 AM
Department Approval	cboegle	02/11/2021 13:34:30 PM
Contract Manager Approval	cboegle	02/11/2021 13:34:33 PM
Budget Analyst Approval	jrodrig9	03/12/2021 17:07:10 PM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24027**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Anthony Spatucci DBA Day Go Adventures**Contractor Name: **Anthony Spatucci DBA Day Go Adventures**Address: **PO Box 2014**City/State/Zip: **Stateline, NV 89449**Contact/Phone: **Anthony Spatucci 7754504757**

Vendor No.:

NV Business ID: **NV20151204949**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 %	<b>X</b>	Fees	<b>100.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/18/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/31/2022**Contract term: **1 year and 74 days**4. Type of contract: **Revenue Contract**Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to provide kayak tours at Cave Rock and Sand Harbor State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Revenue contract for kayak tours at Cave Rock State Park.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**N/A**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory: \_\_\_\_\_

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brett Hartley, Park Ranger III Ph: 7758310494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	02/26/2021 09:42:00 AM
Division Approval	jidema	02/26/2021 09:42:02 AM
Department Approval	jidema	02/26/2021 09:42:04 AM
Contract Manager Approval	jidema	02/26/2021 09:42:06 AM
Budget Analyst Approval	rjacob3	03/18/2021 13:30:33 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24006**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Clearly Tahoe LLC**Contractor Name: **Clearly Tahoe LLC**Address: **PO Box 10196**City/State/Zip: **Zephyr Cove, NV 89448**Contact/Phone: **Kelsey Weist 5305444664**

Vendor No.:

NV Business ID: **NV20161385283**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.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/31/2022**Contract term: **1 year and 87 days**4. Type of contract: **Revenue Contract**Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue contract to provide kayak tours offered to visitors at Cave Rock State Park and Sand Harbor State Park located at Lake Tahoe, Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This contract is to provide kayak rentals from Cave Rock State Park.**

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 skill to perform this type of duty.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**N/A**

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Brett Hartley, Park Ranger Ph: 7759016684

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jjidema	02/19/2021 15:18:52 PM
Division Approval	jjidema	02/19/2021 15:18:54 PM
Department Approval	jjidema	02/19/2021 15:18:57 PM
Contract Manager Approval	jjidema	02/19/2021 15:18:59 PM
Budget Analyst Approval	rjacob3	03/03/2021 14:15:29 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24042**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Tahoe Jacks Adventure Authority**Contractor Name: **Tahoe Jacks Adventure Authority**Address: **169 Cottonwood Drive**City/State/Zip: **Stateline, NV 89449**Contact/Phone: **Chad Tranberg 775-901-3307**

Vendor No.:

NV Business ID: **NV 2016105163**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 %	<b>X</b>	Fees	<b>100.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **04/30/2022**Contract term: **1 year and 51 days**4. Type of contract: **Revenue Contract**Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue contract to provide guided non-motorized water and land tours within Sand Harbor and Spooner Lake State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Commercial operations using state park facilities.**

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 time to accomplish.**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:

State Parks 2019-2020 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:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Fromherz, Park Ranger III Ph: 7758310494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	03/03/2021 16:11:43 PM
Division Approval	jidema	03/03/2021 16:11:47 PM
Department Approval	jidema	03/03/2021 16:11:49 PM
Contract Manager Approval	jidema	03/03/2021 16:11:51 PM
Budget Analyst Approval	rjacob3	03/09/2021 08:51:33 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24007**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4605-06**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **I & E Electrical Inc**Contractor Name: **I & E Electrical Inc**Address: **1425 Doerr Drive**City/State/Zip: **Elko, NV 89801**Contact/Phone: **Steve Moore 7757383058**

Vendor No.:

NV Business ID: **NV199111046250**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 %	<b>X</b>	Fees	<b>100.00 % User Fee Overage</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/03/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2024**Contract term: **3 years and 304 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide on call electrical services at South Fork and Wildhorse State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This is an on call contract to provide services for any emergency electrical repairs to aging equipment at South Fork and Wildhorse State Parks.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Employees do not have equipment or expertise to provide these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**I & E Electric  
Quantum Electric  
Codale Electric**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**I & E was only response**

d. Last bid date: 04/01/2020 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Parks since 2016-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:

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:

Robert Misiti, Park Supervisor Ph: 7757444346

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	02/19/2021 16:19:17 PM
Division Approval	jidema	02/19/2021 16:19:18 PM
Department Approval	jidema	02/19/2021 16:19:20 PM
Contract Manager Approval	jidema	02/19/2021 16:19:22 PM
Budget Analyst Approval	rjacob3	03/03/2021 15:20:12 PM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23786**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4605-06**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **PLUMB LINE MECHANICAL INC**Contractor Name: **PLUMB LINE MECHANICAL INC**Address: **449 W COMMERCIAL ST**City/State/Zip: **ELKO, NV 89801-3703**Contact/Phone: **Tino Ayala 775/753-7586**Vendor No.: **T29024917A**NV Business ID: **NV2111528172**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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Maintenance of State Parks - Fee overage &amp; Surcharge</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/16/2021**Anticipated BOE meeting date **01/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2024**Contract term: **3 years and 319 days**4. Type of contract: **Contract**Contract description: **On-call plumbing**

5. Purpose of contract:

**This is a new contract to provide on-call plumbing services to South Fork Recreation Area and Wild Horse Recreation Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$20,000.00 per park

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**South Fork and Wild Horse have aging equipment and extreme temperatures in the winter which results in a need for repairs on an on-call basis.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**We do not have the equipment or expertise**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only responding 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract since 2014 to present with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Robert Misiti, Parks Supervisor Ph: 775.744-4346

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	02/11/2021 08:47:12 AM
Division Approval	kcopelan	02/11/2021 08:47:14 AM
Department Approval	kcopelan	02/11/2021 08:47:17 AM
Contract Manager Approval	kcopelan	02/11/2021 08:47:20 AM
Budget Analyst Approval	rjacob3	02/16/2021 13:33:21 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23996**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-43**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **Ironwood Consulting, Inc.**Contractor Name: **Ironwood Consulting, Inc.**Address: **9550 S. Eastern Avenue**City/State/Zip: **Las Vegas, NV 89123**Contact/Phone: **Emily Thorn 505-228-2698**Vendor No.: **T27044045**NV Business ID: **E0479082014-5**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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF-21-010**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**Anticipated BOE meeting date **03/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/30/2021**Contract term: **266 days**4. Type of contract: **Contract**Contract description: **Ironwood Consulting**

5. Purpose of contract:

**This is a new contract to provide surveys for three state listed endangered plant species across 3,000 acres of modelled habitat.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,371.00**

Payment for services will be made at the rate of \$41,371.00 per Contract

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Federal Grant award from the US Fish and Wildlife Service**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The time required for planning, crew coordination, and survey implementation to meet the specifications of the grant award for this work greatly exceeds the manpower of NDF staff.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 201103**

**Approval Date: 11/10/2020**

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:

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:

Cayenne Engel, Forester 3 Ph: 702-486-5123

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	03/01/2021 11:36:40 AM
Division Approval	dsorensen	03/04/2021 10:18:15 AM
Department Approval	dchelin1	03/04/2021 11:23:10 AM
Contract Manager Approval	dchelin1	03/04/2021 11:23:14 AM
Budget Analyst Approval	rjacob3	03/09/2021 08:29:45 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

<b>Purchasing Use Only:</b>	
Approval#:	2011030

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency Name:</b> Nevada Division of Forestry		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Doris Chelini, Management Analyst III	775-684-2523	dochelini@forestry.nv.gov
	Cayenne Engel, Forester III	702-486-5123	cengel@forestry.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	Ironwood Consulting, Inc
	<b>Contact Name:</b>	Emily Thorn
	<b>Complete Address:</b>	9550 S. Eastern Ave, Las Vegas, NV 89123
	<b>Telephone Number:</b>	505-228-2698
	<b>Email Address:</b>	emily@ironwoodbio.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	
	<b>Professional Service Exemption:</b>	<input checked="" type="checkbox"/> x

<b>1d</b>	<b>Contract Information:</b>			
	<b>Is this a new Contract?</b>	Yes	<input checked="" type="checkbox"/> x	No
	<b>Amendment:</b>	#		
	<b>CETS:</b>	#		

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>			
	<b>Contract:</b>	<b>Start Date:</b>	02/01/2021	<b>End Date:</b> 09/30/2021

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	
	<b>Grant Funds:</b>	<input checked="" type="checkbox"/> x
	<b>Other (Explain):</b>	

0000 11/11/2020

Purchasing Use Only:

Approval #:

#201103

1g

**Total Estimated Value of this Service Contract, Amendment or Purchase:**

\$ 47,066

2

**Provide a description of work/services to be performed or commodity/good to be purchased:**

The consultant will conduct surveys for three state listed endangered plant species across 3,000 acres of modelled habitat. The goal of the project is to validate existing habitat models, which involves selecting ideal survey sites based on likelihood of occurrence, locations of previous surveys (avoiding areas with significant knowledge to date), the risk of disturbance/development, and accessibility and efficiency. The contractor will develop methodology, data management plan, and be responsible for data compilation and delivery in a framework usable by the NDF, NDNH, and the USFWS. Contractor is responsible for all staff and materials sourcing, working with NDF to develop methodology, and ensuring environmental compliance and any permitting needs are met.

3

**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**

A contract was awarded to Ironwood by the Clark County Desert Conservation Program (DCP) to initiate the project for which this USFWS sourced funding was originally allocated. To date, Ironwood has completed all the pre-sampling project work including geospatial analyses, modeling, methods development, assembling a field team, and first year sampling. The sampling methodology and prioritization was developed jointly with NDF and DCP staff.

4

**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**

Continuing with Ironwood Consulting is in the best interest of the State. This funding was originally planned to be jointly contracted into one project using DCP and NDF funds. Timing and internal fiscal staff turnover resulted in the necessary ILA from being in place with Clark County in order to include the NDF awarded funds in the project contracting efforts initiated by Clark County. Therefore, the project was competitively bid, evaluated, and awarded to Ironwood without NDF funds included in the original contract as intended. However, NDF has already been involved in the planning, coordination, and management as planned if the project had included NDF funds. Clark County has declined a request to modify the contract to accept an ILA from NDF, therefore NDF must contract their portion of the project independently.

**Were alternative services or commodities evaluated? Check One.**

Yes:

☒

No:

a. **If yes**, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.

5

A thorough competitive bid project evaluation process was completed by the Clark County Desert Conservation Program. NDF was on the evaluation committee and has been involved in all aspects of the project development using the Clark County funds.

b. **If not**, why were alternatives not evaluated?

**Purchasing Use Only:**

Approval #:

#201103 (u)

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:		No:	x
	a. 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	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>						
	NDF may not be able to expend USFWS awarded funds. Alternatively, funds may be spent but with significantly fewer deliverables for the funding amount as a different entity would have to complete the pre-project work already completed by Ironwood.						
8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>						
	The competitive Request for Proposal (RFP) process through Clark County Desert Conservation Program follows rigorous and defined protocol and must be approved by the county board of commissioners.						
9	<b>Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b>			Yes:		No:	x
	a. If yes, please provide details regarding future obligations or needs.						

Purchasing Use Only:

Approval #:

# 20H03 @

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

Cayenne Engel, Resource Management Officer  
Print Name of Agency Representative Initiating Request

10/27/2020

Date

  
Signature of Agency Head Authorizing Request

Kacey KC, State Forester/Firewarden  
Print Name of Agency Head Authorizing Request

11/2/2020  
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

11/10/2020  
Date



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18594**Amendment Number: **1**Agency Name: **DCNR - STATE LANDS**Legal Entity Name: **INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT**Agency Code: **707**Contractor Name: **INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT**Appropriation Unit: **4200 - All Categories**Address: **1220 SWEETWATER ROAD**Is budget authority available?: **Yes**City/State/Zip: **INCLINE VILLAGE, NV 89451-9214**If "No" please explain: **Not Applicable**Contact/Phone: **775/832-1337**Vendor No.: **T81019194A**NV Business ID: **MIS777.5-1961**To what State Fiscal Year(s) will the contract be charged? **2017-2023**

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	<b>100.00 % Revenue - Tahoe Mitigation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2017**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **05/09/2021**

Termination Date:

Contract term: **6 years and 63 days**4. Type of contract: **Interlocal Agreement**Contract description: **IVGID/NDL Revenue**

5. Purpose of contract:

**This is the first amendment to the original interlocal revenue contract which administers the sale and transfer of land coverage owned by Incline Village General Improvement District. This amendment extends the termination date from May 9, 2021 to June 30, 2023 and increases the maximum amount from \$20,000 to \$30,000 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:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$30,000.00	Yes - Info
3. New maximum contract amount:	\$30,000.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 321.5954 grants authority to the Nevada Division of State Lands to carry out programs to preserve, protect, restore and enhance the natural environment of the Lake Tahoe Basin, including the acquisition and sale of coverage. NRS 277.180 authorizes any one or more agencies to perform any governmental service, activity or undertaking, which any of the agencies entering into the contract is authorized by law to perform.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not Applicable - The Nevada Division of State Lands will be performing the service for Incline Village General Improvement District.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Division of State Lands; 2003-2007, 2011-2013, 2013-2017; 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	apereira	03/02/2021 16:18:48 PM
Division Approval	apereira	03/02/2021 16:18:54 PM
Department Approval	kwilliam	03/03/2021 10:01:07 AM
Contract Manager Approval	apereira	03/03/2021 10:02:26 AM
Budget Analyst Approval	rjacob3	03/16/2021 13:53:29 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23826**Agency Name: **B&I - REAL ESTATE DIVISION**Agency Code: **748**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **GREENSPOON MARDER LLP**Contractor Name: **GREENSPOON MARDER LLP**Address: **C/O PHILLIP A. SILVESTRI, ESQ.  
3993 HOWARD HUGHES PKWY, STE 4  
LAS VEGAS, NV 89169**City/State/Zip: **LAS VEGAS, NV 89169**Contact/Phone: **PHILLIP A. SILVESTRI, ESQ. 702-978-4249**Vendor No.: **T32007105**NV Business ID: **NV20181002807**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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **INFORMAL SOLICITATION #CIC-MED-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/18/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 316 days**4. Type of contract: **Contract**Contract description: **Mediation**

5. Purpose of contract:

**This is a new contract to provide ongoing mediation services as needed.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced, not to exceed \$500 for the first three hours of mediation.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the specialized training required to perform mediation services.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**MALCOLM DOCTORS DBA AUBURN ASSOCIATES**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meets the minimum general and technical qualifications.

d. Last bid date: 11/23/2020 Anticipated re-bid date: 11/01/2022

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 a contract with the Nevada Department of Business and Industry, Real Estate Division. The contract was from April 27, 2017 thru December 31, 2020. The work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Shareece Bates , Administrative Assistant IV Ph: 702-486-3696

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/06/2021 14:54:34 PM
Division Approval	ghilgar	01/06/2021 15:25:34 PM
Department Approval	jhanse4	01/27/2021 12:05:39 PM
Contract Manager Approval	mbenn	01/27/2021 12:31:45 PM
Budget Analyst Approval	stilley	02/18/2021 16:06:47 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23824**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>MALCOLM DOCTORS DBA AUBURN ASSOCIATES</b>
Agency Code: <b>748</b>	Contractor Name: <b>MALCOLM DOCTORS DBA AUBURN ASSOCIATES</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>10120 S EASTERN AVE STE 226</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89052</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MALCOLM DOCTORS 702-492-1264</b>
	Vendor No.: <b>T32003421</b>
	NV Business ID: <b>NV20131220324</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **INFORMAL SOLICITATION #CIC-MED-18-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/18/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 316 days**4. Type of contract: **Contract**Contract description: **Mediation**

5. Purpose of contract:

**This is a new contract to provide ongoing mediation services as needed.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$25,000.00 per null

Other basis for payment: As invoiced, not to exceed \$500 for the first three hours of mediation.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the specialized training required to perform mediation services.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**GREENSPOON MARDER LLP c/o PHILLIP A. SILVESTRI, ESQ.**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meets the minimum general and technical qualifications.

d. Last bid date: 11/23/2020 Anticipated re-bid date: 11/01/2022

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 a contract with the Nevada Department of Business and Industry, Real Estate Division. The contract was from April 27, 2017 thru December 31, 2020. The work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Shareece Bates , Administrative Assistant IV Ph: 702-486-3696

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	01/06/2021 15:44:13 PM
Division Approval	ghilgar	01/06/2021 15:47:01 PM
Department Approval	jhanse4	01/27/2021 12:05:01 PM
Contract Manager Approval	mbenn	01/27/2021 12:29:59 PM
Budget Analyst Approval	stilley	02/18/2021 16:40:44 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23963**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Board of Regents on behalf of
Agency Code: <b>901</b>	Contractor Name: <b>Board of Regents on behalf of</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>Western Nevada College</b>
Is budget authority available?: <b>Yes</b>	<b>2201 W. College Parkway</b>
If "No" please explain: Not Applicable	<b>Carson City, NV 89703</b>
	Contact/Phone: Susan Trist 775-445-4459
	Vendor No.: D35000822
	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.

<b>X</b> General Funds	<b>21.30 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3509-22-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2021**Contract term: **302 days**4. Type of contract: **Interlocal Agreement**Contract description: **2021 CREST Camp**

5. Purpose of contract:

**This is a new interlocal agreement that continues to provide Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16-22, by providing the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,424.40**

Other basis for payment: Instructor: \$2,600.00; CEP 121 Tuition: (1 Credit @ \$133.25) \$133.25, 20 Students@ \$133.25/student: \$2,665.00; Speaker(s) Fee: \$2,500.00 Misc. Event Fees: \$500.00; Materials Books: \$130.75/student, Total 20 Students@ \$130.75/student: \$2,615.00; Academic Supplies: \$70.00/student, Total 20 Students@ \$70.00/student: \$1,400.00; In State Travel: \$150.00; Indirect Costs (8% of Expenses): \$994.40. Invoices payable upon receipt of final report. Total Contract not to exceed: \$13,424.40.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on PRE-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

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?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has satisfactorily provided these services to REHAB since October 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	carnol1	02/08/2021 12:47:32 PM
Division Approval	kdesoci1	02/25/2021 21:08:31 PM
Department Approval	kdesoci1	02/25/2021 21:08:34 PM
Contract Manager Approval	tzehne1	02/26/2021 08:11:11 AM
Budget Analyst Approval	dbaughn	03/04/2021 11:22:06 AM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22804**Amendment Number: **1**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **Odyssey Charter School of Nevada**Agency Code: **901**Contractor Name: **Odyssey Charter School of Nevada**Appropriation Unit: **3265-09**Address: **2251 S. Jones Blvd**Is budget authority available?: **Yes****Suite 100A**  
City/State/Zip: **Las Vegas, NV 89146-3145**If "No" please explain: **Not Applicable**Contact/Phone: **Devon Bolliger 702-501-2160**Vendor No.: **T81102486**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.

<b>X</b>	<b>General Funds</b>	<b>21.30 %</b>	<b>Fees</b>	<b>0.00 %</b>
<b>X</b>	<b>Federal Funds</b>	<b>78.70 %</b>	<b>Bonds</b>	<b>0.00 %</b>
	<b>Highway Funds</b>	<b>0.00 %</b>	<b>Other funding</b>	<b>0.00 %</b>

Agency Reference #: **3375-21-REHAB**

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 **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **12/31/2021**

Termination Date:

Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **2020 Odyssey Pre-ETS**

5. Purpose of contract:

**This is the first amendment to the original interlocal that provides Pre-Employment Transition Services to disabled youths, ages 16-22, by providing the tools that will enable them to seek and retain employment. This amendment revises attachment AA - Scope of Work which cancels all in-person camps and converts the 2021 Summer camp to virtual due to the continued concern over the COVID19 pandemic and the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$42,000.00	\$42,000.00	\$42,000.00	Yes - Info
2. Amount of current amendment (#1):	-\$27,600.00	-\$27,600.00	\$14,400.00	Yes - Info
3. New maximum contract amount:	\$14,400.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

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 has been providing satisfactory services to REHAB since July 2017 and the Department of Education since 2002.

14. Is the contractor currently involved in litigation with the State 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	02/09/2021 09:18:44 AM
Division Approval	kdesoci1	02/25/2021 20:31:00 PM
Department Approval	kdesoci1	02/25/2021 20:31:03 PM
Contract Manager Approval	tzehne1	02/26/2021 08:46:55 AM
Budget Analyst Approval	dbaughn	03/04/2021 10:56:12 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: **23995**

Agency Name:	<b>SILVER STATE HEALTH INSURANCE EXCHANGE</b>	Legal Entity Name:	<b>GARTNER INC</b>
Agency Code:	<b>960</b>	Contractor Name:	<b>GARTNER INC</b>
Appropriation Unit:	<b>1400-12</b>	Address:	<b>PO BOX 911319</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>DALLAS, TX 75391-1319</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Jay Friedman 480-283-8933</b>
		Vendor No.:	<b>PUR0005339</b>
		NV Business ID:	<b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Carrier Premium Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/23/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **08/08/2021**Contract term: **165 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **CMS Attestation**

5. Purpose of contract:

**This is a new work plan under master service agreement contract #18964 which provides research and advisory services related to information technology. This Work Plan is for independent verification and validation (IV&V) services for updates to the existing eligibility and enrollment platform changes that require testing with external federal agencies, such as the Centers for Medicare and Medicaid Services (CMS) and/or the Internal Revenue Service. The purpose of the IV&V services are to provide a written attestation to CMS that the platform changes are working as expected and allow the Exchange to deploy the service into production.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$436.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**All new services or changes on the Exchange eligibility and enrollment platform that send or retrieve information to/from the Federal Data Services Hub (HUB) are required to undergo formal testing and independent verification and validation of the testing to ensure the Exchange has successfully met the requirements to allow for the State to deploy the service into production.**

**In SFY 2020-2021, funding for these services were incorrectly budgeted in Category 04, Operating costs. As these costs are directly related to the Exchange platform, they should be paid out of Category 12. A work program will be placed on the April 2021 IFC agenda to correct the SFY 2021 budget and allow the Exchange to fund necessary platform related costs.**

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 necessary to provide these services. Additionally, CMS requires that these services and resultant attestation be conducted by a third party.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen pursuant to statewide contract 99SWC-NV19-936.

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	jsnido1	02/16/2021 09:57:10 AM
Division Approval	jsnido1	02/16/2021 09:57:14 AM
Department Approval	rhgh	02/18/2021 10:16:52 AM
Contract Manager Approval	jsnido1	02/18/2021 10:19:07 AM
Budget Analyst Approval	afrantz	02/22/2021 08:38:24 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: **23968**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	National Council of Architectural Registration Boards
Agency Code:	<b>BDC</b>	Contractor Name:	<b>National Council of Architectural Registration Boards</b>
Appropriation Unit:	<b>B002 - All Categories</b>	Address:	<b>1401 H Street NW Ste. 500</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Washington, DC 02005</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Jared Zurn 2024613955</b>
		Vendor No.:	<b>BDC</b>
		NV Business ID:	<b>n/a</b>

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Boards application and licensing fee</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/01/2021**Contract term: **71 days**4. Type of contract: **Contract**Contract description: **Practice Analysis**

5. Purpose of contract:

**This is a new contract to provide a practice analysis for the Nevada Residential Design Exam with the development of final test specifications.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,000.00**

Payment for services will be made at the rate of \$19,000.00 per phase 5

Other basis for payment: **n/a****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The NV State Board of Architecture needs to obtain information through a facilitated practice analysis for the Nevada Residential Exam. NCARB will be assisting the Board to conduct this practice analysis of our residential design examination (graphic and written portions). This contract is only for phase 5, which is the development of the final test specification.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a continuation of our previous project (#22968) for the completion of the practice analysis for the board's residential design examination - containing phases 1-4 that have been finalized by the National Council of Architectural Registration Boards (NCARB). Our agency has a significant investment in continuing to have NCARB's subject matter experts in assisting the board with the completion of this project by adding a final phase 5.**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 #: 210201**

**Approval Date: 02/09/2021**

c. Why was this contractor chosen in preference to other?

We don't know of any other company that can provide these services as the exam content is very technical and involves the participation of subject-matter experts.

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:

Under the conditions of the previously approved contract for phases 1-4.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**NCARB is a non-profit organization- not registered in Nevada.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

n/a

19. Agency Field Contract Monitor:

Monica Harrison, Executive Director Ph: 7023260412

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmonica	03/19/2021 15:52:55 PM
Division Approval	cmonica	03/19/2021 15:52:58 PM
Department Approval	cmonica	03/19/2021 15:53:04 PM
Contract Manager Approval	cmonica	03/19/2021 15:53:08 PM
Budget Analyst Approval	hfield	03/22/2021 14:59:35 PM

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**CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR**

A Contract Between the State of Nevada

Acting by and Through its

Agency Name:	NV State Board of Architecture
Address:	2080 E. Flamingo Rd. Ste. 120
City, State, Zip Code:	Las Vegas, NV 89119
Contact:	Monica Harrison
Phone:	(702) 4867300
Fax:	
Email:	mharrison@nsbaidrd.nv.gov

Contractor Name:	National Council of Architectural Registration Boards
Address:	1401 H Street NW, Suite 500
City, State, Zip Code:	Washington, DC 2005
Contact:	Jared Zurn
Phone:	202-461-3955
Fax:	
Email:	jzurn@ncarb.org

WHEREAS, NRS 333.700 authorizes officers, departments, institutions, boards, commissions, and other agencies in the Executive Department of the State Government which derive their support from public money in whole or in part to engage, subject to the approval of the Board of Examiners (BOE), services of persons as independent contractors; and

WHEREAS, it is deemed that the service of Contractor is both necessary and in the best interests of the State of Nevada.

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.
2. **DEFINITIONS.**
  - A. "State" – means the State of Nevada and any State agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
  - B. "Contracting Agency" – means the State agency identified above.
  - C. "Contractor" – means the person or entity identified above that performs services and/or provides goods for the State under the terms and conditions set forth in this Contract.
  - D. "Fiscal Year" – means the period beginning July 1st and ending June 30th of the following year.
  - E. "Contract" – Unless the context otherwise requires, "Contract" means this document entitled Contract for Services of Independent Contractor and all Attachments or Incorporated Documents.
  - F. "Contract for Independent Contractor" – means this document entitled Contract for Services of Independent Contractor exclusive of any Attachments or Incorporated Documents.

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3. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 10, Contract Termination*. Contract is subject to Board of Examiners' approval.

Effective from:	Upon Board Approval	To:	June 30, 2021
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4. **NOTICE.** All communications, including notices, required or permitted to be given under this Contract shall be in writing and directed to the parties at the addresses stated above. Notices may be given: (i) by delivery in person; (ii) by a nationally recognized next day courier service, return receipt requested; or (iii) by certified mail, return receipt requested. If specifically requested by the party to be notified, valid notice may be given by facsimile transmission or electronic mail to the address(es) such party has specified in writing.
5. **INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following attachments, specifically describes the scope of work. This Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT AA:	# Solicitation Waiver
ATTACHMENT BB:	INSURANCE SCHEDULE
ATTACHMENT CC:	CONTRACTOR'S RESPONSE

Any provision, term or condition of an Attachment that contradicts the terms of this Contract for Independent Contractor, or that would change the obligations of the State under this Contract for Independent Contractor, shall be void and unenforceable.

6. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 5, Incorporated Documents* at a cost as noted below:

\$ 19,000	per	Phase 5
Total Contract or installments payable at:	To be paid upon completion of Phase 5: \$19,000	
Total Contract Not to Exceed:	\$ 19,000	

The State does not agree to reimburse Contractor for expenses unless otherwise specified in the incorporated attachments. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

7. **ASSENT.** The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations specified.
8. **BILLING SUBMISSION: TIMELINESS.** The parties agree that timeliness of billing is of the essence to the Contract and recognize that the State is on a Fiscal Year. All billings for dates of service prior to July 1 must be submitted to the state no later than the first Friday in August of the same calendar year. A billing submitted after the first Friday in August, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will subject Contractor to an administrative fee not to exceed one hundred dollars (\$100.00). The parties hereby agree this is a reasonable estimate of the additional costs to the state of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to Contractor.

9. **INSPECTION & AUDIT.**



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- A. **Books and Records.** Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) full, true and complete records, contracts, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all State and federal regulations and statutes.
- B. **Inspection & Audit.** Contractor agrees that the relevant books, records (written, electronic, computer related or otherwise), including, without limitation, relevant accounting procedures and practices of Contractor or its subcontractors, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location of Contractor where such records may be found, with or without notice by the State Auditor, the relevant State agency or its contracted examiners, the department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the state Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives. All subcontracts shall reflect requirements of this Section.
- C. **Period of Retention.** All books, records, reports, and statements relevant to this Contract must be retained a minimum three (3) years, and for five (5) years if any federal funds are used pursuant to the Contract. The retention period runs from the date of payment for the relevant goods or services by the state, or from the date of termination of the Contract, whichever is later. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

#### 10. **CONTRACT TERMINATION.**

- A. **Termination Without Cause.** Regardless of any terms to the contrary, this Contract may be terminated upon written notice by mutual consent of both parties. The State unilaterally may terminate this contract without cause by giving not less than thirty (30) days' notice in the manner specified in *Section 4, Notice*. If this Contract is unilaterally terminated by the State, Contractor shall use its best efforts to minimize cost to the State and Contractor will not be paid for any cost that Contractor could have avoided.
- B. **State Termination for Non-Appropriation.** The continuation of this Contract beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. The State may terminate this Contract, and Contractor waives any and all claims(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the contracting Agency's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired.
- C. **Termination with Cause for Breach.** A breach may be declared with or without termination. A notice of breach and termination shall specify the date of termination of the Contract, which shall not be sooner than the expiration of the Time to Correct, if applicable, allowed under subsection 10D. This Contract may be terminated by either party upon written notice of breach to the other party on the following grounds:
  - 1) If Contractor fails to provide or satisfactorily perform any of the conditions, work, deliverables, goods, or services called for by this Contract within the time requirements specified in this Contract or within any granted extension of those time requirements; or
  - 2) If any state, county, city, or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or
  - 3) If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the Bankruptcy Court; or
  - 4) If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or

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- 5) If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or
  - 6) If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.
- D. **Time to Correct.** Unless the breach is not curable, or unless circumstances do not permit an opportunity to cure, termination upon declared breach may be exercised only after service of formal written notice as specified in *Section 4, Notice*, and the subsequent failure of the breaching party within fifteen (15) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared breach has been corrected. Upon a notice of breach, the time to correct and the time for termination of the contract upon breach under subsection 10C, above, shall run concurrently, unless the notice expressly states otherwise.
- E. **Winding Up Affairs Upon Termination.** In the event of termination of this Contract for any reason, the parties agree that the provisions of this Section survive termination:
- 1) The parties shall account for and properly present to each other all claims for fees and expenses and pay those which are undisputed and otherwise not subject to set off under this Contract. Neither party may withhold performance of winding up provisions solely based on nonpayment of fees or expenses accrued up to the time of termination;
  - 2) Contractor shall satisfactorily complete work in progress at the agreed rate (or a pro rata basis if necessary) if so requested by the Contracting Agency;
  - 3) Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;
  - 4) Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with *Section 21, State Ownership of Proprietary Information*.
11. **REMEDIES.** Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, actual damages, and to a prevailing party reasonable attorneys' fees and costs. For purposes of an award of attorneys' fees to either party, the parties stipulate and agree that a reasonable hourly rate of attorneys' fees shall be one hundred and fifty dollars (\$150.00) per hour. The State may set off consideration against any unpaid obligation of Contractor to any State agency in accordance with NRS 353C.190. In the event that Contractor voluntarily or involuntarily becomes subject to the jurisdiction of the Bankruptcy Court, the State may set off consideration against any unpaid obligation of Contractor to the State or its agencies, to the extent allowed by bankruptcy law, without regard to whether the procedures of NRS 353C.190 have been utilized.
12. **LIMITED LIABILITY.** The State will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Damages for any State breach shall never exceed the amount of funds appropriated for payment under this Contract, but not yet paid to Contractor, for the Fiscal Year budget in existence at the time of the breach. Contractor's tort liability shall not be limited.
13. **FORCE MAJEURE.** Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
14. **INDEMNIFICATION AND DEFENSE.** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any

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breach of the obligations of Contractor under this contract, or any alleged negligent or willful acts or omissions of Contractor, its officers, employees and agents. Contractor's obligation to indemnify the State shall apply in all cases except for claims arising solely from the State's own negligence or willful misconduct. Contractor waives any rights of subrogation against the State. Contractor's duty to defend begins when the State requests defense of any claim arising from this Contract.

15. **REPRESENTATIONS REGARDING INDEPENDENT CONTRACTOR STATUS.** Contractor represents that it is an independent contractor, as defined in NRS 333.700(2) and 616A.255, warrants that it will perform all work under this contract as an independent contractor, and warrants that the State of Nevada will not incur any employment liability by reason of this Contract or the work to be performed under this Contract. To the extent the State incurs any employment liability for the work under this Contract; Contractor will reimburse the State for that liability.
16. **INSURANCE SCHEDULE.** Unless expressly waived in writing by the State, Contractor must carry policies of insurance and pay all taxes and fees incident hereunto. Policies shall meet the terms and conditions as specified within this Contract along with the additional limits and provisions as described in *Attachment BB*, incorporated hereto by attachment. The State shall have no liability except as specifically provided in the Contract.

Contractor shall not commence work before Contractor has provided the required evidence of insurance to the Contracting Agency. The State's approval of any changes to insurance coverage during the course of performance shall constitute an ongoing condition subsequent to this Contract. Any failure of the State to timely approve shall not constitute a waiver of the condition.

- A. **Insurance Coverage.** Contractor shall, at Contractor's sole expense, procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum limits as specified in *Attachment BB*, incorporated hereto by attachment. Unless specifically stated herein or otherwise agreed to by the State, the required insurance shall be in effect prior to the commencement of work by Contractor and shall continue in force as appropriate until:

- 1) Final acceptance by the State of the completion of this Contract; or
- 2) Such time as the insurance is no longer required by the State under the terms of this Contract; whichever occurs later.

Any insurance or self-insurance available to the State shall be in excess of and non-contributing with, any insurance required from Contractor. Contractor's insurance policies shall apply on a primary basis. Until such time as the insurance is no longer required by the State, Contractor shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. If at any time during the period when insurance is required by the Contract, an insurer or surety shall fail to comply with the requirements of this Contract, as soon as Contractor has knowledge of any such failure, Contractor shall immediately notify the State and immediately replace such insurance or bond with an insurer meeting the requirements.

B. **General Requirements.**

- 1) **Additional Insured:** By endorsement to the general liability insurance policy, the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 shall be named as additional insureds for all liability arising from the Contract.
- 2) **Waiver of Subrogation:** Each insurance policy shall provide for a waiver of subrogation against the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 for losses arising from work/materials/equipment performed or provided by or on behalf of Contractor.
- 3) **Cross Liability:** All required liability policies shall provide cross-liability coverage as would be achieved under the standard ISO separation of insureds clause.
- 4) **Deductibles and Self-Insured Retentions:** Insurance maintained by Contractor shall apply on a first dollar basis without application of a deductible or self-insured retention unless otherwise specifically agreed to by the State. Such approval shall not relieve Contractor from the obligation to pay any deductible or self-insured retention. Any deductible or self-insured retention shall not exceed fifty thousand dollars (\$50,000.00) per occurrence, unless otherwise approved by the Risk Management Division.

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5) **Policy Cancellation:** Except for ten (10) days notice for non-payment of premiums, each insurance policy shall be endorsed to state that without thirty (30) days prior written notice to the State of Nevada, c/o Contracting Agency, the policy shall not be canceled, non-renewed or coverage and/or limits reduced or materially altered, and shall provide that notices required by this Section shall be sent by certified mail to the address shown on page one (1) of this contract.

6) **Approved Insurer:** Each insurance policy shall be:

- a) Issued by insurance companies authorized to do business in the State of Nevada or eligible surplus lines insurers acceptable to the State and having agents in Nevada upon whom service of process may be made; and
- b) Currently rated by A.M. Best as "A-VII" or better.

C. **Evidence of Insurance.**

Prior to the start of any work, Contractor must provide the following documents to the contracting State agency:

1) **Certificate of Insurance:** The Acord 25 Certificate of Insurance form or a form substantially similar must be submitted to the State to evidence the insurance policies and coverages required of Contractor. The certificate must name the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 as the certificate holder. The certificate should be signed by a person authorized by the insurer to bind coverage on its behalf. The State project/Contract number; description and Contract effective dates shall be noted on the certificate, and upon renewal of the policies listed, Contractor shall furnish the State with replacement certificates as described within *Section 16A, Insurance Coverage*.

**Mail all required insurance documents to the State Contracting Agency identified on Page one of the Contract.**

2) **Additional Insured Endorsement:** An Additional Insured Endorsement (CG 20 10 11 85 or CG 20 26 11 85), signed by an authorized insurance company representative, must be submitted to the State to evidence the endorsement of the State as an additional insured per *Section 16B, General Requirements*.

3) **Schedule of Underlying Insurance Policies:** If Umbrella or Excess policy is evidenced to comply with minimum limits, a copy of the underlying Schedule from the Umbrella or Excess insurance policy may be required.

4) **Review and Approval:** Documents specified above must be submitted for review and approval by the State prior to the commencement of work by Contractor. Neither approval by the State nor failure to disapprove the insurance furnished by Contractor shall relieve Contractor of Contractor's full responsibility to provide the insurance required by this Contract. Compliance with the insurance requirements of this Contract shall not limit the liability of Contractor or its subcontractors, employees or agents to the State or others, and shall be in addition to and not in lieu of any other remedy available to the State under this Contract or otherwise. The State reserves the right to request and review a copy of any required insurance policy or endorsement to assure compliance with these requirements.

17. **COMPLIANCE WITH LEGAL OBLIGATIONS.** Contractor shall procure and maintain for the duration of this Contract any state, county, city or federal license, authorization, waiver, permit qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract. Contractor shall provide proof of its compliance upon request of the Contracting Agency. Contractor will be responsible to pay all taxes, assessments, fees, premiums, permits, and licenses required by law. Real property and personal property taxes are the responsibility of Contractor in accordance with NRS 361.157 and NRS 361.159. Contractor agrees to be responsible for payment of any such government obligations not paid by its subcontractors during performance of this Contract.

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18. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
19. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
20. **ASSIGNMENT/DELEGATION.** To the extent that any assignment of any right under this Contract changes the duty of either party, increases the burden or risk involved, impairs the chances of obtaining the performance of this Contract, attempts to operate as a novation, or includes a waiver or abrogation of any defense to payment by State, such offending portion of the assignment shall be void, and shall be a breach of this Contract. Contractor shall neither assign, transfer nor delegate any rights, obligations nor duties under this Contract without the prior written consent of the State.
21. **STATE OWNERSHIP OF PROPRIETARY INFORMATION.** Any data or information provided by the State to Contractor and any documents or materials provided by the State to Contractor in the course of this Contract ("State Materials") shall be and remain the exclusive property of the State and all such State Materials shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract.
22. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State has a legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. Contractor may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333, provided that Contractor thereby agrees to indemnify and defend the State for honoring such a designation. The failure to so label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records.
23. **CONFIDENTIALITY.** Contractor shall keep confidential all information, in whatever form, produced, prepared, observed or received by Contractor to the extent that such information is confidential by law or otherwise required by this Contract.
24. **FEDERAL FUNDING.** In the event federal funds are used for payment of all or part of this Contract, Contractor agrees to comply with all applicable federal laws, regulations and executive orders, including, without limitation the following:
  - A. Contractor certifies, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to Executive Orders 12549 and 12689 and Federal Acquisition Regulation subpart 9.4, and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
  - B. Contractor and its subcontracts shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder, including 28 C.F.R. Section 35, inclusive, and any relevant program-specific regulations.
  - C. Contractor and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964 (P.L. 88-352), as amended, the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)
25. **LOBBYING.** The parties agree, whether expressly prohibited by federal law, or otherwise, that no funding associated with this Contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - A. Any federal, state, county or local agency, legislature, commission, council or board;
  - B. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or

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- C. Any officer or employee of any federal, state, county or local agency; legislature, commission, council or board.
26. **GENERAL WARRANTY.** Contractor warrants that all services, deliverables, and/or work products under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry; shall conform to or exceed the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.
  27. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract. Contractor acknowledges that as required by statute or regulation this Contract is effective only after approval by the State Board of Examiners and only for the period of time specified in the Contract. Any services performed by Contractor before this Contract is effective or after it ceases to be effective are performed at the sole risk of Contractor.
  28. **DISCLOSURES REGARDING CURRENT OR FORMER STATE EMPLOYEES.** For the purpose of State compliance with NRS 333.705, Contractor represents and warrants that if Contractor, or any employee of Contractor who will be performing services under this Contract, is a current employee of the State or was employed by the State within the preceding 24 months, Contractor has disclosed the identity of such persons, and the services that each such person will perform, to the Contracting Agency.
  29. **ASSIGNMENT OF ANTITRUST CLAIMS.** Contractor irrevocably assigns to the State any claim for relief or cause of action which Contractor now has or which may accrue to Contractor in the future by reason of any violation of State of Nevada or federal antitrust laws in connection with any goods or services provided under this Contract.
  30. **GOVERNING LAW: JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, without giving effect to any principle of conflict-of-law that would require the application of the law of any other jurisdiction. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract, and consent to personal jurisdiction in such court for any action or proceeding arising out of this Contract.
  31. **ENTIRE CONTRACT AND MODIFICATION.** This Contract and its integrated attachment(s) constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no

CETS#
RFP#

modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners. This Contract, and any amendments, may be executed in counterparts.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

	2/25/2021	VP, Administration
Independent Contractor's Signature	Date	Independent Contractor's Title

	3/01/21	Executive Director
State of Nevada Authorized Signature	Date	Title

State of Nevada Authorized Signature	Date	Title
--------------------------------------	------	-------

State of Nevada Authorized Signature	Date	Title
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APPROVED BY BOARD OF EXAMINERS

Signature – Board of Examiners

On: \_\_\_\_\_  
Date

Approved as to form by:

On: \_\_\_\_\_  
Date

Deputy Attorney General for Attorney General



AA.

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	210201 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to only the contact(s) listed below:		
	<b>State Agency Name:</b> <i>NV State Board of Architecture, Interior Design &amp; Residential Design</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Monica Harrison – Executive Director</i>	<i>(702) 326-0412</i>	<i>mharrison@nsbaidrd.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	<i>National Council of Architectural Registration Boards (NCARB)</i>
	<b>Contact Name:</b>	<i>Jared Zurn</i>
	<b>Complete Address:</b>	<i>1401 B Street NW, Suite 500, Washington, DC 20005</i>
	<b>Telephone Number:</b>	<i>(202) 461-3955</i>
	<b>Email Address:</b>	<i>jzurn@ncarb.org</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	<input checked="" type="checkbox"/>
	<b>Professional Service Exemption:</b>	

<b>1d</b>	<b>Contract Information:</b>			
	<b>Is this a new Contract?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>Amendment:</b>	#		
	<b>CETS:</b>	#23968		

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>	Yes		
	<b>Contract:</b>	<b>Start Date:</b>	<i>Upon approval</i>	<b>End Date:</b> <i>October 31, 2021</i>

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	<i>Board of Architecture funds</i>



Purchasing Use Only:

Approval #:

210201(2)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b> \$19,000
----	--

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b> The Nevada State Board of Architecture Interior Design & Residential Design needs to obtain information through a facilitated practice analysis for the Nevada Residential Designer Examination. NCARB will be assisting the Board to conduct this practice analysis of our residential design examination (graphic and written portions). I've included the scope of work for your review. This contract is only for phase 5, which is the development of final test specification.
---	--

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b> This is a continuation of our previous project (contract #23968) for the completion of the practice analysis for the board's residential design examination - containing phases 1 through 4 that have been already finalized by the National Council of Architectural Registration Boards (NCARB). Our agency has a significant investment in continuing to have NCARB's subject matter experts in assisting the Board with the completion of this project by adding a final phase 5.
---	---

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b> The agency believes that by choosing a different company to provide these services, we wouldn't be fiscally responsible with state funds as the cost of the project will definitely increase due to the amount of time and work already spent on previous phases 1-4. Phase 5 will be the final phase of the project and will provide the Board with the development of the final test specification that will be the basis to create a legally defensible residential design examination in the future.
---	--

Were alternative services or commodities evaluated? Check One.		Yes:		No:	X
5	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?				
We don't know of any other company who can provide these services as the exam content is very technical and involves the participation of subject-matter experts from all three professions (architects, residential designers and interior designers) who will solicit information from practicing professionals concerning what they need to know to perform appropriately in the field.					

Purchasing Use Only:

Approval #:

2/0201 @

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:		No:	X
	<b>a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</b>						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)	
			\$				
			\$				
			\$				
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	Without performing a practice analysis of the residential design exam, we won't be able to align the exam to current residential design practice (which has not been evaluated in several years) and to maintain the validity and legality of the current exam.

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	In addition to the utilization of searching engines, I've also reached out to other out-of-state boards and national institution seeking referrals but did not find a suitable agency with the right team of subject matter experts to provide these type of services at a smaller scale for a very small number of licensed residential designers.

9	<b>Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b>	Yes:		No:	X
	<b>a. If yes, please provide details regarding future obligations or needs.</b>				

Purchasing Use Only:	
Approval #:	2102010

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.

Nevada State Board of Architecture  
 Agency Representative Initiating Request

C. Monica Harrison  
 Print Name of Agency Representative Initiating Request

02/02/20  
 Date

*Monica Harrison*  
 Signature of Agency Head Authorizing Request

C. Monica Harrison  
 Print Name of Agency Head Authorizing Request

02/02/20  
 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*  
 Administrator, Purchasing Division or Designee

2/9/21  
 Date



ARCHREG-02

CROHDE

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 2/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> License # CA#0658748 <b>AHT Insurance</b> 20 S. King Street Leesburg, VA 20175	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (703) 777-2341 FAX (A/C, No): (703) 771-1852 E-MAIL ADDRESS:														
<b>INSURED</b>  National Council of Architectural Registration Boards 1401 H St., NW, Suite 500 Washington, DC 20005	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B: Hartford Casualty Insurance Company</td> <td>29424</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Fire Insurance Company	19682	INSURER B: Hartford Casualty Insurance Company	29424	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Hartford Casualty Insurance Company	29424														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	42UUNZW5773	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			42UUNZW5773	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			42RHUZI2045	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	42 HIP BH2800	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 State of Nevada, its officers, employees and immune contractors are included as Additional Insured with respects to General Liability per the policy terms.  
 Waiver of Subrogation in favor General Liability per the policy terms.

## CERTIFICATE HOLDER

## CANCELLATION

<b>CERTIFICATE HOLDER</b>  NV State Board of Architecture 2080 E. Flamingo Rd. Ste. 120 Las Vegas, NV 89119	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

ACORD 25 (2016/03)

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NCARB

## Proposal to Complete a Test Specification for the Nevada Residential Designer Examination

Submitted to:

The Nevada Board of Architecture, Interior Design & Residential Design  
2080 E. Flamingo Road, #120  
Las Vegas, NV 89119

February 24, 2021

## Summary

The National Council of Architectural Registration Boards (NCARB) is pleased to respond to a request for a proposal to complete a test specification for the Nevada Residential Designer licensure examination based on the to be completed practice analysis. NCARB has developed this proposal to provide the State of Nevada an established process for completing this work necessary to maintain the validity of the Residential Designer licensure examination. NCARB understands the small sample size of Residential Designer licensees, approximately 170, and the Nevada Board of Architecture, Interior Design & Residential Design's (NSBAIDRD) desire to produce valid results using a limited scope. This proposal reflects such limited scope and outlines a schedule of costs as well as a timeline for completion.

NCARB is a nonprofit organization made up of the architectural licensing boards of 55 states and territories. While each jurisdiction is responsible for regulating the practice of architecture within its borders, NCARB develops and administers national programs for licensure candidates and architects to ensure they have the mobility to go wherever their career takes them. In administering these national programs, including the Architect Registration Examination®, NCARB can provide the necessary resources and skill to facilitate the practice analysis and test specification development of the Nevada Residential Designer examination.

## Proposed Work Plan

NCARB is proposing a fifth phase to complete a test specification for the Residential Designer examination. This process includes ongoing engagement with the advisory committee and the development of a new committee of subject matter experts to develop a test specification. A status report will be provided to the NSBAIDRD at the end of each phase along with the opportunity to connect via a web meeting to discuss the findings to date.

### Phase 5: Development of Test Specification

In collaboration with the NSBAIDRD, NCARB will assemble a specifications development committee of 6 – 8 members. This committee will include some overlap in members from the previous advisory committee.

The committee will conduct an initial review asynchronously and supported via web meetings. The development committee will review the report on the practice analysis process and then confirm or refine the most critical responsibilities, knowledge, and skills to be examined.

NCARB will guide the specifications development committee in linking each specific knowledge and skill to the appropriate responsibility area. The committee will determine and make a recommendation of the form the assessment procedures should take for an updated Residential Designer examination (i.e., written, oral, and/or performance examinations). At a one-day face-to-face meeting, the specifications development committee will finalize recommendations.

NCARB will document the final content outline for the proposed examination with the appropriate knowledge, skills, and tasks linked back to each objective. The final test specification will be delivered to the NSBAIDRD and NCARB will attend a meeting as requested to review the report and its findings.

## Proposed Fees and Schedule

The cost for each phase is outlined in the table below. NCARB has presented an all-inclusive plan for managing committees, collecting data, and reporting. All fees include anticipated travel costs for NCARB staff to attend face-to-face meetings. Fees do not include travel or other associated costs for advisory or specifications development committee members. All face-to-face meetings are expected to be held at the NSBAIDRD office and do not include any necessary meeting logistics (e.g., meetings rooms, audio-visual equipment). Fees do not include any incentives NSBAIDRD may offer for participation on committees or involvement in the survey.

Phase	Services	Fee
Phase 5: Development of Test Specification	Committee establishment, objective development, RKS linking, and final report	\$19,000
<b>Total</b>		<b>\$19,000</b>

The following outlines the number of weeks anticipated to complete this phase of the project. Final project dates will need to be developed in collaboration with NCARB based on scheduling of NSBAIDRD activities and events.

Phase	Timeframe
Phase 5	10-12 weeks

## Confidentiality / Copyright Statement

This document is intended only for use by the NSBAIDRD and NCARB and may contain legally privileged and/or confidential or otherwise restricted information viewable by the intended recipient only. If you are not the intended recipient of this document (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this document, and any attachment thereto, is strictly prohibited and violation of this condition may infringe upon laws protecting proprietary and, or, intellectual property.

In no event shall this document be delivered to anyone other than the intended recipient (i.e., the NSBAIDRD staff or Board Members only) or original sender (NCARB staff only) and violation may be considered a breach of law fully punishable by various domestic and international courts.

If you have received this document in error, please respond to the originator of this message or email him/her at the address below and permanently delete and/or shred the original and any copies and any electronic form this document and do not disseminate further.

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23992**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B005 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **The Advantage Group**Contractor Name: **The Advantage Group**Address: **475 Hill Street, Suite B**City/State/Zip: **Reno, NV 89501**Contact/Phone: **Taco Prins 775-829-1777**

Vendor No.:

NV Business ID: **NV1993123286**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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2024**Contract term: **3 years and 124 days**4. Type of contract: **Contract**Contract description: **Investigator**

5. Purpose of contract:

**This is a new contract for ongoing investigative services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$65.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Board requires an outside party to assist with complex investigations.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Board and its staff do not have the qualifications to conduct a complex investigation.**

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):

**DeBecker  
Elite Investigations**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



The Board has worked with the Advantage Group for many years and they were the most cost effective.

d. Last bid date: 01/01/2021 Anticipated re-bid date: 01/01/2024

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:

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	02/12/2021 08:10:36 AM
Division Approval	jstrand1	02/12/2021 08:10:38 AM
Department Approval	jstrand1	02/12/2021 08:10:40 AM
Contract Manager Approval	jstrand1	02/12/2021 08:10:42 AM
Budget Analyst Approval	hfield	02/26/2021 16:25:42 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24014**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	<b>Bryan L. Stockton, Attorney at Law</b>
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Bryan L. Stockton, Attorney at Law</b>
Appropriation Unit:	<b>B015 - All Categories</b>	Address:	<b>755 N. Roop Street, Suite 110</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Carson City, NV 89701</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Bryan L. Stockton 775-220-3949</b>
		Vendor No.:	
		NV Business ID:	<b>NV20201701746</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/18/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 288 days**4. Type of contract: **Contract**Contract description: **Stockton**

5. Purpose of contract:

**This is a new contract to provide hearing officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$150.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available hearing officers.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.**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?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sbradle2	02/22/2021 17:44:08 PM
Division Approval	sbradle2	02/22/2021 17:44:11 PM
Department Approval	sbradle2	02/22/2021 17:44:13 PM
Contract Manager Approval	sbradle2	02/22/2021 17:44:17 PM
Budget Analyst Approval	hfield	03/18/2021 15:28:57 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24003**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: **DOLAN, PATRICK D**Contractor Name: **DOLAN, PATRICK D**Address: **7980 MEADOW VISTA COURT**City/State/Zip: **RENO, NV 89511**Contact/Phone: **Patrick Dolan 7758527292**Vendor No.: **T80027820**NV Business ID: **NV20212004669**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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 289 days**4. Type of contract: **Contract**Contract description: **Dolan**

5. Purpose of contract:

**This is a new contract to provide hearing officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$150.00 per hour

Other basis for payment: **Billed monthly****II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available hearing officers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	03/10/2021 13:27:06 PM
Division Approval	5522	03/10/2021 13:27:10 PM
Department Approval	5522	03/10/2021 13:27:14 PM
Contract Manager Approval	5522	03/10/2021 13:27:17 PM
Budget Analyst Approval	hfield	03/17/2021 14:29:03 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24013**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: **HALSTEAD LAW OFFICES LLC**Contractor Name: **HALSTEAD LAW OFFICES LLC**Address: **615 S ARLINGTON AVE**City/State/Zip: **RENO, NV 89509-1507**Contact/Phone: **Patricia Halstead 775/322-2244**Vendor No.: **T29034847**NV Business ID: **NV20131658465**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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 289 days**4. Type of contract: **Contract**Contract description: **Halstead**

5. Purpose of contract:

**This is a new contract to provide hearing officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$150.00 per hour

Other basis for payment: **Billed monthly****II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available hearing officers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	03/10/2021 14:44:39 PM
Division Approval	5522	03/10/2021 14:44:46 PM
Department Approval	5522	03/10/2021 14:44:50 PM
Contract Manager Approval	5522	03/10/2021 14:44:53 PM
Budget Analyst Approval	hfield	03/17/2021 15:05:47 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24068**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: **Robinson, Sharp, Sullivan & Brust**Contractor Name: **Robinson, Sharp, Sullivan & Brust**Address: **71 Washington Street**City/State/Zip: **Reno, NV 89503**Contact/Phone: **Michael E. Sullivan, Esq. 775-329-3151**

Vendor No.:

NV Business ID: **NV19811008051**To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2021**Anticipated BOE meeting date **04/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2022**Contract term: **1 year and 289 days**4. Type of contract: **Contract**Contract description: **Sullivan**

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: **\$32,500.00**

Payment for services will be made at the rate of \$325.00 per Hour

Other basis for payment: **Invoiced monthly****II. JUSTIFICATION**

7. What conditions require that this work be done?

**In certain situations it is necessary to engage independent legal counsel to represent the Board.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The contractor is a subject matter expert in complex civil litigation.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?



d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	03/11/2021 09:29:38 AM
Division Approval	5522	03/11/2021 09:29:40 AM
Department Approval	5522	03/11/2021 09:29:42 AM
Contract Manager Approval	5522	03/11/2021 09:29:45 AM
Budget Analyst Approval	hfield	03/17/2021 15:26:15 PM

Steve Sisolak  
Governor



Susan Brown  
Director


Tiffany Greenameyer  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: March 11, 2021

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Darlene Baughn, Executive Budget Officer |   
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of March 11, 2021.

Additional Information:

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 4,838,198.82
Statutory Contingency Account	\$ 1,679,614.44
State Claims Account	\$ 350,531.20
Emergency Account	\$ 114,972.00
Disaster Relief Account	\$ 12,652,301.35
IFC Unrestricted Contingency Fund General Fund	\$ 7,526,654.77
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 10,457,242.94
IFC Restricted Contingency Highway Fund	\$ 2,287,561.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and  
AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

REVIEWED: \_\_\_\_\_

CB

ACTION ITEM: \_\_\_\_\_

**BA 1348 TORT Claim Fund**  
**NRS 331.187**  
**FY 2021 (as of March 11, 2021)**

Beginning Cash	5,414,638.00	
Insurance Premiums - A	101,460.70	
Insurance Premiums	3,602,244.31	
AG Loan Repayment	5,000.00	
	-	
	9,123,343.01	
<b>Total Revenue</b>		<b>\$ 9,123,343.01</b>

<u>Paid Claims:</u>		
Attorney General's Office (Operating)	(134,781.12)	
Tort Claims	(3,190,063.07)	
Reserve for Reversion	(960,000.00)	
	-	
	(4,284,844.19)	
<b>Total Payments</b>		
<b>Account Balance</b>		<b>\$ 4,838,498.82</b>

Claims Submitted for Payment:

Submitted for Payment	\$ -	
<b>Account Balance</b>		<b>\$ 4,838,498.82</b>

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
<b>Total Pending Claims</b>		<b>\$ -</b>
<b>Account Balance</b>		<b>\$ 4,838,498.82</b>

**BA 4892 Statutory Contingency Account**  
**NRS 353.264**  
**FY 2021 (as of March 11, 2021)**

Beginning Cash	4,440,838.00	
Transfer from IFC Contingency Fund	3,467,578.00	
	-	
<b>Total Revenue</b>		<b>\$ 7,908,416.00</b>

Paid Claims:

Post Conviction State Claims	(1,380.00)	
DCFS Interstate Compact - 1st Qtr Reimbursement	(284.09)	
DCFS Interstate Compact - 2nd Qtr Reimbursement		
DCFS Interstate Compact - 3rd Qtr Reimbursement		
DCFS Interstate Compact - 4th Qtr Reimbursement		
Attorney General's Office (Professional Service)	(112,137.47)	
Wrongful Conviction: Berry	(2,275,000.00)	
Wrongful Conviction: Wood	(2,850,000.00)	
Wrongful Conviction: Mason	(990,000.00)	
<b>Total Payments</b>	(6,228,801.56)	
<b>Account Balance</b>		<b>\$ 1,679,614.44</b>

Claims Submitted for Payment:

	0.00	
	-	
	\$	
<b>Submitted for Payment</b>		
<b>Account Balance</b>		<b>\$ 1,679,614.44</b>

Projected Outstanding Claims:

Steese Wrongfully Convicted Claim (projected to be awarded early 2021)	(1,375,000.00)	
Professional Service (estimate)	(235,000.00)	
<b>Total Pending Claims</b>	\$ (1,610,000.00)	
<b>Account Balance</b>		<b>\$ 69,614.44</b>

**BA 4888 Stale Claims Account**  
**NRS 353.097**  
**1/0/1900**

Beginning Cash	538,806.00	
Transfer from Interim Finance	500,000.00	
Appropriations	-	
<b>Total Revenue</b>		<b>\$ 1,038,806.00</b>

Paid Claims:

Post Conviction Claims	(124,282.38)	
Governor's Office	(318.16)	
Secretary of State	(20,852.50)	
State Treasurer's Office	(3,194.64)	
State Controller's Office	(400.90)	
Supreme Court	(201.84)	
Taxation	(3,172.57)	
Veterans Affairs	(637.22)	
DETR - NERC	(2,430.47)	
Dept. of Education	(223,730.99)	
Nevada State Library	(160.81)	
Military Department	3,928.36	
Health Care Financing and Policy	(2,130.05)	
DHHS - Aging Services	(27,956.00)	
DHHS - Health Division	(1,485.00)	
DHHS Welfare Division	(3,782.00)	
DHHS - Mental Health Inst	(1,695.00)	
DHHS - SO Nev Adult Mental Health	(11,286.93)	
DHHS-Rural Clinics	(6,813.53)	
DHHS - Mental Health and Dev Services	(11,492.39)	
DHHS - NO Nev Mental Health	(3,750.24)	
DHHS - SO Nev Mental Health	(59,001.29)	
DHHS - LV Childrens Behavioral Services	(33,641.48)	
DHHS - RNO Childrens Behavioral Services	(40,000.00)	
Hearings	(200.00)	
Gaming Control Board	(1,184.88)	
Parks	(633.06)	
DCNR -Water Resources	(1,671.01)	
DCNR - Forestry	(2,253.85)	
Dept. of Administration	(550.90)	
Dept. of Corrections	(78,775.37)	
Public Safety - Parole & Probation	(187.81)	
DHHS-Youth Service Division	(1,477.22)	
Judiciary	(7,770.00)	
DHHS-Child and Family Services	(14,941.95)	
Admin Director	(140.72)	
<b>Total Payments</b>	<b>(688,274.80)</b>	
<b>Account Balance</b>		<b>\$ 350,531.20</b>

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2021 (as of March 11, 2021)**

Beginning Cash 114,972.00

**Total Revenue** **\$ 114,972.00**

Paid Claims:

-

Payments	\$	-
<b>Account Balance</b>	<b>\$</b>	<b>114,972.00</b>

Claims Submitted for Payment:

-

Total Submitted Payments	\$	-
<b>Account Balance</b>	<b>\$</b>	<b>114,972.00</b>

Projected Outstanding Claims

-

Total Pending Claims	\$	-
<b>Estimated Account Balance - Including all Claims</b>	<b>\$</b>	<b>114,972.00</b>

**BA 1335 Disaster Relief Account**  
**NRS 353.2735**  
**FY 2021 (as of March 11, 2021)**

Beginning Cash	13,154,024.00
Treasurer's Interest	34,130.35
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-

<b>Total Revenue</b>	<b>\$ 13,188,154.35</b>
----------------------	-------------------------

Paid Claims:

Transfer to DEM	(535,853.00)	
	-	
	-	
Payments	(535,853.00)	
<b>Account Balance</b>		<b>\$ 12,652,301.35</b>

Projected Outstanding Claims :

Reserve for Reversion to GF	(7,000,000.00)
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Total Pending Claims	(7,000,000.00)
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**Estimated Account Balance - Including all Claims    \$    5,652,301.35**



**IFC Contingency Fund Unrestricted**  
**NRS 353.266**  
**FY 2021 (as of March 11, 2021)**

***Unrestricted General Fund***

FY 2021 Beginning Cash Balance	18,696,934.71	
FY 2021 Appropriations	144,491.00	
Reversion to IFC	4,185,202.00	
<b>Total Revenue</b>		<b><u>23,026,627.71</u></b>

Paid Claims:

Meeting Cost	(33,582.94)	
Board of Examiners-Statutory Contingency	(3,467,578.00)	Approved @ August 20, 2020 IFC
Governor's Office -Patient Protection	(241,065.00)	Approved @ August 20, 2020 IFC
B&I Office of Labor Commission	(71,465.00)	Approved @ August 20, 2020 IFC
NDOC Hep C	(7,044,204.00)	Approved @ October 22, 2020 IFC
DCNR - Southfork Dam	(347,467.00)	Approved @ October 22, 2020 IFC
NDE SPED	(428,800.00)	Approved @ October 22, 2020 IFC
Treasurer	(16,949.00)	Approved @ October 22, 2020 IFC
BOE -State Claims Account	(500,000.00)	Approved @ December 18, 2020 IFC
Forestry	(2,463,625.00)	Approved @ December 18, 2020 IFC
Transfer to DEM	0.00	Approved @ December 18, 2020 IFC
Transfer to Judiciary	(69,000.00)	
Trans to Military Youth Center	(816,237.00)	Approved @ January 27, 2021 IFC
Total Payments	(15,499,972.94)	
<b>Account Balance</b>		<b><u>7,526,654.77</u></b>

Pending Reimbursement:

Total Pending	0.00
<b>Account Balance-GF</b>	<b><u>7,526,654.77</u></b>

***Unrestricted Highway Fund***

Beginning Cash	1,620,336.35	
Reversion to IFC	17,732.00	
<b>Total Revenue</b>		<b><u>1,638,068.35</u></b>

Paid Claims:

Total Payments	0.00
<b>Account Balance-HWY</b>	<b><u>1,638,068.35</u></b>

IFC Contingency Fund Restricted  
NRS 353.266  
FY 2021 (as of March 11, 2021)

**Restricted General Fund**

Beginning Balance July 1, 2020

41,866,549.94  
0.00

**Total Revenue** 41,866,549.94

Paid Claims:

DPS-Records, Communications and Compliance Division-SB514	(2,500,000.00)	Approved @ August 20, 2020 IFC
Governor's Finance Office -Smart 21 - AB543	(252,476.00)	Approved @ June 25, 2020 IFC
Dept. of Taxation AB445	(246,593.00)	Approved @ October 2020 IFC
Forestry	(1,352,387.00)	Approved @ October 2020 IFC
31st Special Session-AB3 Transfer Restricted funds to the General Fund (July 2020).	(26,228,299.00)	Approved @ 31st Special Session
Forestry	(728,492.00)	Approved @ December 18, 2020 IFC
Nevada Atomic Testing Museum	(101,060.00)	Approved @ December 18, 2020 IFC

Payments (31,409,307.00)  
**Account Balance** 10,457,242.94

Pending:

Total Pending 0.00  
**Account Balance** 10,457,242.94

**Restricted Highway Fund**

Beginning Balance July 1, 2019

2,220,935.00

2019 Appropriations Effective July 1, 2019

125,849.00

2,346,784.00

**Total Revenue** 2,346,784.00

Paid Claims:

Governor's Finance Office -Smart 21 - AB543 (59,223.00)

Payments (59,223.00)  
**Account Balance** 2,287,561.00

**Total Restricted Balance:** 12,744,803.94



**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

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Date: March 8, 2021

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Natasha Kephart, Executive Branch Budget Officer  
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the first quarter of State Fiscal Year 2021 (FY21) report for the period beginning July 1, 2020 and ending September 30, 2020.

Additional Information:

The Nevada Complete Streets bill was designed to provide a local funding source for transportation improvements to make local streets "Complete Streets" – streets that are safe and inviting for people using all transportation modes – walkers, baby strollers, people using canes, people using wheelchairs, bicyclist, buses, trolleys – rather than just for cars and trucks.

During the 1st quarter, the DMV collected a total of \$116,562.93 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 4<sup>th</sup> quarter of this year and the same period last year:

### Contributions

1st Quarter			4th Quarter			1st Quarter		
FY 2021	Total 1st Quarter		FY 2020	Total Collected 4th		FY 2020	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 3,636.00	3.12%	Carson City	\$ 2,590.00	2.54%	Carson City	\$ 2,855.00	3.20%
Clark	\$ 88,554.00	75.97%	Clark	\$ 77,642.00	76.04%	Clark	\$ 69,838.00	78.16%
Douglas	\$ 3,446.00	2.96%	Douglas	\$ 3,016.00	2.95%	Douglas	\$ 2,404.00	2.69%
Washoe	\$ 20,926.93	17.95%	Washoe	\$ 18,854.00	18.47%	Washoe	\$ 14,256.00	15.95%
<b>Total</b>	<b>\$ 116,562.93</b>	<b>100%</b>	<b>Total</b>	<b>\$ 102,102.00</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 89,353.00</b>	<b>100%</b>

NRS 482.1825 subsection 3 authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$1,021.02 for the 1% costs for DMV to administer the program, Clark County received \$87,668.46; Washoe County received \$20,717.66; Carson City received \$3,599.64; and Douglas County received \$3,411.54. The following tables demonstrates the percent of the DMV 1% commission by county alongside the previous 4<sup>th</sup> quarter of this year and the same period last year:

### DMV Commission (1%)

1st Quarter			4th Quarter			1st Quarter		
FY 2021	Total 1st Quarter		FY 2020	Total DMV 1% 4th		FY 2020	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 36.36	3.12%	Carson City	\$ 25.90	2.54%	Carson City	\$ 28.55	3.20%
Clark	\$ 885.54	75.97%	Clark	\$ 776.42	76.04%	Clark	\$ 698.38	78.16%
Douglas	\$ 34.46	2.96%	Douglas	\$ 30.16	2.95%	Douglas	\$ 24.04	2.69%
Washoe	\$ 209.27	17.95%	Washoe	\$ 188.54	18.47%	Washoe	\$ 142.56	15.95%
<b>Total</b>	<b>\$ 1,165.63</b>	<b>100%</b>	<b>Total</b>	<b>\$ 1,021.02</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 893.53</b>	<b>100%</b>

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning July 1, 2020 and ending September 30, 2020.

FY21 Total	Carson City	Clark	Douglas	Washoe
Donations	\$ 1,818	\$ 44,277	\$ 1,723	\$ 10,463
Registrations	\$ 13,988	\$ 273,554	\$ 15,658	\$ 76,405
<b>% of Registrations that Donate</b>	<b>13.00%</b>	<b>16.19%</b>	<b>11.00%</b>	<b>13.69%</b>

FY21 Total	Total FY21
Donations	\$ 58,281
Registrations	379,605
<b>Average %</b>	<b>13.47%</b>

For FY21 1<sup>st</sup> quarter, Clark County received on average 16.19% where Carson City received on average 13.00% of vehicle registrations donating.

The following table demonstrates the percentage of registrations that donated by quarter for fiscal year 2019:


FY20 Total	1st	2nd	3rd	4th	FY20 Total	Total FY20
Donations	\$ 44,677	\$ 39,157	\$ 43,055	\$ 51,051	Donations	\$ 177,940
Registrations	\$ 328,979	\$ 285,134	\$ 283,394	\$ 262,008	Registrations	1,159,515
% of Registrations that Donate	13.58%	13.73%	15.19%	19.48%	Average %	15.50%

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the March 2021 Board of Examiners meeting.

Statutory Authority:

NRS 482.1825

REVIEWED: 
INFO ITEM: _____