

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

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: May 10, 2022, 10:00 AM

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

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

This meeting may be viewed on YouTube.
The link will not go live until 10:00 am.
<https://www.youtube.com/watch?v=wePbNxLMOCM>

Phone Conference Line 775-321-6111

Phone Conference ID: 316 240 28 #

AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111. When prompted to provide the meeting ID, please enter 316 240 28#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.
- 3. Approval of the April 12, 2022 Meeting Minutes** (For possible action)

4. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Tourism and Cultural Affairs – Division of Museums and History – Nevada State Museum Trust	1	\$2,928
Total	1	\$2,928

5. Authorization to Contract with a Current and/or 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 Kelly Bodine to assist in processing a complex caseload of disability cases for the Department of Employment, Training and Rehabilitation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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 Annette Ballew to assist with training a new incumbent Program Officer in architecture operations and project delivery methods for the Nevada Department of Transportation through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

C. State Controller’s Office

Pursuant to NRS 333.705, subsection 1, the State Controller’s Office requests authority to contract with former employee Tony Pilant to provide the required support and maintenance to the Advantage Financial system and associated applications.

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

**Department of Business and Industry – Real Estate Division –
Real Estate Administration**

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$103,611 from the Interim Finance Committee Contingency Account to cover projected costs for fiscal year 2022 related to reduced timeshare application fees.

7. Approval of Proposed Leases (For possible action)

8. Approval of Proposed Contracts (For possible action)

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

10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 23, 2022 through April 19, 2022.

11. Information Item Reports

Department of Motor Vehicles – Complete Streets Program

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 second quarter of fiscal year 2022 report for the period beginning January 1, 2022 and ending March 31, 2022.

12. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment via telephone, dial 775-321-6111. When prompted to provide the meeting ID, please enter 316 240 28#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

13. Adjournment

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. A person may submit comments to be attached to the minutes of the meeting in writing three business days before the meeting date, in addition to testifying or in lieu of testifying. Written comments are limited to 2 pages. Written comments may be submitted electronically by email at daluzzi@finance.nv.gov. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov.

Agenda Posted at the Following Locations:

1. Blasdel Building, 209 E. Musser Street, Carson City, NV 89701
 2. Capitol Building, 101 North Carson Street, Carson City, NV 89701
 3. Legislative Building, 401 N. Carson Street, Carson City, NV 89701
 4. Nevada State Library & Archives, 100 North Stewart Street, Carson City, NV 89701
 5. Grant Sawyer Building, Capitol Police, 555 E. Washington, Las Vegas, NV 89101
- Posted on the Internet: <http://budget.nv.gov/Meetings/Meetings-new/> and <https://notice.nv.gov>

Governor Steve Sisolak
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STATE OF NEVADA BOARD OF EXAMINERS

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

Date and Time: April 12, 2022, 10:00 AM

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

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

MEMBERS PRESENT:

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

STAFF PRESENT:

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

MEETING MINUTES

1. Call to Order / Roll Call

Governor: I would like to call to order today's meeting of the State Board of Examiners for Tuesday, April 12, 2022. Can I ask the Clerk to take the roll, please?

Board Secretary: Good morning.

Governor Sisolak.

Governor: Here.

Board Secretary: Secretary of State Cegavske.

Secretary of State: I'm here.

Board Secretary: Attorney General Ford.

Attorney General: Here.

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

- 2. Public Comment** The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. To provide public comment on an item on the agenda, dial 775-321-6111. When prompted to provide the meeting ID, please enter 510 491 593#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Item number two, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item that is on today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. I'll start with Carson City. Do we have anybody in Carson City for public comment? Seeing no one. Do we have anybody in Las Vegas for public comment?

Board Counsel: No public here, Governor.

Governor: Do we have any written or telephonic comments? There is no public comment.

- 3. Approval of the March 8, 2022 Meeting Minutes** (For possible action)

Governor: Moving on to item number three, *Approval of the March 8, 2022 Meeting Minutes*. Do we have a motion?

Secretary of State: Move for approval.

Governor: We have a motion on the floor from Secretary Cegavske. Is there any discussion? Hearing none. All in favor, signify by saying aye. Are any opposed? 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 – Division of Forestry	3	\$222,802
Department of Corrections – Prison Industries	1	\$8,934
Total	4	\$231,736

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

Clerk of the Board: Good morning. There are two requests for vehicles on the agenda today. The first request is from the Department of Conservation and Natural Resources, Division of Forestry to purchase three new vehicles for an amount up to \$222,802. These vehicles are funded with American Rescue Plan Act funds.

The second request is from the Department of Corrections, Prison Industries to purchase one replacement vehicle for an amount up to \$8,934. This vehicle will be purchased from the Department of Administration, Purchasing Division. The vehicle being replaced has met the age and/or mileage requirements in the State Administrative Manual.

Are there any questions on these items?

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

Attorney General: Move approval.

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

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

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 Lleta Brown to provide technical assistance to registered apprenticeship programs for the Department of Business and Industry through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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 Shannon Moyle to assist with the reintegration of the Offender Management System back into the Nevada Offender Tracking Information System for the Department of Corrections through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

C. 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 Karen Rutledge to provide assistance in legal research, dissemination of publications and oversight of legal intake of mail for the Attorney General through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Clerk of the Board: There are three items under this agenda item today. The first item is from the Department of Administration, Purchasing Division to contract with a former employee to provide technical assistance for apprenticeship programs for the Department of Business and Industry. This individual will be employed on a part-time basis through HAT Limited Partnership, doing business as Manpower, through June 30, 2022.

The second item is also from the Department of Administration, Purchasing Division. This is to contract with a former employee to provide assistance with the reintegration of the Offender Management System into the Nevada Offender Tracking Information System for the Department of Corrections. This individual will be employed on a part-time basis, also through Manpower, through June 30, 2023.

The final item under agenda item five is from the Department of Administration, Purchasing Division to contract with a former employee to provide legal research and assistance and training for the Attorney General's Office. This individual will be employed on a part-time basis, through Manpower, through June 30, 2022. Are there any questions on these items?

Governor: I have no questions. General Ford or Secretary Cegavske?

Attorney General: None here.

Secretary of State: No questions here.

Governor: Do I have a motion?

Attorney General: I move approval.

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

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

A. Department of Indigent Defense Services

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$8,960 from the Interim Finance Contingency Account to reimburse Carson City and Humboldt County for costs associated with the maximum contribution amount for indigent defense related costs.

B. Department of Public Safety – Dignitary Protection

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$373,051 from the Interim Finance Contingency Account to fund three additional positions.

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

Clerk of the Board: There are two items under agenda item six, for a recommendation to the Interim Finance Committee for allocations from the Interim Finance Committee (IFC) Contingency Account. The first item is a request for a recommendation to the Interim Finance Committee from the Department of Indigent Defense Services for an allocation of \$8,960 to fund costs associated with the maximum contribution amount for indigent defense related costs.

The second item is from the Department of Public Safety, Dignitary Protection for an allocation of \$373,051 to fund three positions to provide increased dignitary protection services to protect the Governor and first family. Are there any questions on these items?

Governor: I have a legal question. Can I vote on 6-B?

Board Counsel: Rosalie Bordelove here for the record. Unless there is a conflict other than just the nature of your position, I don't see a reason that you couldn't vote.

Governor: No, there's no conflict other than that they are my protection unit. You agree, Kevin?

Kevin Benson: For the record Kevin Benson, General Counsel, Office of the Governor. I do not see any conflict here. It is simply the nature of your job, there's no personal conflict or anything of that nature, so, I concur with Ms. Bordelove's recommendation.

Governor: Thank you very much. Do we have a motion on 6-A and 6-B?

Attorney General: I move approval.

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

7. Approval of a License Agreement (For possible action)

Department of Transportation

Pursuant to NRS 408.353(2), the Director of the Nevada Department of Transportation requests the Board of Examiners' approval of a license agreement to occupy space for radio communication facilities and equipment on property owned and managed by The Border Inn, LLC.

Governor: Item number seven, *License Agreement*.

Clerk of the Board: Agenda item seven is from the Department of Transportation (NDOT), pursuant to Nevada Revised Statute (NRS) 408.353, subsection 2. The department is requesting this Board's retroactive ratification and approval of this contract and all associated amendments as a recently appointed NDOT board member has an ownership interest in this contract. Are there any questions on this item?

Governor: I do not have any questions. Do we have any questions on this one?

Attorney General: None here.

Secretary of State: I have none.

Governor: Do I have a motion?

Attorney General: Move approval.

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

8. Approval of Proposed Leases (For possible action)

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

Clerk of the Board: There are seven leases under agenda item eight today for approval by the Board. Are there any questions on any of these items?

Governor: No, I don't have any questions. Do we have any questions on item number eight?

Attorney General: None here.

Secretary of State: None.

Governor: Do we have a motion?

Attorney General: I move approval.

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

9. Approval of Proposed Contracts (For possible action)

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

Clerk of the Board: There are 39 contracts under agenda item nine today for approval by the Board. I would note that on contract number three between the Department of Administration, State Public Works and Shaw Engineering, LTD, the termination date of June 30, 2025 should be June 30, 2023. That is the only adjustment on these items. Are there any questions about these contracts?

Governor: No questions. Do we have any questions on item number nine?

Attorney General: None here.

Secretary of State: None.

Governor: Do I have a motion?

Attorney General: I move approval.

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

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

Governor: Item number 10, *Approval of Proposed Master Service Agreements*.

Clerk of the Board: There are 88 Master Service Agreements under agenda item 10 for approval by the Board. Item number 84 with the Children's Cabinet, Inc. has been amended from \$200 million down to \$2 million to reflect the services that are included in this contract. Are there any questions on any of these items?

Governor: That is a significant adjustment.

Secretary of State: Yes, Governor.

Governor: Yes, go ahead, Secretary.

Secretary of State: I need to make a disclosure on agenda item 10, contract number 76 relating to the proposed Master Service Agreement with Opportunity Village. May I disclose that now?

Governor: Please do.

Secretary of State: I do not believe the independence of judgment of a reasonable person in my situation would be materially affected by my relationship with Opportunity Village as a board member. Based on the nature of my relationship with Opportunity Village I'm not going to recuse myself from voting on Master Service Agreement contract number 76 under agenda item 10. I now ask the deputy attorney general if that disclosure is satisfactory under NRS 281A.

Board Counsel: Yes, Secretary, thank you.

Secretary of State: Thank you. Thank you, Governor.

Governor: Thank you, Secretary Cegavske.

Do we have a motion on item number 10?

Attorney General: I move approval.

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

11. Information Item – Clerk of the Board Contracts and Master Service Agreement

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 15, 2022 through March 22, 2022.

Governor: Item number 11 is an information item. Do you have a presentation or comments on that one?

Clerk of the Board: Just that there are 57 contracts and one Master Service Agreement over the \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between February 15, 2022 and March 22, 2022.

Governor: Do we have any questions on the Clerk of the Board contracts and Master Service Agreements?

Attorney General: None here.

Secretary of State: Thank you, Governor. I just wanted to thank your team again for talking to my team and going through all of these and allowing us the independence of going through it, asking questions and getting the responses back. So, thank you to your team and thank you for working with us.

Governor: Thank you, Secretary. They've done an incredible job briefing all three of us and answering the questions and that's why we go through these meetings relatively quickly because all of our questions are answered in our briefings, so, we thank you for that.

Hearing no more Board comments, I'll move on to item 12.

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

Governor: Item number 12, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item under the purview of this Board, please step forward, identify yourself for the record and comments will be limited to three minutes. We will once again start in Carson City. Is there anybody wishing to comment during this public comment period? Seeing no one, do we have anyone in Las Vegas?

Board Counsel: None here, Governor.

Governor: Do we have any telephonic or written public comment?

Clerk of the Board: We do not.

Governor: We have no public comment.

13. Adjournment

Governor: That brings us to item number 13. We are adjourned. Thank you, everybody, for being here.

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

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

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

Date: April 14, 2022
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Tiffany Smorra, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS –
DIVISION OF MUSEUMS AND HISTORY – NEVADA STATE MUSEUM TRUST**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Division of Museums & History, Nevada State Museum Trust requests approval to purchase one used replacement vehicle from State Purchasing for a total amount not to exceed \$2,928.00.

Additional Information:

The Nevada State Museum Carson City currently uses a 1997 Jeep Cherokee that has 132,288 miles and is non-operational. The department seeks approval to replace this vehicle with a used 2005 Chevrolet Silverado recently surrendered to State Purchasing by the Department of Agriculture. All indications regarding the reliability of the 2005 Chevrolet Silverado through maintenance history records received from State Purchasing are favorable and indicate that the vehicle will be reliable and fulfill the travel requirements of the Nevada State Museum.

The Board of Museums has approved the use of private funds per NRS 381.0031, subsection 1, from the Nevada State Museum Dedicated Trust Fund pursuant to NRS 381.0033, subsection 1(a) to purchase the 2005 Chevrolet Silverado.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____

ACTION ITEM: _____



MEMORANDUM

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

From: Myron Freedman, Administrator, Division of Museums & History

Date: April 14, 2022

Re: DMH Request to Purchase Surplus Vehicle from State Purchasing

The Division of Museums and History requests approval to purchase a 2005 Chevy Silverado from State Purchasing surplus for \$2,928.00. This vehicle will be used by the Nevada State Museum Carson City to transport staff and artifacts (including archaeological materials) between museum buildings and pick-up artifacts (including archaeological materials) from various locations and meet with agencies and tribes.

The 2005 Chevy Silverado will replace a 1997 Jeep Cherokee which will be surrendered to State Purchasing for surplus upon the purchase of the 2005 Chevy Silverado. The 1997 Jeep Cherokee has current mileage 132,288 and is non-operational. It needs a replacement gas tank that is no longer being manufactured. Private funds approved by the Board of Museums and History per NRS 381.002 in the Nevada State Museum Dedicated Trust Fund budget will be used to purchase the 2005 Chevy Silverado. Adequate expenditure authority exists in BA5036 Cat. 56 Restricted Collection Storage Maintenance.


All indications regarding the reliability of the 2005 Chevy Silverado through maintenance history records received from State Purchasing are favorable and indicate that the vehicle will be reliable and fulfill the transportation needs of the Nevada State Museum.

Thank you for your time and consideration. If you have any questions or wish to discuss further, do not hesitate to contact me at mfreedman@nevadaculture.org or 775-687-7340.

Attachments

- Nevada State Purchasing Division Property Management Program, Vehicle/Equipment Turn In Document
- Board of Examiners Request for Approval to Purchase a State Vehicle Pursuant to NRS 334.010

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

Agency Name: Division of Museums and History	Budget Account #: 5036
Contact Name: Daphne DeLeon	Telephone Number: 775-687-7340
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: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$2928.00</u> Is the requested vehicle(s) new or used: <u>used</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Truck</u> Mission of the requested vehicle(s): Transporting and picking up collections between museum bldgs + various other locations; and transporting staff to meetings	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? <u>Private funds approved by Board of Museums & History per NRS 381.002</u>
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <u> </u> Addition(s) <input checked="" type="checkbox"/> <u> </u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: 1997 Odometer Reading: 132, 288 Type of Vehicle: Jeep Cherokee <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes <hr/> 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>	
APPOINTING AUTHORITY APPROVAL:	
 Agency Appointing Authority	Myron Freedman DMH Administrator Title
<div style="text-align: right;"> <u>4/5/2022</u> Date </div>	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners	Date

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

SOLD TO:
Division of Museums and History
Attn: Myron Freedman
600 N. Carson St.
Carson City, NV 89701
775-687-7340 X304

DATE: 4/5/2022

VTID CNTL #: 22-044RN

INVOICE #: 22-013

PO #: N/A

**EXCESS PROPERTY
BILL OF SALE**

DESCRIPTION	STATE ID #	PROPERTY OF	B/A	PRICE
2005 Chevy Silverado 1500 VIN 1GCEK19295Z126013	276231	AGRI	4552	\$ 2,928.00

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 herein and understands that the property is subject to the provisions of NAC 333.370, printed on the reverse side of this document.

INV TOTAL: \$ 2,928.00

PROPERTY SOLD BY: Judy Gates

RECEIVED BY:

DATE:

FOR OFFICE USE ONLY

REMIT TO:
NV STATE SURPLUS PROGRAM
515 E. MUSSER ST., STE 300
CARSON CITY, NV 89701

CUSTOMER COPY

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

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

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

Date: April 4, 2022

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

From: Dustin Speed, Executive Branch Budget Officer *DS*
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 Kelly Bodine to assist in processing a complex caseload of disability cases for the Department of Employment Training and Rehabilitation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Bodine retired from the Department of Employment Training and Rehabilitation on February 5, 2021 and is receiving pension benefits. Her skills and experience processing disability claims are needed to address a gap in staffing. The department intends to contract with Ms. Bodine from June 20, 2022 to June 20, 2023 on a part-time basis for approximately 20 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: LA
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 31, 2022

MEMORANDUM

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23928 – HAT LTD Partnership dba Manpower
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Kelly Bodine who Manpower wants to hire. Kelly recently left state service and is collecting PERS.

Manpower is aware they will not be able to hire Kelly until May BOE approval.

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

REHABILITATION
DIVISION

BUREAU OF
DISABILITY
ADJUDICATION



STEVE SISOLAK
Governor

DRAZEN ELEZ
Administrator

JANA VAUGHN
Deputy Administrator

Bureau of Disability Adjudication (BDA)
2527 N. Carson St. Ste 114
Carson City, NV 89706

Date: March 30, 2022

To: Annette Morfin, Purchasing Officer
Department of Administration, Purchasing Division

From: Department of Employment Training and Rehabilitation – Lindsay Thompson

Subject: Authorization to Contract with Former Employee – Kelly Bodine

The Bureau of Disability Adjudication is requesting to contract with a former employee, Kelly Bodine, through the use of Manpower Temporary Services. The request is made in accordance with the State Administrative Manual Chapter 0323. In her previous position, Ms. Bodine performed duties as a senior Disability Adjudicator 3 processing disability claims for Social Security Administration. She performed these duties at the highest level of case complexity, and her knowledge and experience in her position will be invaluable toward helping us reach our workload goals. The Bureau of Disability has been understaffed for many years, so her contract will help fill a known gap in staffing. BDA's budget is funded 100% by the federal government and is directly tied to the processing of continuing disability reviews, for which our most experienced staff are required to process. This workload expectations must be met each year. Her work will also assist us in working down our current significant application backlog of Nevadans waiting for disability determinations.

Through this contract, Ms. Bodine will be working a complex caseload comprised of Initial, Reconsideration, and Continuing Disability Review cases. She will also be tasked with covering caseloads of examiners on short term and extended leave, to ensure consistent workflow and timely actions on cases. This is an area where we have very few resources currently to accommodate the need. Her work will directly and indirectly have a positive impact on customer service and provide uninterrupted service to Nevadans seeking disability.

Please contact me if additional information or clarification is needed. My phone number is 775-885-3741, or I can be contacted by email at Jana.Vaughn@ssa.gov.



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information			
Former Employee Name:	Kelly Bodine		
Former Employee ID Number:	11571		
Former Job Title:	Disability Adjudicator III		
Former Employee Agency:	DETR/Rehabilitation/Bureau of Disability Adjudication		
Former Class and Grade:	Class:	12.456	Grade: 33
Former Employment Dates:	From:	09/10/90	To: 02/05/21
Requesting Agency:	DETR/Rehabilitation/Bureau of Disability Adjudication		
Vendor:	ManPower		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	<p>Summarize scope of contract work.</p> <p>Senior Disability Adjudicator – DA3 - Evaluate all levels of Nevada claimants' disability claims such as Initial, Reconsideration, Continuing Disability Reviews, Pre-Hearing, and Expedited Reinstatement cases and make determinations in accordance with laws, rules, regulations, policies and procedures governing Social Security Disability Programs. Work involves the evaluation of medical evidence to make judgments about the presence, onset, clinical severity and prognosis of physical or mental impairments and determination of the vocational potential of claimants in order to allow or deny Social Security benefits. Perform advanced-level work and provide mentoring and training to the abundant numbers of newer adjudicators. Work may focus on customer service initiatives that target aging cases, support and coverage for caseloads that have an adjudicator out on extended leave. Reduce caseload backlogs to assist agency in becoming more current and help reduce case processing times.</p>
B	<p>Document former job description.</p> <p>Evaluate all levels of Nevada claimants' disability claims, approves or denies, such as Initial, Reconsideration, Continuing Disability Reviews, Pre-Hearing, and Expedited Reinstatement cases, with severe and possibly terminal conditions, and make determinations in accordance with laws, rules, regulations, policies and procedures governing Social Security Disability Programs. Work involves the evaluation of medical evidence to make judgments about the presence, onset, clinical severity and prognosis of physical or mental impairments and determination of the vocational potential of claimants</p>

	<p>in order to allow or deny Social Security benefits. Perform advanced-level work and provide mentoring and training to the abundant numbers of newer adjudicators. Work may focus on customer service initiatives that target aging cases, support and coverage for caseloads that have an adjudicator out on extended leave. Reduce caseload backlogs to assist agency in becoming more current and help reduce case processing times.</p>
C	<p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p>
	<p>Yes, former employee has specialized knowledge that will allow for immediate impact on processing cases swiftly to improve customer service. No. These positions process Nevada Social Security Administration disability claims. Only experienced Disability Adjudicators can process specific claim types. This previous employee has extensive knowledge in this specialized position, which takes a minimum of four years' experience to attain and is able to process all claim types. Due to attrition and years of lack of hiring, the number of agency experienced examiners to inexperienced has approached 50%. The greater experience level is valuable as it has a positive impact on processing times and customer service.</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p>
	<p>Current State employees cannot perform this function due to the lack of adjudicators with the advanced experience required to work complex cases. We have been severely understaffed for years due to attrition and lack of hiring. The job is quite complex and only a small number of people develop the skill set to advance to the senior level. Our backlog of the more complex cases is growing and customer service is negatively affected. It takes 4 years to get to the level of expertise required. The ratio of experienced to inexperience adjudicators has recently grown to 50/50. The assistance is needed now as the case backlog is growing and will continue to grow based on SSA estimates. This is a direct impact on customer service to our Nevada citizens waiting longer for a decision on their cases.</p>
E	<p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p>
	<p>No.</p>
F	<p>List contractors' hourly rate.</p>
	<p>Pay Rate: \$29.14/hour Bill Rate: \$37.16/hour</p>
G	<p>List the range of comparable State employee rates.</p>
	<p>Full Salary Range for Disability Adjudicator 3: \$33.40/hour Annual Salary: \$47,188.80-\$69,739.20</p>
H	<p>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?</p>
	<p>Rate does not exceed the maximum employee/employer rate for a comparable state position.</p>
I	<p>Document justification for hiring contractor.</p>
	<p>The Bureau of Disability Adjudication is an essential service and is 100% fully funded through a Social Security Administration Federal grant. The contractor will fill an immediate need to process Nevadan claimant aging complex disability cases. They will also have an immediate impact on our growing backlog of cases/Nevadans waiting to have their cases assigned. Again, with the attrition and hiring situation, we need more experience now that the demands are high, and will be higher soon due to increased application projections. The process of training new adjudicators is too lengthy of a process to learn the program and be able to work the advanced workloads for at least a couple more years. Only experienced Disability Adjudicators can process specific claim types. This previous employee has the extensive knowledge, developed over her many years in this specialized position, to have a large initial impact. She previously worked on our "Strike Team" which had the same focus on improving customer service and speeding up decisions. The greater experience level is valuable as it has a positive impact on reducing processing time, which directly correlates to improved customer service.</p>

	The expected surge in disability applications will happen in the coming months as Social Security Administration offices are opening back up to in-person appointments and applications. The experienced assistance will be in great demand. Our recruitments for experienced examiners this last year have been unsuccessful due to impacts of cost of living and the housing shortage. Recruitments for experienced adjudicators resulted in 4 out of 4 prospective hires declining our offers as they could not afford or find housing in Nevada. This contractor already has the experience and already lives in Nevada. This seems to be the only short-term solution available at this time.
J	Will the employee be collecting PERS at any time during the contract? Yes
K	What is the duration of the contract with the former employee? (Include start and end date) Start Date: 06/20/2022 End Date: 06/20/2023
L	Will the former employee be working full time or part time? If part time, how many hours? Part-Time 20 hours/week or less.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No.

Comments – Provide any additional comments:

We would be happy to discuss or answer any further questions regarding our hiring and workload challenges. The bottom line is we need to have a significant impact on improving the customer service to our fellow Nevadans. As you know, the challenges we face on hiring and workload are unprecedented, and require us to think outside the box for solutions. This position is 100% funded by the federal government and backed by SSA, and will only serve to improve the outlook for the State, our agency and Nevadans. Thank you for your kind consideration of our request.

Approval for Authorization to Contract with a Former Employee:

Digitized by
Erit Martinez 3/7/2022
Signature of Agency Head Authorizing Request Date

Kevin D. Oaty 3/31/22
Purchasing Administrator Signature (if a Statewide Contract) Date

Dustin Speed 4/4/22
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

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

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

Date: April 14, 2022

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

From: Dustin Speed, 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 Annette Ballew to assist with training a new incumbent Program Officer in architecture operations and project delivery methods for the Nevada Department of Transportation through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Ballew retired from the Nevada Department of Transportation on April 29, 2022 and is receiving pension benefits. Her skills and experience in the Architecture office are necessary to train the new Program Officer. The department intends to contract with Ms. Ballew from May 18, 2022 until June 30, 2022 on a part-time basis for approximately 30 hours per week.

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

April 29, 2022

MEMORANDUM

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23927 – Marathon Staffing Group Inc.
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Annette M. Ballew who Marathon wants to hire. Annette recently left state service and is collecting PERS.

Marathon is aware they will not be able to hire Annette until May BOE approval.

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



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

March 11, 2022

To: State Purchasing
From: Kristina L. Swallow, Director
Subject: Authorization to Contract with a Former Employee – Annette M. Ballew

SUMMARY

Maintenance and Asset Management is requesting to employ a person who will have been retired from State Service less than 3 weeks after her retirement date.

The Program Officer I position in the Architecture Section will become vacant as of April 29, 2022.

It is anticipated Annette could start as a Marathon Temporary Staff employee by May 18th.

BACKGROUND

The position was advertised, and list closed on March 9, 2022.

The incumbent is Annette Ballew. Her last day will occur prior to our completion of the hiring process to fill the position.

The recruitment for the position requested overlap between the current and future program officer. Based on state hiring timelines, it is unlikely that sufficient, if any, overlap will actually occur. The Architecture office is small and when the current candidate retires, there will be no one to train the new candidate. Hiring the former program officer back for a limited time through a temporary staffing contract will assist in the transfer of institutional knowledge to the new program officer.

RECOMMENDATION

DocuSigned by:
Kristina L. Swallow 03/11/2022
C4B812FC2C1E4FB...
Kristina Swallow, P.E., Director



**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:	Annette M Ballew			
Former Employee ID Number:	22249			
Former Job Title:	Program Officer I			
Former Employee Agency:	NDOT			
Former Class and Grade:	Class:	7.649	Grade:	31
Former Employment Dates:	From:	August 14, 2000	To:	April 29, 2022
Requesting Agency:	NDOT – Maintenance and Asset Management- Architecture Section			
Vendor:	Marathon Staffing			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
<input type="checkbox"/>	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Training newer staff on NDOT procedures for project delivery workload, includes accounting, agreements, contracts advertising, contract administration regulations all of which are specific to how Architecture fits into the NDOT processes.
B	Document former job description. For Architecture Agreement Coordinator for all Agreements, Coordination of Formal and Quote Projects, Monitor/Instruct staff on Policy/Procedure changes and effects, Management all Sharepoint data for Architecture, Supervision of Administrative Staff.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? Employee has 22 years of knowledge in Architecture operations and project delivery methods with NDOT procedures. Training will occur as a Marathon Temp Employee for up to several months
D	Explain why existing State employees within your agency cannot perform this function.

	State employees can perform this function, but they need training. The Architecture office is very small and when the current candidate retires, there will be no one to train the new candidate. Hiring the former program officer back for a limited time through a temporary staffing contract will assist in the transfer of institutional knowledge to the new program officer.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	Not related
F	List contractors' hourly rate.
	\$28.75
G	List the range of comparable State employee rates.
	Program Officer I, Class 7.649, grade 31, \$20.76 - \$30.53 hourly
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	N/A
I	Document justification for hiring contractor.
	State employees can perform this function, but they need training. The Architecture office is very small and when the current candidate retires, there will be no one to train the new candidate. Hiring the former program officer back for a limited time through a temporary staffing contract will assist in the transfer of institutional knowledge to the new program officer.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	Dates are anticipated to begin as early as May 18, and end on June 30. If needed and funding approved for next fiscal year, contract not to exceed 6 months from start date.
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part time. Hours to be negotiated, but anticipated to be up to 30 hours per week depending upon training needs.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

The recruitment for the position requested overlap between the current and future program officer. Based on state hiring timelines, it is unlikely that sufficient, if any, overlap will actually occur.

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:
Cole Mortensen 03/18/2022
Signature of Agency Head Authorizing Request Date

Kevin D. Doty 5/2/22
Purchasing Administrator Signature (if a Statewide Contract) Date

[Signature] 4-18-2022
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

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

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

Date: April 7, 2022
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Michele Lynn, 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.

STATE CONTROLLER'S OFFICE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the State Controller's Office (SCO) requests to contract with a former employee, Tony Pilant, to provide the required support and maintenance to the Advantage Financial system and associated applications.

Additional Information:

Mr. Pilant retired from the Department of Administration, Enterprise Information Technology Services (EITS), December 24, 2021 and is receiving pension benefits. He has 18 years of experience with the State of Nevada as an Information Technology (IT) Professional Data Base Administrator. Mr. Pilant's career with the state started in administrating and supporting these financial systems and this experience will provide the necessary specialized knowledge to keep the system functional until the transition of the new system takes place. SCO indicates their IT staff lack the in-house knowledge needed to maintain these systems and EITS reports they do not have staff with the institutional knowledge that can provide the much needed support and maintenance to Advantage, DAWN, IHUB, and/or Discoverer support since Mr. Pilant's retiring.

Statutory Authority:
NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____

CATHERINE BYRNE, CPA
Controller

STATE OF NEVADA

LORI HOOVER, CPA
Chief Deputy Controller



OFFICE OF THE
STATE CONTROLLER

MEMORANDUM

TO: Michele K. Lynn, Executive Branch Budget Officer

FROM: Lori Hoover, CPA, Chief Deputy Controller

SUBJECT: Request for Authorization to Contract with a Former Employee

DATE: April 5, 2022

The State Controller's Office requests the May Board of Examiners' favorable approval to temporarily contract with former state employee Tony Pilant through contract with TK Solutions, effective upon approval through June 30, 2024.

Through this contract, Mr. Pilant's experience and expertise is essential to ensure successful operation and support of the Advantage Financial system and to keep the legacy system operational until the SMART21 project is complete. Mr. Pilant is being contracted due to the retirement and transfers to other agencies of knowledgeable and experienced system operators which has left the Controller's Office with a lack of in-house knowledge and experience. Mr. Pilant will work with the current Controller's Office IT team during troubleshooting of issues to ensure they understand the processes to correct the issues.

Additional Information:

Mr. Pilant retired from the Department of Administration, EITS, on December 24, 2021 and is receiving pension benefits.

Please contact me if additional information or clarification is needed.

Thank You.

Lori Hoover

Lori Hoover, CPA
Chief Deputy Controller



**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:	Tony Pilant			
Former Employee ID Number:	29432			
Former Job Title:	IT Professional 4			
Former Employee Agency:	Department of Administration, EITS			
Former Class and Grade:	Class:	7.921	Grade:	10
Former Employment Dates:	From:	11/12/2003	To:	12/24/2021
Requesting Agency:	State Controller's Office			
Vendor:	TK Solutions. 4760 Voltaire Street, Carson City, NV 89703. (775) 292-1229.			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all the contracted services.
	Summarize scope of contract work.
A	The State Controller's Office (SCO) is responsible for the maintenance and administration of the State's financial applications, including Advantage, DAWN, Discoverer, IHUB, and the Oracle applications. Due to retirements and transfers to other agencies, there is a lack of in-house knowledge and experience with State's financial applications at SCO. The SCO IT team has found support from an outside resource that has this kind of knowledge and experience to assist when issues arise with the State's financial applications that the SCO IT team cannot quickly fix. Tony Pilant has the experience and expertise that SCO IT team needs to troubleshoot and quickly address issues which could detrimentally affect the operations of the State's financial applications. Tony Pilant would work with current SCO IT team during troubleshooting issues to ensure they understand the processes to fix the issues. This should assist the SCO IT team with increasing their knowledge of the State's financial applications.
	Document former job description.
B	Tony Pilant was a senior DBA while employed with EITS and administered and supported EITS Oracle database servers and databases, as well as customer Oracle database servers and databases. The State's financial applications run on the Oracle database servers and databases. Before working for EITS, Tony Pilant was a senior DBA for NDOT and administered and supported NDOT's Oracle database servers and databases, and he occasionally provided support for NDOT's Advantage system. Most importantly, before working for NDOT, Tony Pilant worked for the State Controller's Office where he administered and supported SCO's Advantage, DAWN, Discoverer, and Oracle systems.

C	<p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p> <p>Tony Pilant has specialized knowledge of the State's financial applications as he has worked at SCO IT on the State's financial systems in addition to supporting other Oracle database servers and databases which is the system that the State's financial systems run on. While Tony Pilant was working at EITS prior to his retirement, SCO had an interlocal agreement to have Tony Pilant assist SCO IT with occurring issues with the State's financial applications. The funds from this interlocal will be used to fund the contract with Tony Pilant. During troubleshooting of issues, knowledge transfer will occur to increase the SCO IT teams understanding of the State's financial applications. There is no timeframe of knowledge transfer because the State's financial applications continue to exhibit different, unrelated issues from past issues.</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>Due to retirements and transfers to other agencies, all of SCO's previous Advantage, DAWN, Discoverer, IHUB, and Oracle administrators no longer work at SCO. Due to the lack of vendor maintenance support and extensive customization of the State's financial applications prior to the current SCO IT Team, none of the current SCO IT team have any in-depth knowledge and/or experience administering and supporting the State's financial applications. Issues arising with the State's financial applications are increasing in number and severity. It has not been possible for the SCO IT team to fix all the issues without assistance from Tony Pilant</p>
E	<p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p> <p>Not related.</p>
F	<p>List contractors' hourly rate.</p> <p>\$100</p>
G	<p>List the range of comparable State employee rates.</p> <p>EITS charges \$99.56/hr for Oracle database support but they no longer have any staff that can provide Advantage, DAWN, IHUB, and/or Discoverer support since Tony Pilant's retiring from EITS.</p>
H	<p>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?</p> <p>NA</p>
I	<p>Document justification for hiring contractor.</p> <p>List of recent issues that SCO IT has needed outside Advantage, DAWN, Discoverer, IHUB, and Oracle technical support with, due to a lack of internal expertise:</p> <ul style="list-style-type: none"> • 6/17/2021 - 6/28/2021: DAWN Time/Seed Issue. 12,000 records in Advantage did not load to DAWN correctly. While with EITS, Tony Pilant helped us to get those records loaded to DAWN. This required several restores, rebuilds of control files, and attempts at loading the docs. • 8/2021 - 12/2021: DAWN Budget Account Issue Help. A work program in DAWN is missing a line of coding. While with EITS, Tony Pilant was researching and helping us get this sorted out, but then he retired. We tried several attempts at loading the line, but nothing worked as of yet and we still haven't been able to resolve this issue. • Several times between 6/2021-12/2021: Rebuild Control files on DANDEV12 and DAWNDR. While with EITS, Tony Pilant helped us rebuild the Control files on DAWNDEV12 and DAWNDR. This is not an easy process, and one that SCO IT needed help with. • 6/2021 - 12/2021: DBlinks on DAWNdev12 and DAWNDR. While with EITS, Tony Pilant helped us get the DBLINKS pointed to the correct databases. • Advantage/DAWN sync. Tony knows how Advantage & DAWN work together to stay in Sync. SCO IT has some

	limited knowledge of the Advantage side of this sync, but since the Advantage/DAWN administrators left SCO, there is no one remaining who fully knows the DAWN side.
J	Will the employee be collecting PERS at any time during the contract?
	Yes.
K	What is the duration of the contract with the former employee? (Include start and end date)
	Starting upon approval from the Board of Examiners and ending June 30, 2024, the one year after the scheduled date of the State's new ERP financial system – SAP – will be implemented. SCO will need the current State financial system - Advantage - to be operational for one year to complete the FY23 Annual Comprehensive Financial Report.
L	Will the former employee be working full time or part time? If part time, how many hours?
	Tony Pilant will only assist when the State's financial applications have issues that the SCO IT team cannot fix. Depending on the severity of the issues, we assume it will be part time up to 20 hours a week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Lori Hoover

3/14/2022

Signature of Agency Head Authorizing Request

Date

Purchasing Administrator Signature (if a Statewide Contract)

Date

M. H. G.

Budget Analyst Signature

4.7.22

Date

Clerk of the Board of Examiners Signature

Date

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

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

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

Date: April 12, 2022
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Michele Lynn, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF BUSINESS AND INDUSTRY –
REAL ESTATE DIVISION – REAL ESTATE ADMINISTRATION**

Agenda Item Write-up:


Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$103,611 from the Interim Finance Committee Contingency Account to cover projected costs for fiscal year 2022 related to reduced timeshare application fees.

Additional Information:

The timeshare industry in Nevada is greatly reliant on the Las Vegas market. Whereas timeshare fees have improved and are up from the prior fiscal year 2021, they have not recovered to pre-COVID-19 levels. This request will assist the Department to cover costs and fulfilling its responsibilities to all the licensees.

Statutory Authority:

NRS 353.268

REVIEWED: _____ 
ACTION ITEM: _____




STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF THE DIRECTOR

MEMORANDUM

DATE: April 5, 2022

TO: Michele Lynn, Budget Officer
Governor's Finance Office, Budget Division

FROM: Terry Reynold, Director 
Department of Business and Industry

RE: Request for IFC Contingency Funds – Work Program Number # C58669

Pursuant to NRS 353.268, the Department of Business and Industry is requesting an allocation by the Interim Finance Committee from the Contingency Account to address a projected cash shortfall for Budget Account 3823- Real Estate Administration.

The timeshare industry relies very heavily on the Las Vegas market to promote and sell timeshares. While both timeshare fees are up this year from fiscal year 2021, they have not bounced back to pre-COVID levels. Through March, the agency's the Timeshare Reps/Agents Fees (RGL 3601) with new applications and renewals for timeshare agents and timeshare representatives are up 15.62% from this same point in time in fiscal year 2021, but these fees are projected to be down by 20.36% from what was authorized for this fiscal year. Likewise, through March the agency's RGL 3602 Timeshare Filing Fees (new, renewals and addition of intervals) fees are up 20.07% compared to receipts thru March in fiscal year 2021 but are projected to be down 40.50% from what was authorized for fiscal year 2022. As a result, the agency is projecting a cash shortfall of \$103,611.

The Division has worked closely with the Director of B&I's fiscal section to develop various scenarios to cut or reduce expenses to bridge this gap. Unfortunately, we do not see any realistic way to reduce \$103,611 in expenses before June 30, 2022. The Division services over 40,000 licensees in various sectors of the Real Estate industry including brokers, salespersons, property managers, appraisers, inspectors of structures, community managers, timeshares, and builders. Any shutdown or reduction in Division staff or services will greatly affect all these licensees.

Your favorable consideration of this IFC request is appreciated.

State of Nevada Work Program

WP Number: C58669

FY 2022

<input type="checkbox"/> Add Original Work Program	<input checked="" type="checkbox"/> XXX Modify Work Program	BUDGET DIVISION USE ONLY DATE _____ APPROVED ON BEHALF OF THE GOVERNOR BY _____
--	--	--

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
04/01/22	101	748	3823	B&I - REAL ESTATE ADMINISTRATION

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			3602	TIMESHARE FILING FEES	(103,611)	588,050	484,439
			4654	TRANSFER FROM INTERIM FINANCE	103,611	0	103,611
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		0	588,050	
Total Budgetary & Revenue GLs					0		

Expenditures

CAT	Amount	CAT	Amount
Sub Total Category Expenditures		<u>0</u>	

Remarks
 This work program requests an allocation from the Interim Finance Committee Contingency Account (General Fund) for a projected fiscal year 2022 shortfall relating to timeshare filing fees.

Total Budgetary General Ledgers and Category Expenditures (AP) 0

jhans4
Authorized Signature

04/05/22
Date

Controller's Office Approval

Requires Interim Finance approval since Requesting IFC Contingency (General Fund) allocation.

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF ADMINISTRATION – HEARINGS AND APPEALS DIVISION	SAHARA RANCHO OFFICE CENTER, LLC	\$6,288,509
		This is an expansion of current facilities and an extension of an existing lease.	
	Term of Lease:	05/01/2022 – 10/31/2030	Located in Las Vegas
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	YENN ASSET MANAGEMENT, LLC	\$473,172
		This is an extension of an existing lease.	
	Term of Lease:	06/01/2022 – 05/31/2027	Located in Las Vegas
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	COPPER CREEK ENTERPRISES, LLC	\$396,762
		This is an extension of an existing lease.	
	Term of Lease:	06/01/2022 – 05/31/2027	Located in Pahrump
4.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL	CARSON CITY SHERIFF'S OFFICE	\$107,646
		This is an extension of an existing lease.	
	Term of Lease:	07/01/2022 – 06/30/2025	Located in Carson City

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. 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:	<i>[Signature]</i> 4/13/22
Reviewed by:	
Reviewed by:	

John
04/13/22

STATEWIDE LEASE INFORMATION

1. Agency: Department of Administration
Hearings and Appeals Division
2200 South Rancho Drive, Suite 220
Las Vegas, Nevada 89102
Lino Jasso
T: 702.486.3409 E: ljasso@admin.nv.gov

Remarks: This lease was negotiated to expand the existing space to accommodate the growing need of courtrooms and agency caseload. This lease includes extensive build-outs to the expansion and existing spaces.

Exceptions/Special notes: This lease extends the existing lease an additional 7 years, in order to co-terminate with the new expansion space. Occupancy of expansion space upon completion of tenant improvements, estimated to be April 1, 2022 at no cost through October 31, 2023.

2. Name of Lessor: Sahara Rancho Office Center, LLC

3. Address of Lessor: 2200 South Rancho Drive, Suite 130
Las Vegas, Nevada 89102

4. Property contact: c/o Newmark Grubb Knight Frank
Meaghan Levy
T: 702.683.0010 E: meaghan.levy@ngkf.com

5. Address of Lease property: 2200 South Rancho Drive, Suites 150 (7,633sf), 210 and 220 (21,281sf)
Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 28,914 21,281sf plus (7,633sf at no cost through 06/30/2023)

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
Existing Lease	\$ 36,295.20	12	\$ 435,542.40	May 1, 2022 - April 30, 2023	\$0.00	\$1.71	\$1.71
	\$ 36,295.20	2	\$ 72,590.40	May 1, 2023 - June 30, 2023	\$0.00	\$1.71	\$1.71
Renewal inc/ expansion	\$ 57,749.00	4	\$ 230,996.00	July 1, 2023 - October 21, 2023	\$0.35	\$1.65	\$2.00
	\$ 57,750.00	24	\$ 1,386,000.00	November 1, 2023 - October 31, 2025	\$0.35	\$1.65	\$2.00
	\$ 59,482.50	24	\$ 1,427,580.00	November 1, 2025 - October 31, 2027	\$0.35	\$1.71	\$2.06
	\$ 61,266.98	24	\$ 1,470,407.52	November 1, 2027 - October 31, 2029	\$0.35	\$1.77	\$2.12
	\$ 63,104.98	12	\$ 757,259.76	November 1, 2029 - October 31, 2030	\$0.35	\$1.84	\$2.18

c. Total Lease Consideration: 84 \$ 6,288,508.88

d. Total Improvement Cost: \$839,000.00

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) Year Extension

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: \$2.38

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

n. Lease will be paid for by Agency Budget Account Number: 1015

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: \$1,400.00 Furnishings: \$56,276.60 Data/Phones: \$11,500.00

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 E225

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

Michelle Morgando 01/10/2022
 Authorized Agency Signature Date.

20

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:	NV19991101595	Exp: 12/31/2021
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:	T81200453	
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. We have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. 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] 3/15/22
 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:	
Reviewed by:	ART 2/15/22
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Child and Family Services, Southern Nevada Child and Adolescent Services
 4126 Technology Way, 3rd Floor
 Carson City, Nevada 89706
 Sharon Knigge
 T: 775.684.7952 E: contracts@dcsf.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: Yenn Asset Management, LLC

3. Address of Lessor: c/o First Dragon Holdings
 4041 E Sunset Road
 Henderson, Nevada 89014

4. Property contact: Issis Garay
 T: 702.528.0829 E: dragonholdings4041@gmail.com

5. Address of Lease property: 1350 South Jones, Suites 210, 220, 230
 Las Vegas, Nevada 89146

a. Square Footage: Rentable Usable 3,500

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
	\$ 7,700.00	12	\$ 92,400.00	June 1, 2022 - May 31, 2023	\$0.00	\$0.00	\$2.20
0%	\$ 7,700.00	12	\$ 92,400.00	June 1, 2023 - May 31, 2024	\$0.00	\$0.00	\$2.20
3%	\$ 7,931.00	12	\$ 95,172.00	June 1, 2024 - May 31, 2025	\$0.00	\$0.00	\$2.27
0%	\$ 7,931.00	12	\$ 95,172.00	June 1, 2025 - May 31, 2026	\$0.00	\$0.00	\$2.27
3%	\$ 8,168.93	12	\$ 98,027.16	June 1, 2026 - May 31, 2027	\$0.00	\$0.00	\$2.33
c. Total Lease Consideration:		60	\$ 473,171.16				
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	90	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 checked="" type="checkbox"/> 3 day <input type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see special notes)			
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:	\$2.58						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3646						


STATEWIDE LEASE INFORMATION

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the life of the lease and I hereby agree to pay such assessment.

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

Yes No Dec Unit _____

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

 _____
 Authorized Agency Signature Date
 15

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:	NV20181171481	Exp: 3/31/2022
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:	T27042452	
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

 _____
 Authorized Signature Date
 Public Works Division 4-6-22

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:	<i>Kelly Anderson</i>
Reviewed by:	<i>ARF</i>
Reviewed by:	<i>4.11.22</i>

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Division of Public and Behavioral Health, Rural Clinics
4150 Technology Way, Third Floor
Carson City, Nevada 89706
Irmia Janssen
T: 775.684.4224 E: contractsunit@health.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: Copper Creek Enterprises, LLC

3. Address of Lessor: 1670 Cypress Point Court
Pahrump, Nevada 89048

4. Property contact: Kenneth Murphy
T: 775.209.3751 E: redwood501@gmail.com

5. Address of Lease property: 240 South Humahuaca Street
Pahrump, Nevada 89048

a. Square Footage: Rentable Usable 3,998

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
\$ 6,356.82	12	\$ 76,281.84	June 1, 2022 - May 31, 2023	\$0.00	\$0.00	\$1.59
2% \$ 6,476.76	12	\$ 77,721.12	June 1, 2023 - May 31, 2024	\$0.00	\$0.00	\$1.62
2% \$ 6,596.70	12	\$ 79,160.40	June 1, 2024 - May 31, 2025	\$0.00	\$0.00	\$1.65
2% \$ 6,756.62	12	\$ 81,079.44	June 1, 2025 - May 31, 2026	\$0.00	\$0.00	\$1.69
2% \$ 6,876.56	12	\$ 82,518.72	June 1, 2026 - May 31, 2027	\$0.00	\$0.00	\$1.72
c. Total Lease Consideration:		60	\$ 396,761.52			
d. Total Improvement Cost:					\$0.00	
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Renewal terms:	One (1) Identical term		
f. Holdover notice:		# of Days required 90	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 type="checkbox"/> 5 day <input checked="" 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:		\$1.87				
m. Specific termination clause in lease:		Breach/Default lack of funding				
n. Lease will be paid for by Agency Budget Account Number:		3648				

STATEWIDE LEASE INFORMATION

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the life of the lease and I hereby agree to pay such assessment.

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

Kelli P. Quintana 4/5/22
 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:	NV20021057343	Exp: 5/31/2022
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:	T27003742	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

B. 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

 4-6-22
 Authorized Signature Date
 Public Works Division

W *bm/ll*
 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:	SL
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Public Safety
 Highway Patrol Division
 555 Wright Way
 Carson City, Nevada 89711
 Melissa Sabatini
 T: 775.684.4593 E: msabatini@dps.state.nv.us

Remarks:

This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor:

Carson City Sheriff's Office

3. Address of Lessor:

911 East Musser Street
 Carson City, Nevada 89701

4. Property contact:

Jerome Tushbant
 T: 775.283.7803 E: jtushbant@carson.org

5. Address of Lease property:

911 East Musser Street
 Carson City, Nevada 89701

a. Square Footage:

Rentable
 Usable 2,330

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
\$ 2,912.50	12	\$ 34,950.00	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$1.25
4% \$ 3,029.00	12	\$ 36,348.00	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$1.30
0% \$ 3,029.00	12	\$ 36,348.00	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$1.30

c. Total Lease Consideration:

36 \$ 107,646.00 \$0.00

d. Total Improvement Cost:

Yes No Renewal terms: One (1) Identical Term

e. Option to renew:

of Days required 90 Holdover terms: 5%/90

f. Holdover notice:

Three (3) Years

g. Term:

Landlord Tenant

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

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

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:

\$1.57

m. Specific termination clause in lease:

Breach/Default lack of funding

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

4713

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

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the life of the lease and I hereby agree to pay such assessment.

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

K. Grote DJ 3/24/22
 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... <u>Governmental Office</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? *If No, explain... <u>Governmental Office</u>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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>NA</u>	Exp: _____	
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: <u>760990941</u>		
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] 3-25-22
 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	ACADIAN CONSULTING GROUP, LLC	OTHER: REGULATORY ASSESSMENTS	\$199,400	Professional Service
	Contract Description:	This is a new contract to provide professional services as an expert witness and full litigation support on issues relating to class cost allocations, distribution of revenues across classes and rate design matters relating to utility rate-making and cost recovery proposals.				
		Term of Contract:	Upon Approval - 05/08/2026	Contract # 25918		
2.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	THE LAWTON LAW FIRM. PC	OTHER: REGULATORY ASSESSMENTS	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional services as an expert witness and full litigation support for the cost of capital, depreciation and other issues related to utilities' rate making and cost recovery proposals.				
		Term of Contract:	05/12/2022 - 05/11/2024	Contract # 25920		
3.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	CENTER FOR INTERNET SECURITY	FEDERAL	\$128,160	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides network monitoring, analysis and quarterly reporting on cybersecurity threats to county voter registration databases utilizing previously purchased Albert sensors for 12 rural Nevada counties. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$323,750 to \$451,910 due to the continued need for these services.				
		Term of Contract:	05/14/2019 - 06/30/2023	Contract # 21679		
4.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	ACCESS COMMUNITY CAPITAL	OTHER: T-MOBILE SETTLEMENT	\$6,000,000	Sole Source
	Contract Description:	This is a new contract to provide administration of a minority-focused direct loan program, targeting startups and early-stage businesses and assisting in the development of Nevada's first minority-owned Community Development Financial Institution.				
		Term of Contract:	Upon Approval - 05/31/2027	Contract # 25987		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - WORKFORCE INNOVATIONS FOR A NEW NEVADA ACCOUNT	ECONOMIC MODELING, LLC	FEDERAL	\$500,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing services for access, updates and maintenance to the SkillsMatch interface which assists job seekers to identify their skillsets to receive personalized career and educational recommendations. This contract is contingent upon IFC approval of work program #C58225.				
		Term of Contract:	Upon Approval - 04/30/2023	Contract # 25973		
6.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES – NETWORK TRANSPORT SERVICES	NEW CINGULAR WIRELESS, LLC	OTHER: REVENUE	\$146,060	
	Contract Description:	This is a new revenue contract to provide rack space at Miller Mountain located in Esmeralda County.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25939		
7.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	WESTED	FEDERAL	\$2,330,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide school improvement work to develop the capacity of education leaders across the state, provide targeted support for the lowest-performing schools and build resources for educators serving English learners.				
		Term of Contract:	Upon Approval - 12/31/2023	Contract # 25910		
8.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	WESTED	FEDERAL	\$357,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide professional development in the areas of literacy and social-emotional learning for middle and high school educators.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 25992		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - ARCHIVES AND PUBLIC RECORDS	COMPLETE DOCUMENT MANAGEMENT DBA PRECISION DOCUMENT IMAGING	OTHER: VARIOUS AGENCIES	\$269,217	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides additional modules, licenses and hardware to the existing OnBase Electronic Content Management System. This amendment increases the maximum amount from \$366,407.00 to \$635,624.26 due to the increased need for these products and services.				
		Term of Contract:	02/09/2021 - 02/08/2023	Contract # 23865		
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	BOARD OF TRUSTEES FOR FUND FOR HOSPITAL CARE FOR INDIGENT PERSONS	OTHER: REVENUE	\$104,608,206	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25250		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	BOARD OF TRUSTEES FOR FUND FOR HOSPITAL CARE FOR INDIGENT PERSONS	OTHER: REVENUE	\$103,932	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the inpatient non-state government-owned Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25251		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$3,595,100	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the practitioner Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24869		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$29,275,500	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check-Up eligible.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25112		
14.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE	OTHER: REVENUE	\$4,575,034	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education supplemental payment program for non-state government-owned or operated teaching hospitals.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25587		
15.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF CHILD AND FAMILY SERVICES	FEDERAL	\$7,478,352	Exempt
	Contract Description:	This is a new interlocal agreement to provide targeted case management and administrative and medical services.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25618		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	FIRST DATA GOVERNMENT SOLUTIONS, LP	GENERAL 21.4% FEDERAL 78.6%	\$596,844	
	Contract Description:	This is the second amendment to the original contract which provides an Electronic Visit Verification (EVV) system. This amendment extends the termination date from March 31, 2023 to December 31, 2023 and increases the maximum amount from \$2,064,304 to \$2,661,148 to allow time for completion of a new request for proposal, adding a fourth Managed Care Organization to the EVV system and conducting three annual security audits for key performance indicators.				
		Term of Contract:	04/01/2019 - 12/31/2023	Contract # 21166		
17.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CHURCHILL COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$1,091,564	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25657		
18.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CLARK COUNTY	OTHER: REVENUE	\$54,125,128	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25660		
19.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ELKO COUNTY HUMAN & SOCIAL SERVICES	OTHER: REVENUE	\$1,456,547	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25662		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	LYON COUNTY HUMAN SERVICES	OTHER: REVENUE	\$2,425,632	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25672		
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NYE COUNTY HEALTH AND HUMAN SERVICES	OTHER: REVENUE	\$1,394,013	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25675		
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	PERSHING COUNTY	OTHER: REVENUE	\$484,206	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25676		
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE W.W. WILLIAMS COMPANY, LLC	GENERAL	\$100,485	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance service for the emergency generators. This amendment increases the maximum amount from \$30,160.00 to \$130,645.13 due to repairs needed for the emergency generator.				
		Term of Contract:	04/01/2022 - 03/31/2024	Contract # 25052		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	CARAHSOFT TECHNOLOGY	FEDERAL	\$2,243,206	
	Contract Description:	This is a new service agreement under master service agreement #99 SWC-NV18-421 which provides a single disease surveillance system. This system automates and modernizes how electronic reports are being reported to the state and the Centers for Disease Control and Prevention.				
		Term of Contract:	Upon Approval - 07/31/2023	Contract # 25541		
25.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	ELKO COUNTY	OTHER: COUNTY 34% FEDERAL 66%	\$236,341	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24887		
26.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	INFORMATIX, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$427,869	
	Contract Description:	This is the fourth amendment to the original contract which provides an electronic application to assist in the collections and disbursements of Child Support payments to the custodial parent. This amendment extends the termination date from May 31, 2022 to March 31, 2023 and increases the maximum amount from \$1,953,238.78 to \$2,381,107.71 due to ongoing software support, maintenance services and the extended test and production period.				
		Term of Contract:	12/12/2017 - 03/31/2023	Contract # 19387		
27.	440	DEPARTMENT OF CORRECTIONS	ARAMARK CORRECTIONAL SERVICES, LLC	GENERAL	\$64,000,000	
	Contract Description:	This is a new contract to provide consolidated inmate food services statewide.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 25479		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	654	OFFICE OF THE MILITARY – DEPARTMENT OF EMERGENCY MANAGEMENT - DISASTER RESPONSE AND RECOVERY ACCOUNT – NON-EXEC	ITS LOGISTICS, LLC	FEDERAL	\$170,000	
		Term of Contract:	Upon Approval - 08/31/2022	Contract # 26031		
29.	654	OFFICE OF THE MILITARY – DEPARTMENT OF EMERGENCY MANAGEMENT - DISASTER RESPONSE AND RECOVERY ACCOUNT – NON-EXEC	RAYMOND WEST	FEDERAL	\$300,000	
		Term of Contract:	Upon Approval - 08/31/2022	Contract # 26055		
30.	656	DEPARTMENT OF PUBLIC SAFETY – FIRE MARSHAL	FIRESHOWSWEST FIRST RESPONDERS	FEE: 50% STATE EMERGENCY RESPONSE COMMISSION 50% HAZMAT	\$192,000	Sole Source
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25715		
31.	690	COLORADO RIVER COMMISSION - POWER DELIVERY PROJECT	QUES	OTHER: POWER SALES	\$860,000	
		Term of Contract:	Upon Approval - 03/01/2026	Contract # 25771		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CLEARLY TAHOE, LLC	OTHER: REVENUE	\$600,000	
	Contract Description:	This is a new revenue contract to provide a non-motorized water sports concession at Sand Harbor State Park.				
		Term of Contract:	Upon Approval - 05/09/2026	Contract # 25975		
33.	708	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - NEVADA NATURAL HERITAGE	DESERT RESEARCH INSTITUTE	GENERAL	\$200,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide greenhouse gas accounting of carbon dioxide and carbon sequestration potential from Nevada's native vegetated land cover. This contract is contingent upon IFC approval of work program #C58508.				
		Term of Contract:	07/01/2022 - 06/30/2023	Contract # 25816		
34.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	EIDE BAILLY, LLP	FEDERAL	\$210,500	Professional Service
	Contract Description:	This is a new contract to provide ongoing audit services of financial statements for the Unemployment Insurance Trust Fund for calendar years 2022 through 2025.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25684		
35.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	EXPRESS SCRIPTS, INC.	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$332,109,496	
	Contract Description:	This is a new contract to provide ongoing pharmacy benefit manager services for participants.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25582		
36.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	HEALTHSCOPE BENEFITS	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$294,027	
	Contract Description:	This is the seventh amendment to the original contract which provides third-party administration services. This amendment increases the maximum from \$62,600,000 to \$62,894,027 due to the increased need for these services.				
		Term of Contract:	02/08/2011 - 06/30/2022	Contract # 11825		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	LIFEWORCS US, LTD	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$6,145,600	Sole Source
	Contract Description:	This is a new contract to provide a system for maintaining enrollment, eligibility, and accounting for all participants.				
	Term of Contract:	04/01/2022 - 12/31/2026	Contract # 25935			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25918**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Acadian Consulting Group, LLC
Agency Code: 030	Contractor Name: Acadian Consulting Group, LLC
Appropriation Unit: 1038-10	Address: 5800 One Perkins Place Dr. Ste. 5F
Is budget authority available?: Yes	City/State/Zip: Baton Rouge, LA 70808
If "No" please explain: Not Applicable	Contact/Phone: David E. Dismukes, Ph.D. 225-769-2603
	Vendor No.: T32012286
	NV Business ID: NV20222405431
To what State Fiscal Year(s) will the contract be charged? 2022-2026	

What is the source of funds that will be used to pay the contractor? 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 % Regulatory Assessments

2. Contract start date:

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

Anticipated BOE meeting date: **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/08/2026**

Contract term: **4 years and 8 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide professional services as an expert witness and full litigation support on issues relating to class cost allocations, distribution of revenues across classes and rate design matters relating to utility rate-making and cost recovery proposals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$199,400.00**

Payment for services will be made at the rate of \$300.00 per hour maximum

Other basis for payment: Presentation of invoices to agency and agency approval of monthly invoices that itemize work performed by time and date of service rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

Specialized knowledge and testimony as an expert witness is required by the Bureau of Consumer Protection to assist in evaluating the filings as well as the particular requirements to represent consumers' interests.

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

Specialized knowledge and credentials of an experienced expert in the field which is not available in a State agency is needed in complex contested matters before the NV Public Utilities Commission.

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

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

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

Not Applicable

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

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

This vendor was chosen for their specialized expertise, availability and rates.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

In 2005 Acadian Consulting Group was contracted with the Bureau of Consumer Protection and all work 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:
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:

Paul Stuhff, Senior Deputy Attorney General Ph: 702-486-3490

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	03/29/2022 11:59:22 AM
Division Approval	hrobinso	03/29/2022 11:59:29 AM
Department Approval	hrobinso	04/05/2022 10:38:10 AM
Contract Manager Approval	pmcco1	04/05/2022 12:12:43 PM
Budget Analyst Approval	jcoope8	04/11/2022 14:05:02 PM
BOE Agenda Approval	hfield	04/18/2022 10:14:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25920**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: The LAWTON LAW FIRM, PC
Agency Code: 030	Contractor Name: The LAWTON LAW FIRM, PC
Appropriation Unit: 1038-10	Address: STE R-275
Is budget authority available?: Yes	12600 HILL COUNTRY BLVD
If "No" please explain: Not Applicable	City/State/Zip: AUSTIN, TX 78738-6768
	Contact/Phone: Daniel Lawton 512/322-0019
	Vendor No.: T27025088
	NV Business ID: NV20101246795
To what State Fiscal Year(s) will the contract be charged?	2022-2024

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

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

Agency Reference #: 23034

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/11/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide ongoing professional services as an expert witness and full litigation support for the cost of capital, depreciation and other issues related to utilities' rate making and cost recovery proposals.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$200.00 per hour maximum

Other basis for payment: Presentation of monthly invoice to agency and agency approval of invoice that itemizes work performed by time and date of services rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

Specialized knowledge and testimony of an expert witness is required by the Bureau of Consumer Protection to assist in evaluating the filings as well as the particular requirements to represent consumers' interests.

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

Specialized knowledge and credentials of an experienced expert in the field which is not available in a State agency is needed in complex contested matters before the Nevada Public Utilities Commission.

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

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

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

Not Applicable

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

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

This vendor was chosen for their specialized expertise, availability and reasonable rates.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2010 with the Bureau of Consumer Protection and all work performed has been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Michael Saunders, Senior Deputy Attorney General Ph: 702-486-3793

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	04/05/2022 10:37:27 AM
Division Approval	hrobinso	04/05/2022 10:37:30 AM
Department Approval	hrobinso	04/05/2022 10:37:38 AM
Contract Manager Approval	pmcco1	04/05/2022 12:10:39 PM
Budget Analyst Approval	jcoope8	04/11/2022 14:23:49 PM
BOE Agenda Approval	hfield	04/18/2022 15:03:52 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: **21679** Amendment Number: **3**

Agency Name: **SECRETARY OF STATE'S OFFICE** Legal Entity Name: **CENTER FOR INTERNET SECURITY**

Agency Code: **040** Contractor Name: **CENTER FOR INTERNET SECURITY**

Appropriation Unit: **1051-14** Address: **31 TECH VALLEY DR**

Is budget authority available?: **Yes** City/State/Zip: **EAST GREENBUSH, NY 12061-4134**

If "No" please explain: **Not Applicable** Contact/Phone: **518-266-2088**

Vendor No.: **T29041879**

NV Business ID: **NV20191219407**

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 48 days**

4. Type of contract: **Contract**

Contract description: **System Monitoring**

5. Purpose of contract:

This is the third amendment to the original contract which provides network monitoring, analysis and quarterly reporting on cybersecurity threats to county voter registration databases utilizing previously purchased Albert sensors for 12 rural Nevada counties. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$323,750 to \$451,910 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,080.00	\$100,080.00	\$100,080.00	Yes - Action
a. Amendment 1:	\$89,280.00	\$89,280.00	\$89,280.00	Yes - Action
b. Amendment 2:	\$134,390.00	\$134,390.00	\$134,390.00	Yes - Action
2. Amount of current amendment (#3):	\$128,160.00	\$128,160.00	\$128,160.00	Yes - Action
3. New maximum contract amount:	\$451,910.00			
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?

Monitoring cyber threats is essential to maintaining the integrity of Nevada's voting equipment. 15 of Nevada's 17 counties have already purchased sensors from CIS for the voting machines provided to them by SOS. The CIS sensors allow system monitoring and maintenance against cyber intrusion in the voting machines at no charge to the counties. CIS will provide quarterly reports to the counties and to SOS on their findings. The remaining two counties are currently in the process of procuring sensors from CIS for their voting machines; once purchases are completed the vendor will be able to provide a statewide solution.

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

Only the vendor can perform monitoring and analysis on its sensors.

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 #: 220303

Approval Date: 03/17/2022

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

Only CIS can provide the necessary services.

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	svaldez	04/07/2022 14:04:52 PM
Division Approval	svaldez	04/07/2022 14:04:54 PM
Department Approval	svaldez	04/07/2022 14:04:58 PM
Contract Manager Approval	adale	04/07/2022 14:06:51 PM
EITS Approval	daxtel1	04/08/2022 17:39:57 PM
Budget Analyst Approval	hfield	04/18/2022 15:24:01 PM
BOE Agenda Approval	hfield	04/18/2022 15:24:04 PM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division**

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

Purchasing Use Only:	
Approval#:	220303 (2)

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME HERE:		Secretary of State
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Mark Wlaschin	775-684-5720	<u>mwaschin@sos.nv.gov</u>

1b	Vendor Information:	
	Vendor Name:	CIS - Center for Internet Security
	Contact Name:	Kateri Gill
	Complete Address: City, State, and Zip Code	31 Tech Valley Drive East Greenbush, NY 12061
	Telephone Number:	518-880-0779
Email Address:	Kateri.gill@cisecurity.org	

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

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	No:	<input checked="" type="checkbox"/>
	If 'No' Enter Amendment Number:	#3		
	Enter CETS Number:	#21679		

1e	Term:				
	One (1) Time Purchase? Check One:	Yes:	No:	<input checked="" type="checkbox"/>	
	Contract:	Start Date:	07/01/2022	End Date:	06/30/2023

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Sub-grant from NDEM CFDA 97.067
	Other (Explain):	

Purchasing Use Only:

Approval #:

220303@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$128,160.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This amendment will allow a continuation of CIS Netflow/Intrusion Detection System Monitoring and Analysis Service, known as Albert, which provides a near real-time automated process that identifies and alerts on traditional and advanced threats on a network, facilitating rapid response to threats and attacks. The Albert sensor(s) provide traditional Intrusion Detection System (IDS) monitoring, along with netflow and passive DNS collection and analysis. Through its 24/7/365 Security Operations Center (SOC), CIS manages the sensor(s) to identify malicious activity, and, in accordance with escalation procedures prescribed by the partner, provides notification of malicious activity. The use of open-source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS/IPS solution.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>An IDS is only as effective as the signature set running on it. The Albert solution utilizes a unique and targeted signature set to ensure sensors rapidly recognize and alert on potentially malicious traffic occurring on the network. In addition, only the vendor of the IDS can perform monitoring on the IDS. CIS is the only vendor that can provide monitoring on the sensors purchased by the counties (see the response to Question 4 below). CIS is a non-profit organization funded by the federal government and can therefore provide services at a below market rate.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Albert service utilizes commodity hardware (Albert sensors) to help provide a robust offering. All of Nevada's 17 counties have already purchased and installed an Albert sensor from CIS. Only CIS can perform monitoring and analysis on their sensors. We cannot competitively bid for this service because no vendor except CIS can perform the services needed. Additionally, the use of open source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS solution.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			x
	a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <i>If not</i> , why were alternatives not evaluated?		
<i>There are no alternatives available for the service that is required. As previously discussed, only CIS can perform the monitoring and analysis service on their sensors. Since all the counties have either purchased an Albert sensor from CIS or are in the process of purchasing an Albert sensor from CIS, there are no alternatives.</i>			

Purchasing Use Only:	
Approval #:	220303 (2)

6	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i>			x		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, the following information must be provided:</i>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>	
	<i>Start Date</i>	<i>End Date</i>				
	9/01/21	6/30/22	\$134,390.00	CIS Netflow/Intrusion Detection	Waiver #210305	
	5/14/19	8/31/21	\$189,360.00	CIS Netflow/Intrusion Detection	Waiver #191204	
5/14/19	8/31/20	\$104,640.00	CIS Netflow/Intrusion Detection	Waiver #190301		
		\$				
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the service is competitively bid, the only vendor that would provide a bid is CIS because they are the only vendor that can provide the monitoring and analysis service on their sensors. If this waiver request is not approved, then we will not be able to use the grant funding available to the Secretary of State's office from the Division of Emergency Management.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Based on discussions with CIS and research performed by the Secretary of State's office, it is clear that only CIS can provide the services required.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	x	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		
	*** <i>This is the third amendment to this sole source due to the fact that the SOS was awarded additional subgrant funds from the Division of Emergency Management. If future funding is available, either through a new grant from the Division of Emergency Management or another funding source, to continue this service beyond the initial contract term, the Secretary of State's office will seek to renew/extend its contract with CIS for monitoring and analysis services. If funding is not available beyond the initial contract term, the counties will either have to contract directly with CIS for monitoring and analysis services or discontinue their use of the Albert sensors.</i>		

Purchasing Use Only:

Approval #:

220303 @

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.

Signature of Agency Representative Initiating Request

Mark Wlaschin, Deputy Secretary for Elections
Print Name of Agency Representative Initiating Request

2/15/2022

Date

Signature of Agency Head Authorizing Request

Scott Anderson, Deputy Secretary of State
Print Name of Agency Head Authorizing Request

2/16/2022

Date

FOR PURCHASING USE ONLY – 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

3/17/22

Date

From: [Tim Horgan](#)
To: [Ashley Griffiths](#)
Subject: FW: TIN Completion Memo - SOS - 249 - Albert Sensor CIS Netflow-Intrusion Detection System Monitoring Update-A
Date: Wednesday, March 16, 2022 8:49:10 AM

Done!

Tim Horgan
Chief IT Manager, SOSTek
Secretary of State, Barbara K. Cegavske
209 E. Musser Street, Room 104
Carson City, Nevada 89701
775.684.5702 Office
775.720.3216 Cell
thorgan@sos.nv.gov

From: Scott Anderson <scotta@sos.nv.gov>
Sent: Wednesday, March 16, 2022 8:37 AM
To: David Axtell <daxtell@admin.nv.gov>; Mark Wlaschin <mwlaschin@sos.nv.gov>; Tim Horgan <thorgan@sos.nv.gov>; Sheri Hudder <shudder@sos.nv.gov>
Cc: Timothy Galluzi <tim.galluzi@admin.nv.gov>; Robert W. Dehnhardt <rwdehnhardt@admin.nv.gov>; Jon Mathews <jmathews@admin.nv.gov>; TIR's <TIRs@admin.nv.gov>
Subject: RE: TIN Completion Memo - SOS - 249 - Albert Sensor CIS Netflow-Intrusion Detection System Monitoring Update-A

Thank you Dave.

TIN Approval
Email

From: David Axtell <daxtell@admin.nv.gov>
Sent: Tuesday, March 15, 2022 10:18 PM
To: Mark Wlaschin <mwlaschin@sos.nv.gov>; Tim Horgan <thorgan@sos.nv.gov>; Sheri Hudder <shudder@sos.nv.gov>; Scott Anderson <scotta@sos.nv.gov>
Cc: Timothy Galluzi <tim.galluzi@admin.nv.gov>; Robert W. Dehnhardt <rwdehnhardt@admin.nv.gov>; Jon Mathews <jmathews@admin.nv.gov>; TIR's <TIRs@admin.nv.gov>
Subject: TIN Completion Memo - SOS - 249 - Albert Sensor CIS Netflow-Intrusion Detection System Monitoring Update-A

We have completed an update review for Secretary of State – Albert Sensor CIS Netflow/Intrusion Detection System Monitoring TIN249.

The submitted TIN, for an added value of \$128,160 this fiscal year (100% Federal Grant funding; Federal funding through Homeland Security Grants Program – HSGP) to continue the use of the CIS Netflow/Intrusion Detection System Monitoring and Analysis Service, known as Albert, which provides traditional Intrusion Detection System (IDS) monitoring with Netflow and DNS collection and analysis to provide notification of malicious activity.

This solution helps the Secretary of State monitor election infrastructure that affects over 1.8 million registered voters.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server,

Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

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

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

-ax

David Axtell | State Chief Enterprise Architect

State of Nevada | Department of Administration | Office of the CIO

T: (775) 684-5824 | E: daxtell@admin.nv.gov

Technology Investment Notification - Summary

Albert Sensor CIS Netflow/Intrusion Detection System Monitoring

TIN ID:249	TIN Status: Agency Edit	Target FY: FY22	Beg: 9/1/2021	End: 6/30/2022
Title: Albert Sensor CIS Netflow/Intrusion Detection System Monitoring		BA: 1051,		
Agency: 1051 HR-HAVA ELECTIONS ACCT 40		DU:		

Agency Contact

TIN Contact Information				
Primary TIN Contact:	Mark Wlaschin	Deputy Secretary for Elections	775.684.5720	mwlaschin@sos.nv.gov
Agency IT:	Tim Horgan	Chief IT Manager	775.684.5702	thorgan@sos.nv.gov
Agency Fiscal:	Sheri Hudder	Admin Services Officer III		shudder@sos.nv.gov
Agency Director:	Scott Anderson	Chief Deputy Secretary of State		scotta@sos.nv.gov

Investment Description

This amendment will allow a continuation of CIS Netflow/Intrusion Detection System Monitoring and Analysis Service, known as Albert, which provides a near real-time automated process that identifies and alerts on traditional and advanced threats on a network, facilitating rapid response to threats and attacks. The Albert sensor(s) provide traditional Intrusion Detection System (IDS) monitoring, along with Netflow and passive DNS collection and analysis. Through its 24/7/365 Security Operations Center (SOC), CIS manages the sensor(s) to identify malicious activity, and, in accordance with escalation procedures prescribed by the partner, provides notification of malicious activity. The use of open source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS/IPS solution.

Investment Business Case

This amendment will allow a continuation of CIS Netflow/Intrusion Detection System Monitoring and Analysis Service, known as Albert, which provides a near real-time automated process that identifies and alerts on traditional and advanced threats on a network, facilitating rapid response to threats and attacks. The Albert sensor(s) provide traditional Intrusion Detection System (IDS) monitoring, along with Netflow and passive DNS collection and analysis. Through its 24/7/365 Security Operations Center (SOC), CIS manages the sensor(s) to identify malicious activity, and, in accordance with escalation procedures prescribed by the partner, provides notification of malicious activity. The use of open source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS/IPS solution.

TIN Funding

Funding Source	Funding %	Funding Note
Federal Grant%	100%	Federal funding through Homeland Security Grants Program (HSGP)
General Fund%	0%	
General Fund%	0%	
100 % Funding Identified		

Biennial Cost Estimate Summary

Fiscal Year:	Current Biennium Estimated Cost		Next Biennium Estimated Cost	
	FY22	FY23	FY24	FY25
FY One Time Cost Est.:	\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00
FY Ongoing Cost Est.:	\$60,520.00	\$128,160.00	\$0,000.00	\$0,000.00
Total FY Cost Est.:	\$60,520.00	\$128,160.00	\$0,000.00	\$0,000.00
Total Biennium Cost Est.:	\$188,680.00		\$0,000.00	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25987**

Agency Name:	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name:	Access Community Capital
Agency Code:	102	Contractor Name:	Access Community Capital
Appropriation Unit:	1526-31	Address:	9205 West Russell Road, Bldg 3
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89148
If "No" please explain:	Not Applicable	Contact/Phone:	Nic Stelle 702-793-4413
		Vendor No.:	
		NV Business ID:	NV20201877976
To what State Fiscal Year(s) will the contract be charged?	2022-2027		

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 %	X Other funding	100.00 % T-Mobile Settlement

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2027**Contract term: **5 years and 31 days**4. Type of contract: **Contract**Contract description: **Small business loans**

5. Purpose of contract:

This is a new contract to provide administration of a minority-focused direct loan program, targeting startups and early-stage businesses and assisting in the development of Nevada's first minority-owned Community Development Financial Institution.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: \$6 million at approval of contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Developing additional CDFI designated financing entities may benefit Nevada's State Small Business Credit Initiative (SSBCI) program through the addition of capital deployment channels. This will assist the state in meeting both its federal deployment targets as well as the 10:1 private sector leverage requirement under SSBCI rules. The SSBCI 2.0 program requires any SSBCI deployments to have a private sector match of at least 1:1 at all times and 10:1 over the entire program and its duration.

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

GOED employees do not have the time nor expertise to operate a small business lending program.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 #: 220304

Approval Date: 03/17/2022

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

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	Icopelan	04/05/2022 15:03:56 PM
Division Approval	Icopelan	04/05/2022 15:03:59 PM
Department Approval	Icopelan	04/05/2022 15:04:01 PM
Contract Manager Approval	Icopelan	04/05/2022 15:04:03 PM
Budget Analyst Approval	tsmorra	04/12/2022 16:08:26 PM
BOE Agenda Approval	hfield	04/18/2022 15:14:20 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#:	220304 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<u>ENTER STATE AGENCY NAME HERE:</u>	<i>Governor's Office of Economic Development</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Leandra Diosa, Director of Administration</i>	<i>775-842-0711</i>	<i>ldiosa@diversifynevada.com</i>

1b	Vendor Information:	
	Vendor Name:	<i>Access Community Capital</i>
	Contact Name:	<i>Nic Steele</i>
	Complete Address: City, State, and Zip Code	<i>9205 W. Russell Road, Bldg 3, Las Vegas, NV 89148</i>
	Telephone Number:	<i>1-855-758-2334</i>
	Email Address:	<i>nic@accesscdfi.org</i>

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

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	<u>If 'No' Enter Amendment Number:</u>	#		
	<u>Enter CETS Number:</u>	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>June 1, 2022</i>	End Date:
			<i>May 31, 2027</i>	<i>x</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>T-Mobile Settlement Funds</i>

Purchasing Use Only:	
Approval #:	220304(2)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$6,000,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p><i>Contract with Access Community Capital (ACCESS) to administer a minority-focused, direct loan program, targeting startups and early-stage businesses. The main project's goal is to capitalize ACCESS so that this entity will establish a lending record which will help the entity to obtain its federal Community Development Financial Institution (CDFI) designation earlier than it would be able to on its own.</i></p> <p><i>CDFI certification is a designation given by the US Treasury CDFI Fund to specialized organizations that provide financial services in low-income communities and to people who lack access to financing. CDFIs include regulated institutions such as community development banks and credit unions, and non-regulated institutions like loan and venture capital funds. By building the capacity of a nationwide network of CDFIs, the CDFI Fund works to empower low-income and underserved people and communities to enter the financial mainstream.</i></p>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p><i>While a number of out-of-state CDFIs operate in Nevada, the State at this point only has two home-grown CDFIs, Rural Nevada Development Corporation (RNDC) operating solely in rural parts of the state and Greater Nevada Credit Union, but no Minority CDFI. This program would create the first Afro-American CDFI in Nevada.</i></p> <p><i>Developing additional CDFI designated financing entities may benefit Nevada's State Small Business Credit Initiative (SSBCI) program through the addition of capital deployment channels, which is going to assist the state meeting both its federal deployment targets as well as 10:1 private sector leverage requirement under SSBCI rules. The SSBCI 2.0 program requires any SSBCI deployments to have a private sector match of at least 1:1 at all times and 10:1 over the entire program and its duration.</i></p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p><i>GOED is not aware of any other entity which is currently going through a CDFI designation application process and which would be a minority-focused CDFI targeting urban areas in NV. While CDFIs operating in Nevada are serving minority and women owned small businesses there is to GOED's knowledge no actual minority-CDFI in formation.</i></p>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		x

#220304②

b. ***If not***, why were alternatives not evaluated?

GOED is not aware of any other entity which is currently going through a CDFI designation application process, and which would be a minority-focused CDFI targeting urban areas in NV.

Purchasing Use Only:	
Approval #:	220304

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i>				x
	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:				
6	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
			\$		
			\$		
			\$		
			\$		
			\$		

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>Not developing additional CDFI channels may jeopardize a portion of Nevada's anticipated \$100 million + in SSBCI 2.0 grant funds, which are anticipated to be received later in 2022.</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>GOED currently oversees two external lending programs with Nevada banks; therefore, has experience contracting for successful programs at affordable rates to borrowers. GOED will stipulate in the contract that the capitalization must be used for lending purposes and will only comprise a limited portion of administration, salaries, capital equipment, or other expenses. Those expenses are in line with the CDFIs required provision of technical assistance (TA) to small businesses. The amount of administration funds for TA purposes will be approximately 5% and are in line with recommended levels by the Nevada Attorney General's Office using precedents from prior settlement agreements.</i>

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	<i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>				x
	a. If yes, please provide details regarding future obligations or needs.				

--	--

Purchasing Use Only:	
Approval #:	#220304 (2)

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.


Signature of Agency Representative Initiating Request

Karsten Heise March 17th, 2022
Print Name of Agency Representative Initiating Request Date

 Leandra Diosa
2022.03.17 09:23:57
-07'00'

Signature of Agency Head Authorizing Request

Leandra Diosa March 17, 2022
Print Name of Agency Head Authorizing Request Date

FOR PURCHASING USE ONLY – 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:

220304 (D)

Kevin D. Doty

Administrator, Purchasing Division or Designee

3/17/22

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25973**

Agency Name:	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name:	ECONOMIC MODELING, LLC
Agency Code:	102	Contractor Name:	ECONOMIC MODELING, LLC
Appropriation Unit:	1531-10	Address:	EMSI PO BOX 9008
Is budget authority available?:	No	City/State/Zip:	MOSCOW, ID 83843-1508
If "No" please explain: The contract is contingent upon approval of Work Program C58225, which is anticipated to be heard at the June 2022 Interim Finance Committee meeting.		Contact/Phone:	Timothy van den Broek 208/883-3500
		Vendor No.:	T29024570A
		NV Business ID:	NV20201912646

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	102		

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2023**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **SkillsMatch Website**

5. Purpose of contract:

This is a new contract to provide ongoing services for access, updates and maintenance to the SkillsMatch interface which assists job-seekers identify their skillsets to receive personalized career and educational recommendations. This contract is contingent upon IFC approval of work program #C58225.
--

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Payment for services will be made at the rate of \$125,000.00 per Quarter

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The website portal (nv.emskills.com) matches job seekers to employment opportunities by evaluating their skillset, rather than prior job experience. In some cases, job seekers are matched to employment opportunities they never considered. Website visitors may also explore training opportunities.

Under a prior contract (contract # 23622) EMSI developed and maintained the SkillsMatch platform from October 2020 through November 2021. All deliverables were met to include development of the website and a content management system for Nevada educational providers to review, manage, and export the labor market skills that EMSI associated with each educational offering.

This contract is to continue allowing access to and maintenance of the system, in addition to updating the higher educational and career training opportunities.

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

GOED employees do not have the technical expertise nor time required to build and maintain a complex website that links together the numerous educational providers, employers, and job seekers throughout Nevada.

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 #: 220308

Approval Date: 03/29/2022

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

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Governor's Office of Economic Development (GOED) and the Department of Employment, Training, and Rehabilitation currently uses EMSI for workforce data and statistics and has done so for the past nine years. The services provided are satisfactory. GOED also contracted with EMSI in the fall of 2020 to develop the SkillsMatch portal. The website functioned as anticipated and GOED has had a satisfactory experience with the provider.

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

No If "Yes", please provide details of the litigation 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	lcopelan	04/17/2022 11:43:43 AM
Division Approval	lcopelan	04/17/2022 11:43:46 AM
Department Approval	lcopelan	04/17/2022 11:43:49 AM
Contract Manager Approval	lcopelan	04/17/2022 11:43:51 AM
EITS Approval	daxtel1	04/18/2022 17:00:10 PM
Budget Analyst Approval	tsmorra	04/19/2022 08:29:39 AM
BOE Agenda Approval	hfield	04/19/2022 09:35:55 AM
BOE Final Approval	Pending	



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division**

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

Purchasing Use Only:	
Approval#:	2203080

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<u>ENTER STATE AGENCY NAME HERE:</u>	Governor's Office of Economic Development (GOED)	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Leandra Diossa, Director of Administration</i>	<i>775-687-9910</i>	<i>ldiossa@diversifynevada.com</i>

1b	Vendor Information:	
	Vendor Name:	Economic Modeling LLC
	Contact Name:	Timothy van den Broek
	<u>Complete Address:</u> City, State, and Zip Code	409 S. Jackson Street <i>Moscow, Idaho 83843-2251</i>
	Telephone Number:	<i>208-883-3500</i>
Email Address:	timothy.economicmodeling.com	

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

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/> x	No:
	<u>If 'No' Enter Amendment Number:</u>			
	<u>Enter CETS Number:</u>	<i>#23622 – expired Dec. 31, 2020</i>		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>Upon BOE approval</i>	End Date: <i>April 30, 2023</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	<i>WIOA / WISS grant funds transferred from DETR</i>
	Grant Funds:	

Other (Explain):	
------------------	--

Purchasing Use Only:	
Approval #:	220308CA

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$500,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p><i>The Nevada SkillsMatch platform helps job seekers and learners connect their skills and interests to career and training opportunities. Using the platform (nv.emskills.com), job and educational seekers identify their career and/or educational goals. Next, users select skills they have obtained or want to obtain. The platform will then connect them to either job opportunities based on their current skillset or to training opportunities based on their desired skillset. Users can explore job opportunities filtered by their current skillset. By clicking on the job posting links, job seekers are directed to online job applications.</i></p> <p><i>Nevada invested \$500,000 to develop the website in the fall of 2020, through work program C52984. The software application was successfully developed and currently functioning. The website went live in November 2020. Through February 14, 2022, there have been 3,569 unique visitors to the website. In total, the visitors selected 41,062 skill sets, resulting in 659 educational views and 1,170 job clicks</i></p>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p><i>Based on our knowledge, we do not believe there is another company with the technological sophistication and understanding of the labor market to build this product for Nevada. In addition, the State of Nevada has already invested \$500,000 in the website, and it is currently functioning.</i></p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p><i>If the services are competitively bid and another company is selected, the State of Nevada would have to start from scratch and would lose the \$500,000 initial investment. In addition, there would be loss of continuity and momentum as job / training seekers would potentially have to use a different website address to look for job postings and training opportunities.</i></p>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
a.	<i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
b.	<i>If not, why were alternatives not evaluated?</i>		

#220308(2)

Nevada has already invested \$500,000 into a custom-built software solution. The software is functioning as anticipated. We have had a positive experience with the software's performance and with the vendor.

<i>Purchasing Use Only:</i>	
Approval #:	#220308

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>			x	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, the following information must be provided:</i>				
6	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>
	<i>Start Date</i>	<i>End Date</i>			
	10/13/2020	11/30/2021	\$500,000	Skills match software	Waiver done via email (emergency approval)
			\$		
			\$		
			\$		

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>If the waiver is denied, GOED would need to put out an RFP and it is highly likely no other submittals would be received besides this company. In addition, if we had to re-bid the contract, there is a chance we would lose the \$500,000 investment in an already functioning software product.</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>GOED believes there are no other companies capable of creating this platform at this level of sophistication.</i>

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	<i><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i>				x
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>At this time, the State of Nevada is developing a similar platform and does not anticipate contracting with this vendor for these services again; however, GOED would like to preserve an opportunity to contract with this vendor if the State of Nevada's platform is delayed and the needs still exists.</i>				

Purchasing Use Only:

Approval #:

220308@

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.

Signature of Agency Representative Initiating Request

Stacey Bostwick

3/17/22

Print Name of Agency Representative Initiating Request

Date

Leandra Diossa
2022.03.17 15:21:37
-07'00'

Signature of Agency Head Authorizing Request

Leandra Diossa

3/17/2022

Print Name of Agency Head Authorizing Request

Date

FOR PURCHASING USE ONLY – 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.*

* Note: A copy of your EITS TIN approval must be entered as an attachment in CETS*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

Kevin D. Doty

3/29/22

Administrator, Purchasing Division or Designee

Date

Steve Sisolak
Governor



#220308

Laura E. Freed
Director

Matthew Tuma
Deputy 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 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Michael Brown, Director, GOED
Danny Miller, ISO, GOED
Leandra Diossa, Director of Administration, GOED

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Chief, Communication, EITS, DOA
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA

FROM: David Axtell, State Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - GOED - 346 - *EMSI Skills Match* - 1526

DATE: March 15, 2022

We have completed an update review for GOED's – *EMSI Skills Match* – 1526 TIN346.

The submitted TIN, for an estimated value of \$500,000 this biennium (100% Federal Grant funding – WIOA / WISS funds from DETR) for the SkillsMatch software platform and interface with educational and workforce development providers. This system will allow workers to:

- “Inventory their current skills based on prior learning and work experience,
- See how their skills align with job market demand, as well as the skills they need to get from where they are now to where they want to be,
- Receive skill-based recommendations on in-demand occupations and local, relevant job postings,
- Connect to the right training programs, i.e., programs that help them upskill or reskill to qualify for jobs in the near future that are better paying and/or move them ahead on their career path,
- Make themselves visible to employers who are looking for talent with the skills they currently possess, and

- Find the jobs they qualify for today.”

“GOED is seeking the build out of a software solution that guides jobseekers through the process of identifying and inventorying their skills and then matching them to both local jobs and upskilling/reskilling opportunities. The solution will allow displaced workers and adult learners to understand their backgrounds from a skills lens and make career/education decisions based on their experience.”

“The Content Manager allows up to 20 users per educational provider and include access to a training video on how to review and edit skills in the platform.”

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25939**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: AT&T Mobility Corporation
Agency Code: 180	Contractor Name: NEW CINGULAR WIRELESS, LLC
Appropriation Unit: 1388-00	Address: 1025 Lennox Park Blvd. NE. Third Floor
Is budget authority available?: Yes	City/State/Zip: Atlanta, GA 30319
If "No" please explain: Not Applicable	Contact/Phone: 405-615-9299
	Vendor No.:
	NV Business ID: NV19991079179
To what State Fiscal Year(s) will the contract be charged?	2023-2026

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

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 rack space at Miller Mountain located in Esmeralda County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$146,060.40**

Other basis for payment: FY22 \$3,651.51 X 10 racks = \$36,515.10; FY23 \$3,651.51 X 10 racks = \$36,515.10; FY24 \$3,651.51 X 10 racks = \$36,515.10; FY25 \$3,651.51 X 10 racks = \$36,515.10

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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

No b. If "No", please explain:

doing business as

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Pat Sheehan, IT Manager II Ph: 775-684-5854

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rsanche6	03/31/2022 09:13:20 AM
Division Approval	jkidd	04/01/2022 13:31:42 PM
Department Approval	ssands	04/01/2022 14:18:20 PM
Contract Manager Approval	ssands	04/01/2022 14:18:24 PM
Budget Analyst Approval	mranki1	04/11/2022 13:28:24 PM
BOE Agenda Approval	dlenzner	04/11/2022 14:20:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25910**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WestEd
Agency Code: 300	Contractor Name: WestEd
Appropriation Unit: 2710-20	Address: 730 Harrison Street
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94107
If "No" please explain: Not Applicable	Contact/Phone: Shelah Feldstein 5103024200
	Vendor No.: T81012500
	NV Business ID: NV20111743662

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2023**Contract term: **1 year and 244 days**4. Type of contract: **Interlocal Agreement**Contract description: **Professional Devt**

5. Purpose of contract:

This is a new interlocal agreement to provide school improvement work to develop the capacity of education leaders across the state, provide targeted supports for the lowest performing schools and build resources for educators serving English learners.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,330,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To meet the ESSA 1111(d)(3)(a)(ii), state education agencies must review resources to support school improvement and districts with a significant number of schools identified for improvement. Nevada schools are mandated to address learning loss and evidence-base strategies, that WestEd has the understanding, capacity, and history to support this work with extensive expertise in leadership development, continuous improvement, and analytic infrastructure.

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

It requires a unique mixture of educational background, leadership within Education, professional education expertise, technical assistance capabilities, and research capabilities that have to be culminated to achieve these objectives.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?

Governmental Entity

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	03/25/2022 14:46:59 PM
Division Approval	carnol1	03/25/2022 14:47:02 PM
Department Approval	carnol1	03/25/2022 14:47:05 PM
Contract Manager Approval	mwadsw01	03/25/2022 15:27:03 PM
Budget Analyst Approval	mranki1	03/29/2022 16:02:53 PM
BOE Agenda Approval	dlenzner	04/11/2022 09:50:27 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: **25992**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WestEd
Agency Code: 300	Contractor Name: WestEd
Appropriation Unit: 2710-20	Address: 730 Harrison Street
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94107
If "No" please explain: Not Applicable	Contact/Phone: 415-565-3136
	Vendor No.: T81012500
	NV Business ID: NV20111743662

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 29 days**

4. Type of contract: **Contract**

Contract description: **Professional trng**

5. Purpose of contract:

This is a new interlocal agreement to provide professional development in the areas of literacy and social-emotional learning for middle and high school educators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$357,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a need to address the approach in supporting Nevada Educators and their methodologies in supporting learning growth in academics and social-emotional learning. These webinars are providing professional development designed to support classroom environments and instruction to build problem-solving skills, model discipline, engage student in fundamental building blocks in comprehension and interactive guidance for individual practice for educators.

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

The demand for personnel and professional development continues to increase as well as the need for professional training in building skills that will further develop students in their reading, cognitive, and social skills and reasoning. Providing professional development with expertise in this format affords reaching more rural areas of Nevada and their educators.

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?

Governmental Agency

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 Education, reputable services

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mbro28	04/06/2022 07:00:45 AM
Division Approval	carol1	04/06/2022 13:22:32 PM
Department Approval	carol1	04/06/2022 13:22:35 PM
Contract Manager Approval	mwadsw01	04/06/2022 13:55:58 PM
Budget Analyst Approval	mranki1	04/07/2022 11:45:28 AM
BOE Agenda Approval	dlenzner	04/12/2022 14:17:18 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#:	21105 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	Department of Education		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Dave Brancamp, Director	775.687.5930	dbrancamp@doe.nv.gov
		Amanda Pinter, AIII	775.687.5931	apinter@doe.nv.gov

1b	Vendor Information:	
	Identify Vendor:	WestEd
	Contact Name:	Sam Peters
	Complete Address:	730 Harrison Street, San Francisco, CA 94107
	Telephone Number:	415.565.3000
	Email Address:	Speters2@wested.org

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

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

1e	Term:			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	Upon Approval	End Date: June 30, 2023

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

Rec'd 11/15/21

Purchasing Use Only:	
Approval #:	211105@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$357,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:	
	Essentials I	
	In-person	<ul style="list-style-type: none"> • Comprised of 3-day live institutes • Full day (6-hour) sessions of immersive learning • Builds community and models classroom strategy and implementation • Teachers experience extended inquiry, collaboration, and reflection with colleagues • Includes team of 2 Reading Apprenticeship facilitators + all their travel expenses, plus one training binder and one copy of "Reading for Understanding" for 40 teachers. • NDE will host these sessions in their own venue
	Online	<ul style="list-style-type: none"> • Comprised of 15 hours synchronous work and 11 hours asynchronous work • Multi-modal online classroom / course • Builds uniquely powerful community in the digital space • Provides extensive support for online instruction, including modeling of effective tools and strategies • Includes team of 2 Reading Apprenticeship facilitators and a digital copy of "Reading for Understanding" for all participants
	Essentials II	
	In-person	<ul style="list-style-type: none"> • Comprised of 2-day live institutes • Full day (6 hour) sessions of immersive learning • Builds community and models classroom strategy and implementation • Teachers experience extended inquiry, collaboration, and reflection with colleagues • NDE will host these sessions in their own venue
	Online	<ul style="list-style-type: none"> • Comprised of 6 (2 hour) modules flexibly scheduled as either asynchronous or synchronous sessions • Multi-modal online classroom / course • Builds uniquely powerful community in the digital space • Provides extensive support for online instruction, including modeling of effective tools and strategies
	Leading for Literacy	
	Online	<ul style="list-style-type: none"> • Asynchronous online course that includes a 15-hours over 12-weeks • This facilitated digital learning experience is designed to provide guidance and support for building strong inquiry communities to strengthen disciplinary literacy • Course activities include professional reading, viewing classroom video, contributing to online discussions, and trying out protocols at your school. You must have access to a group of colleagues with whom you can try out what we are learning in the course • The approximate amount of time you will need to devote to the course is 2.5 hours per two-week module. Participants should also set aside additional time during each two-week period to meet with their teams and apply what they are learning • Guidance and feedback are offered by colleagues in the course and by the facilitator who has extensive Reading Apprenticeship and coaching expertise • The main course text, <i>Leading for Literacy: A Reading Apprenticeship Approach</i>, provides clear, on-the-ground guidance, tools, and examples for improving student reading across secondary schools and colleges.

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>Reading Apprenticeship is a professional development model and instructional approach for middle and high school educators. Designed to support both academic and social-emotional learning, Reading Apprenticeship transforms instruction to engage students in new ways of reading, thinking, talking, and reasoning in supportive classroom environments. Students are explicitly supported to build perseverance and problem-solving capabilities for high-level literacy and deeper learning. Subject area teachers model discipline-specific literacy skills, help students build comprehension strategies, engage students in building knowledge by making connections to their own background knowledge, and provide ample guided, collaborative, and individual practice.</i></p> <p><i>Reading Apprenticeship has been the subject of multiple large-scale studies in high school sciences, history, and literacy courses. In each study, teachers who participated in Reading Apprenticeship professional development made statistically significant gains in classroom practices supporting disciplinary literacy compared to control group teachers. Students in Reading Apprenticeship classrooms made statistically significant gains in reading comprehension and/or subject area achievement on standardized tests. These consistent findings establish Reading Apprenticeship as a highly effective professional learning solution that results in teacher practice change and increased student success.</i></p> <p><i>Reading Apprenticeship has the ESSA Evidence Rating of strong. WestEd is a non-profit research and development center that has worked with Nevada. They are uniquely qualified to support the on-going sustainability and professional learning support, beyond the fee for service. Their services are aligned with the State of Nevada's literacy plan.</i></p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>The Reading Apprenticeship offering is unique in the following ways:</i></p> <p><i>1) It stands out as the only professional learning for teachers of middle and high school aged students that has been proven through rigorous large-scale studies to positively impact gains in student literacy.</i></p> <p><i>2) At the middle and high school level, the Nevada Academic Content standards set the expectation for teachers of English Language Arts, Science, History/Social Studies, and technical subjects to integrate reading and build disciplinary literacy. Reading Apprenticeship is the only professional learning framework that can be implemented by teachers across all subject areas. This allows for an opportunity to impact the teaching and outcomes across entire school sites.</i></p>
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5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Were alternative services or commodities evaluated? Check One.</td> <td style="width: 10%; text-align: center;">Yes:</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">No:</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p>a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></p> <p>b. <i>If not, why were alternatives not evaluated?</i></p> <p><i>In discussions with other State Department of Educations, it became clear that WestEd is the only vendor that offers this type of PD for middle & high school teachers. Other similar programs only offer elementary school-based trainings.</i></p>	Were alternative services or commodities evaluated? Check One.	Yes:		No:	<input checked="" type="checkbox"/>
Were alternative services or commodities evaluated? Check One.	Yes:		No:	<input checked="" type="checkbox"/>		

Purchasing Use Only:	
Approval #:	2111050

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

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 proposed contract will allow critical professional development for middle and high school educators and will support both social-emotional and academic learning. If the proposed contract is not approved, Nevada educators will not benefit from this rigorous professional development training, which has made statistically significant gains in students reading comprehension and/or subject area achievement on standardized tests, as based on evidence from other states who have implemented this program.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Discussions regarding vendors for this type of Professional Development occurred between NDE and the Arizona Department of Education (ADE). WestEd's program came highly recommended by UNR's College of Education Adolescent Literacy Expert Professor.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>There are no future obligations outside the scope of the current contract.</i>				

<i>Purchasing Use Only:</i>	
Approval #:	21110502

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.

David J. Brancamp

Agency Representative Initiating Request

David J. Brancamp

11/8/21

Print Name of Agency Representative Initiating Request

Date

Jonathan P. Moore

11/15/21

Signature of Agency Head Authorizing Request

Jonathan P. Moore

11/15/21

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

Kevin D. Doty

11/23/21

Administrator, Purchasing Division or Designee

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23865	Amendment Number: 1
Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name: COMPLETE DOCUMENT MANAGEMENT DBA PRECISION DOCUMENT IMAGING
Agency Code: 332	Contractor Name: COMPLETE DOCUMENT MANAGEMENT DBA PRECISION DOCUMENT IMAGING
Appropriation Unit: 1052-26	Address: PRECISION DOCUMENT IMAGING 2440 VASSAR STREET
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775/870-7401
	Vendor No.: PUR0002739A
	NV Business ID: NV20111019620

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

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

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

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 **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/08/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Software Modules**

5. Purpose of contract:

This is the first amendment to the original contract which provides additional modules, licenses and hardware to the existing OnBase Electronic Content Management System. This amendment increases the maximum amount from \$366,407.00 to \$635,624.26 due to the increased need for these products and services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$366,407.00	\$366,407.00	\$366,407.00	Yes - Action
2. Amount of current amendment (#1):	\$269,217.26	\$269,217.26	\$269,217.26	Yes - Action
3. New maximum contract amount:	\$635,624.26			

II. JUSTIFICATION

7. What conditions require that this work be done?

The OnBase initiative provides access to an effective records, information, content, and workflow management platform at a fraction of the cost if an agency were to attempt to implement the platform and all its modules on their own.

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

proprietary software

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 201208
Approval Date: 12/15/2020

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

Waiver number 201208

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	jvictor	02/24/2022 14:13:18 PM
Division Approval	tmlazz1	03/04/2022 14:35:59 PM
Department Approval	ssands	04/05/2022 11:41:45 AM
Contract Manager Approval	ssands	04/14/2022 15:54:52 PM
EITS Approval	daxtel1	04/18/2022 16:04:48 PM

Budget Analyst Approval
BOE Agenda Approval

jcoope8
hfield

04/19/2022 08:33:32 AM
04/19/2022 09:50:56 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Purchasing Use Only:	
Approval#:	220203 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	State Library, Archives and Public Records (NSLAPR)		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Sara Martel, State Records Manager	775-684-3422	smartel@admin.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Hyland/Precision Document Imaging
	Contact Name:	Mike Farrell
	Complete Address:	2440 Vassar St, Reno, NV 89502
	Telephone Number:	775-870-7401
	Email Address:	mfarrell@precisiondi.com

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

1d	Contract Information:		
	Is this a new Contract?	Yes	No X
	Amendment:	# 1	
	CETS:	# 23865	

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	1/09/2021	End Date:

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

Rec'd 02/01/22

Purchasing Use Only:

Approval #:

220203 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ 307,632.70

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p>OnBase is a modular electronic content management system currently being utilized by NSLAPR as the Electronic Content Management System (ECMS) for records, The State owns a perpetual on-premises license for OnBase procured over 20 years ago through a statewide contract, and NSLAPR has this current contract with Precision Document Imaging (PDI) for licensing and maintenance. NSLAPR, Public Utilities Commission of Nevada (PUCN) and the Division of Environmental Protection (NDEP) established the Records and Information Governance Consortium to expand access to the ECMS.</p> <p>This amendment will add additional licenses and hardware to the ECMS and software maintenance for FY23. It does not extend the contract term. This will augment the current ECMS owned by the NSLAPR to bundle modules and software solutions to streamline records and information governance across multiple State agencies.</p> <p>Successful implementation will provide a proof of concept and pave the way for additional agencies to join the consortium, better allowing the State to make future electronic records decision at an enterprise level for the benefit of all State agencies.</p>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p>PDI is the only authorized service provider and reseller for Hyland Software's OnBase products. OnBase is a proprietary product only available from Hyland Software's authorized distributor. While there are other software solutions that exist for ECMS, transitioning from the existing OnBase system to a different solution is a potentially multimillion dollar project that the State is not currently able to conduct. The modules, licensing, and maintenance contemplated in this amendment could not function on their own or be acquired separately, they only work in conjunction with the existing OnBase system.</p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p>NSLAPR has pre-existing perpetual licenses for the base product and the enhancements contemplated in this amendment cannot be procured independent of the existing system. Procurement of a new base product is expected after the consortium can demonstrate success and recruit additional members to the ECMS, but currently it serves the State best to continuing using the existing system until the consortium has grown and the State had developed enterprise level policies for electronic records and information governance.</p>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	Alternative solutions were considered prior to execution of the contract, but not for this amendment. The enhancements of this amendment are only possible from the existing vendor in the existing system.				

Purchasing Use Only:

Approval #:

220203 @

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFO#, Waiver #)</i>			
	<i>Start and End Dates</i>							
	12/31/2019	12/31/2020	\$	Extension for time only no cost				
	1/1/2018	12/31/2019	\$17,000	Purchase and installation of OnBase, migration from AX	Informal Bid			
2/1/2021	2/8/2023	\$366,407.00	Purchase and installation of OnBase for PUCN and NDEP	Waiver #201208				
		\$						
		\$						

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The OnBase initiative provides access to an effective records, information, content and workflow management platform at a fraction of the cost if an agency were to attempt to implement the platform and all its modules on their own. OnBase allows for outward facing modules that would allow agencies to better communicate and interact with Nevada citizens and other State agencies. Without funding, agencies that are currently struggling with interacting with Nevada citizens and other State agencies remotely, would not have a tool at their fingertips to increase their remote customer service efficacy. Creating a solid technical foundation creates a complete and robust tool for Executive branch agencies. Without the functions requested, this will thwart our ability to see this service made available to all Silvernet agencies, which impedes us being able to better adapt to a new way of working efficiently. This hurdle has the potential to cost the State approximately 9.8 million dollars.

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?
	The consortium; in conjunction with EITS, State Purchasing, and ASD; are working to develop enterprise level standards and budget for an ECMS modernization project, which will require a significant investment. State Purchasing assisted NSLAPR with research of potential alternate solutions or options available through existing statewide contracts and cooperatives, and it was determined continuing with the current OnBase solution is in the best interest of the State in the short term.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <ul style="list-style-type: none"> • The OnBase solution requires yearly maintenance for the software platform, modules and user licenses. • The new software solution provides improvements and enhancements for customer agencies. • Participating agencies will benefit from the hardware and software infrastructure already established by the NSLAPR. • The NSLAPR's hardware and software environment will be enhanced by the additional components that the participating agencies will be adding to that environment. • Participating agencies will work directly with the vendor to facilitate migration from legacy systems. NSLAPR will assist when necessary. 						

220203 ①

- Participating agencies will work directly with the vendor to customize their OnBase platform experience. NSLAPR will assist when necessary.
- Since the hardware and software infrastructure provides a shared solution for document imaging, the State of Nevada can consider hosting of the infrastructure in a data center environment.

Purchasing Use Only:

Approval #:

220203 @

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.



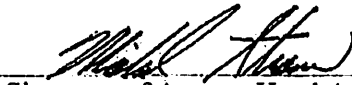
Agency Representative Initiating Request

Sara Martel

Print Name of Agency Representative Initiating Request

1-18-2022

Date



Signature of Agency Head Authorizing Request

Michael Strawn

Print Name of Agency Head Authorizing Request

1/19/2022

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.

*** Note: Please include a copy of your TINS as

Name of agency or entity who provided information on review:

attachments in CETS ***

Representative Providing Review

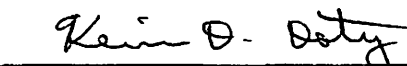
Print Name of Representative Providing Review

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

2/8/22

Date



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

MEMORANDUM

TO: Laura Freed, Director, DOA
Jason Benshoof, Chief IT Manager, DOA
Sara Martel, State Records Manager, DOA
Jennifer Victor, ASD Budget Analyst, DOA

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA

FROM: David Axtell, State Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - DOA - 219 – NSLAPR Enterprise Content Management Software – Additional Modules Purchase and Installation – Update b - 1052

DATE: January 31, 2022

We have completed an update review for DOA's – *NSLAPR Enterprise Content Management Software – Additional Modules Purchase and Installation* TIN219, update b.

The submitted TIN, for an estimated value of \$258,251 this biennium (an increase from \$64,757) (100% General Fund) to add additional OnBase modules and maintenance to include functionality required for collaboration with PUCN, NDEP, Treasurer, POST, Veterans, Health Care Quality and Compliance, DCFS, and DPBH.

These new modules provide key functionality to each of the Departments/agencies listed above. Each Department/agency will evenly share the cost of the initial purchase and will transfer funds to NSLAPR BA 1052 for their respective modules.

An additional benefit of this investment is that all modules will be available to each of the above Departments/agencies including those who wish to use OnBase at a future date.

As the use of the OnBase solution is expanding across the State, EITS expects there will be an inflection point which will result in OnBase evolving into a statewide enterprise solution. This will require detailed rate analysis and support planning as well as a comprehensive project that ensures a seamless transition to

become an enterprise service. However, we feel that we have not reached this inflection point and will continue to work with NSLAPR to identify the appropriate elements for such an evolution.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25250**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Board of Trustees for Fund for Hospital Care for Indigent Persons
Agency Code:	403	Contractor Name:	Board of Trustees for Fund for Hospital Care for Indigent Persons
Appropriation Unit:	3157-00	Address:	304 South Minnesota St.
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Vinson Guthreau 775-883-7863
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **IAF UPL IGT**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$104,608,205.56**

Payment for services will be made at the rate of \$26,152,051.39 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.206 the Fund for Hospital Care to Indigent Persons, Board of Trustees and the Department of Health and Human Services, Division of Health Care Financing and Policy are entering into this agreement to provide supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

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

State employees manage this program and issue payments.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2014 - current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Megan Sloan, MA III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	03/16/2022 10:24:42 AM
Division Approval	dmartin3	03/16/2022 14:12:15 PM
Department Approval	pburrel1	03/18/2022 14:20:01 PM
Contract Manager Approval	ltuttl1	03/18/2022 14:24:02 PM
Budget Analyst Approval	laaron	04/07/2022 16:06:18 PM
BOE Agenda Approval	laaron	04/07/2022 16:06:20 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: **25251**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Board of Trustees for Fund for Hospital Care for Indigent Persons
Agency Code:	403	Contractor Name:	Board of Trustees for Fund for Hospital Care for Indigent Persons
Appropriation Unit:	3157-00	Address:	304 South Minnesota St.
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Vinson Guthreau 775-883-7863
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **IAF VC IGT**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the inpatient non-state government-owned Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$103,932.00**

Payment for services will be made at the rate of \$25,983.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.206 the Fund for Hospital Care to Indigent Persons, Board of Trustees and the Department of Health and Human Services, Division of Health Care Financing and Policy are entering into this agreement to provide supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

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

State employees manage this program and issue payments.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2014 - Current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Megan Sloan, MAIII Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	03/16/2022 13:53:16 PM
Division Approval	dmartin3	03/16/2022 14:12:42 PM
Department Approval	pburrel1	03/18/2022 14:20:46 PM
Contract Manager Approval	ltuttl1	03/18/2022 14:24:28 PM
Budget Analyst Approval	laaron	04/06/2022 14:52:25 PM
BOE Agenda Approval	laaron	04/06/2022 14:52:27 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: **24869**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3324
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **UPL UMC**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the practitioner Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,595,100.00**

Other basis for payment: Administrative Fee: 12.5% of total Supplemental Payment per quarter; estimated at \$31,250/quarter (included in annual cost); FY23 - \$775,000, FY24 - \$852,000, FY25 - \$937,200, FY26 - \$1,030,900

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

DHCFP does not have the staff or expertise required 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?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2018 - 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:

Shanna Cobb-Adams, MA IV Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	03/29/2022 07:17:12 AM
Division Approval	trya4	03/29/2022 11:27:37 AM
Department Approval	pburrel1	03/29/2022 13:56:14 PM
Contract Manager Approval	trya4	03/29/2022 14:19:29 PM
Budget Analyst Approval	laaron	04/07/2022 10:07:57 AM
BOE Agenda Approval	laaron	04/07/2022 10:07:59 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: **25112**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County School District
Agency Code:	403	Contractor Name:	Clark County School District
Appropriation Unit:	3157-00	Address:	4260 Eucalyptus Avenue Building 9
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89121
If "No" please explain:	Not Applicable	Contact/Phone:	Sherron Dickenson 702-799-5385
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2023-2026		

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**
Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **School Health Svcs**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening, and diagnostic services for children who are Nevada Medicaid/Check Up eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,275,500.00**

Other basis for payment: Per Attachment A; FY23 - \$6,250,000, FY24 - \$7,050,000, FY25 - \$7,655,000, FY26 - \$8,320,500

II. JUSTIFICATION

7. What conditions require that this work be done?

School Health Services are medical services provided for children who attend public schools in Nevada that are Medicaid eligible students. SHS are medically necessary services listed in the student's Plan of Care and/or preventive services that are under Early Periodic Screening, Diagnostic, and Treatment as defined in 42 Code of Federal Regulations (CFR) 440.40(b).

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

SHS services must be provided by a qualified health care provider working within their scope of practice under state and federal regulations.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2014 to current. Satisfactory.

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

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

Not Applicable

15. The contractor is 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:

Rossana Dagdagan, Social Services Program Spec 2 Ph: null

Gladys Cook, Social Services Program Spec 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	03/25/2022 07:23:03 AM
Division Approval	trya4	03/25/2022 12:23:29 PM
Department Approval	pburrel1	03/30/2022 17:48:39 PM
Contract Manager Approval	trya4	03/31/2022 09:41:00 AM
Budget Analyst Approval	laaron	04/07/2022 10:21:30 AM
BOE Agenda Approval	laaron	04/07/2022 10:21:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25587**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Board of Regents, Nevada System of Higher Education
Agency Code: 403	Contractor Name: University of Nevada, Reno, School of Medicine
Appropriation Unit: 3157-00	Address: Pennington Medical Education Building 332
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: Kimberli Quinn 775-784-6214
	Vendor No.: D35000816
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **UNSOM GME**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education supplemental payment program for non-state government owned or operated teaching hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,575,034.00**

Other basis for payment: Administrative Fee: 5% of total Supplemental Payment per quarter; FY23 - \$1,061,462.02, FY24 - \$1,114,535.13, FY25 - \$1,170,261.88, FY26 - \$1,228,774.98

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Several contracts with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Ashley Mager, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	03/02/2022 11:59:46 AM
Division Approval	dmartin3	03/02/2022 12:03:38 PM
Department Approval	pburrel1	03/03/2022 08:56:31 AM
Contract Manager Approval	ltuttl1	03/22/2022 12:27:18 PM
Budget Analyst Approval	laaron	04/06/2022 16:21:44 PM
BOE Agenda Approval	laaron	04/06/2022 16:21:46 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: **25618**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Department of Health and Human Services
Agency Code:	403	Contractor Name:	Division of Child and Family Services
Appropriation Unit:	3158-11	Address:	4126 Technology Way 3rd Floor
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Sharon Knigge 775-684-4400
		Vendor No.:	D40900000
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **TCM-Admin-Medical**

5. Purpose of contract:

This is a new interlocal agreement to provide targeted case management, administrative and medical services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,478,352.00**

Payment for services will be made at the rate of \$1,869,588.00 per year

Other basis for payment: Per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS performs Medicaid administrative activities including outreach, utilization review and referrals. This contract allows DHCFFP as the "single state agency" for Medicaid to receive and pass on federal funds for these services.

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

DCFS State employees are performing these duties for Child Welfare Medicaid recipients.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2018 to current. Satisfactory.

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

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

Not Applicable

15. The contractor is 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	aroma2	04/01/2022 12:41:26 PM
Division Approval	ltuttl1	04/04/2022 10:20:29 AM
Department Approval	pburrel1	04/04/2022 10:24:13 AM
Contract Manager Approval	ltuttl1	04/04/2022 10:29:13 AM
Budget Analyst Approval	laaron	04/06/2022 16:09:32 PM
BOE Agenda Approval	laaron	04/06/2022 16:09:34 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 21166	Amendment Number: 2	
	Legal Entity Name:	First Data Government Solutions, LP
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Contractor Name:	First Data Government Solutions, LP
Agency Code: 403	Address:	5565 Glenridge Connector NE
Appropriation Unit: 3158-04		Mail Stop GH-16
Is budget authority available?: Yes	City/State/Zip:	Atlanta, GA 30342
If "No" please explain: Not Applicable	Contact/Phone:	Kevin Doyle, Sales Director 916-835-4035
	Vendor No.:	PUR0003255
	NV Business ID:	NV20041329558

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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

X	General Funds	21.40 %	Fees	0.00 %
X	Federal Funds	78.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**
 Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2023**

Contract term: **4 years and 275 days**

4. Type of contract: **Contract**

Contract description: **EVV**

5. Purpose of contract:

This is the second amendment to the original contract which provides an Electronic Visit Verification (EVV) system. This amendment extends the termination date from March 31, 2023 to December 31, 2023 and increases the maximum amount from \$2,064,304 to \$2,661,148 to allow time for completion of a new request for proposal, adding a fourth Managed Care Organization to the EVV system and conducting three annual security audits for key performance indicators.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,064,304.00	\$2,064,304.00	\$2,064,304.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$596,844.00	\$596,844.00	\$596,844.00	Yes - Action
3. New maximum contract amount:	\$2,661,148.00			
and/or the termination date of the original contract has changed to:	12/31/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Congress passed H.R. 34 - 21st Century Cures Act, mandating that all States require the use of an Electronic Visit Verification system for all Medicaid funded personal care services that are provided under a State plan or a waiver of the plan, including services provided under section 1915(c), 1915(i), 1915(j), or 1915(k) or under a waiver under section 1115. States not implementing the use of an EVV system for such services by January 1, 2020 will see a reduction in the federal funding received.

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

The State lacks resources and does not have the staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

Ernst & Young
Fei Systems
First Data Government Solutions, LP
Conduent State and Local Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S78, 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: 04/13/2018 Anticipated re-bid date: 09/01/2022

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? 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:

DHCFP 2018 - current and other State agencies. 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:

LP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	04/01/2022 14:25:01 PM
Division Approval	ltuttl1	04/01/2022 14:28:03 PM
Department Approval	pburrel1	04/01/2022 17:55:50 PM
Contract Manager Approval	ltuttl1	04/04/2022 08:54:26 AM
EITS Approval	daxtel1	04/04/2022 10:45:00 AM
Budget Analyst Approval	laaron	04/07/2022 13:15:08 PM
BOE Agenda Approval	laaron	04/07/2022 13:15:11 PM



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

M E M O R A N D U M

TO: Suzanne Bierman, Administrator, DHCFP
April Caughron, ITM II, DHCFP
Bill Farrar, ASO IV, DHCFP
Robin Ochsenschlager, ITP IV, DHCFP

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Chief, Communication, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, Business Process Analyst III, EITS, DOA

SUBJECT: TIN Completion Memo – DHCFP – 102 – Electronic Visit Verification update – BA3158 –Update-A

DATE: March 8, 2022

We have completed the review for the Division of Healthcare Finance and Policy's (DHCFP) – *Electronic Visit Verification Enhancement for Home Health Services* TIN.

The updated TIN, for an estimated value of \$1,131,834.00 for the current biennium and \$268,996.00 for the next biennium (90% Federal Grant funding and 10% General Fund) for an increase of \$905,830.00 from the original submission, supports the enhancement and/or upgrade of an existing technology solution, software product, and/or equipment solution. The Division has a current Electronic Visit Verification (EVV) system that was supposed to have been enhanced to include Home Health Care services by January 1, 2023. This is in addition to the Personal Care Services that are already included as required by the 21st Century Cures Act.

The division has decided to go to Request for Proposal (RFP) for a system to address both requirements from the Cures Act, since the first scope of work to implement an Electronic Visit Verification System, as

an update, was not performed. Costs have been added for the time period between the original TIR and this TIN.

This update also includes an amendment for Security Audit costs for Key Performance Indicator reporting, as required by CMS to maintain enhanced Federal Financial Participation.

The agency has a data quality management plan in place for this investment that is a Commercial of the Shelf (COTS), Cloud-based solution.

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

It is expected that this solution will continue to follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25657**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Churchill County Social Services
Agency Code:	403	Contractor Name:	Churchill County Social Services
Appropriation Unit:	3243-00	Address:	485 West B Street Suite 105
Is budget authority available?:	Yes	City/State/Zip:	Fallon, NV 89406
If "No" please explain:	Not Applicable	Contact/Phone:	Shannon Ernst 775-428-0211
		Vendor No.:	T81032440A
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 05/2022

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,091,564.12**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY22 - \$543,615.27, FY23 - \$547,948.85

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/28/2022 12:16:21 PM
Division Approval	trya4	03/29/2022 12:21:00 PM
Department Approval	pburrel1	04/04/2022 10:43:40 AM
Contract Manager Approval	trya4	04/04/2022 10:58:05 AM
Budget Analyst Approval	laaron	04/06/2022 15:53:33 PM
BOE Agenda Approval	laaron	04/06/2022 15:53:35 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.




Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
- 25657 Churchill County
- 25660 Clark County
- 25658 Douglas County
- 25662 Elko County
- 25664 Esmeralda County
- 25668 Eureka County
- 25669 Humboldt County
- 25670 Lander County
- 25671 Lincoln County
- 25672 Lyon County
- 25674 Mineral County
- 25675 Nye County
- 25676 Pershing County
- 25677 Storey County
- 25678 Washoe County
- 25679 White Pine County

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25660**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3243-00	Address: 1600 Pinto Lane
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: Margaret LeBlanc 702-455-3283
	Vendor No.: T81026920Y
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 **05/2022**

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,125,127.58**

Other basis for payment: FY22 - \$26,854,453.93, FY23 - \$27,270,673.66

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFF pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/24/2022 15:41:36 PM
Division Approval	trya4	03/24/2022 16:47:19 PM
Department Approval	pburrel1	03/28/2022 14:48:21 PM
Contract Manager Approval	trya4	03/29/2022 10:20:33 AM
Budget Analyst Approval	laaron	04/06/2022 15:06:45 PM
BOE Agenda Approval	laaron	04/06/2022 15:06:47 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
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Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
- 25657 Churchill County
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- 25671 Lincoln County
- 25672 Lyon County
- 25674 Mineral County
- 25675 Nye County
- 25676 Pershing County
- 25677 Storey County
- 25678 Washoe County
- 25679 White Pine County

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25662**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Elko County Human & Social Services
Agency Code:	403	Contractor Name:	Elko County Human & Social Services
Appropriation Unit:	3243-00	Address:	571 Idaho Street
Is budget authority available?:	Yes	City/State/Zip:	Elko, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Lewis 775-738-4375
		Vendor No.:	T81072742E
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 05/2022

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,456,546.61**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY22 - \$725,821.24, FY23 - \$730,725.37

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/29/2022 13:11:43 PM
Division Approval	trya4	03/30/2022 10:21:42 AM
Department Approval	pburrel1	04/01/2022 17:53:12 PM
Contract Manager Approval	dmartin3	04/04/2022 10:54:50 AM
Budget Analyst Approval	laaron	04/06/2022 15:50:12 PM
BOE Agenda Approval	laaron	04/06/2022 15:50:14 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.




Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
- 25657 Churchill County
- 25660 Clark County
- 25658 Douglas County
- 25662 Elko County
- 25664 Esmeralda County
- 25668 Eureka County
- 25669 Humboldt County
- 25670 Lander County
- 25671 Lincoln County
- 25672 Lyon County
- 25674 Mineral County
- 25675 Nye County
- 25676 Pershing County
- 25677 Storey County
- 25678 Washoe County
- 25679 White Pine County

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25672**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Lyon County Human Services
Agency Code:	403	Contractor Name:	Lyon County Human Services
Appropriation Unit:	3243-00	Address:	P.O. Box 1141
Is budget authority available?:	Yes	City/State/Zip:	Silver Springs, NV 89429
If "No" please explain:	Not Applicable	Contact/Phone:	Shayla Holmes 775-577-5009
		Vendor No.:	T40156600A
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 05/2022

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,425,631.56**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY22 - \$1,210,574.78, FY23 - \$1,215,056.78

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/24/2022 15:35:36 PM
Division Approval	trya4	03/25/2022 09:24:07 AM
Department Approval	pburrel1	03/25/2022 10:04:35 AM
Contract Manager Approval	trya4	03/25/2022 11:37:14 AM
Budget Analyst Approval	laaron	04/06/2022 15:42:24 PM
BOE Agenda Approval	laaron	04/06/2022 15:42:28 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
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DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.




Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
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- 25676 Pershing County
- 25677 Storey County
- 25678 Washoe County
- 25679 White Pine County

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25675**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Nye County Health and Human Services
Agency Code:	403	Contractor Name:	Nye County Health and Human Services
Appropriation Unit:	3243-00	Address:	1981 E. Calvada Blvd. North Suite 120
Is budget authority available?:	Yes	City/State/Zip:	Pahrump, NV 89048
If "No" please explain:	Not Applicable	Contact/Phone:	Karyn Smith 775-751-7096
		Vendor No.:	T80044560S
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 05/2022

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,394,013.16**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY22 - \$695,181.75, FY23 - \$698,831.41

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/24/2022 15:28:07 PM
Division Approval	trya4	03/25/2022 09:14:58 AM
Department Approval	pburrel1	03/25/2022 10:05:00 AM
Contract Manager Approval	jvojtek	03/25/2022 11:39:58 AM
Budget Analyst Approval	laaron	04/06/2022 15:34:43 PM
BOE Agenda Approval	laaron	04/06/2022 15:34:45 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.




Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
- 25657 Churchill County
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- 25679 White Pine County

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25676**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Pershing County
Agency Code: 403	Contractor Name: Pershing County
Appropriation Unit: 3243-00	Address: P.O. Box 820
Is budget authority available?: Yes	City/State/Zip: Lovelock, NV 89419
If "No" please explain: Not Applicable	Contact/Phone: Lacey Donaldson 775-273-2208
	Vendor No.: T81041592
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

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 **05/2022**

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

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

Contract term: **1 year and 364 days**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$484,205.53**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY22 - \$238,524.89, FY23 - \$245,680.64

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 2019 to 2021. 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:

Erica Bronder, MA II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	03/24/2022 15:09:20 PM
Division Approval	trya4	03/24/2022 15:19:31 PM
Department Approval	pburrel1	03/24/2022 21:36:29 PM
Contract Manager Approval	trya4	03/25/2022 08:21:37 AM
Budget Analyst Approval	laaron	04/05/2022 12:42:56 PM
BOE Agenda Approval	laaron	04/05/2022 12:42:59 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.




Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: February 25, 2022

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP) 

RE: Request for Retroactive Start Date of July 1, 2021, for County Match Contracts

This memorandum requests that the County Match contracts as listed below be approved for a retroactive start date effective July 1, 2021.

- 25650 Carson County
- 25657 Churchill County
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Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget. This contract was delayed due to extended negotiations between the Counties and the State.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

Thank you for your consideration.


Suzanne Bierman (Feb 25, 2022 11:50 PST)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25052** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **The W.W. Williams Company, LLC**

Agency Code: **406** Contractor Name: **The W.W. Williams Company, LLC**

Appropriation Unit: **3161-07** Address: **2680 Losee Rd**

Is budget authority available?: **Yes** City/State/Zip: **N. Las Vegas, NV 89030**

If "No" please explain: **Not Applicable** Contact/Phone: **Dan Mathis 702-672-4596**

Vendor No.: **T29041024**

NV Business ID: **NV20161487647**

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

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

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

Agency Reference #: **C 17928**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing maintenance service for the emergency generators. This amendment increases the maximum amount from \$30,160.00 to \$130,645.13 due to repairs needed for the emergency generator.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,160.00	\$30,160.00	\$30,160.00	Yes - Info
2. Amount of current amendment (#1):	\$100,485.13	\$100,485.13	\$130,645.13	Yes - Action
3. New maximum contract amount:	\$130,645.13			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards for health and safety, generators are required to be serviced to meet the needs of the Southern Nevada Adult Mental Health Services campus in the event of a power failure. If the generators are not properly maintained and serviced, their life expectancy can be shortened as well as having the potential for catastrophic failure. Funds were approved in WP C57940.

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

There are no State employees in the agency or available elsewhere in the State to do the required work needed to maintain this equipment to safety 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):

WW Williams
Loftin
Power Plus

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was the highest scoring proposer as determined by an evaluation committee.

d. Last bid date: 09/27/2021 Anticipated re-bid date: 12/01/2023

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor with Division of Public and Behavioral Health since 2020, with satisfactory services.

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

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

Not Applicable

15. The contractor is 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	rmille8	04/06/2022 14:20:21 PM
Division Approval	rmille8	04/06/2022 14:20:25 PM
Department Approval	Isherych	04/11/2022 11:28:32 AM

Contract Manager Approval
Budget Analyst Approval
BOE Agenda Approval

rmille8
afrantz
afrantz

04/11/2022 12:11:38 PM
04/20/2022 16:44:04 PM
04/20/2022 16:49:53 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25541**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Carahsoft Technology
Agency Code: 406	Contractor Name: Carahsoft Technology
Appropriation Unit: 3219-13	Address: 11493 Sunset Hills Rd Ste 100
Is budget authority available?: Yes	City/State/Zip: Reston, VA 20190
If "No" please explain: Not Applicable	Contact/Phone: Jonathan Rodger 571-662-3456
	Vendor No.:
	NV Business ID: NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

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

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

Agency Reference #: C 17968

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2023**

Contract term: **1 year and 91 days**

4. Type of contract: **Contract**

Contract description: **MSA Work Plan**

5. Purpose of contract:

This is a new service agreement under master service agreement #99 SWC-NV18-421 which provides a single disease surveillance system. This system automates and modernizes how electronic reports are being reported to the state and the Centers for Disease Control and Prevention.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,243,205.78**

Other basis for payment: Per Attachment DD: Cost Proposal

II. JUSTIFICATION

7. What conditions require that this work be done?

CDC reporting of disease surveillance activities within the state.

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

This work needs to be completed by subject matter experts with the EpiTrax solution. No state employees has this expertise.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current vendor with DPBH since June 2020 - satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	02/01/2022 11:48:55 AM
Division Approval	rmille8	02/01/2022 15:05:58 PM
Department Approval	lsherych	02/01/2022 16:03:34 PM
Contract Manager Approval	rmille8	04/06/2022 11:06:25 AM
EITS Approval	daxtel1	04/13/2022 13:39:17 PM
Budget Analyst Approval	kanders2	04/13/2022 13:57:16 PM
BOE Agenda Approval	afrantz	04/15/2022 11:19:27 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
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M E M O R A N D U M

TO: Julia Peek, Deputy Administrator, DPBH
Erin Williams, IT Manager III, DPBH
Tasha Couste, IT Manager II, DPBH
Sophia Allec, Management Analyst II, DPBH

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA

FROM: David Axtell, State Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - DPBH – 325 – Endpoint - EpiTrax Statewide and Data Modernization BA3219

DATE: February 9, 2022

We have completed the review for DPBH's - Endpoint - *EpiTrax Statewide and Data Modernization Implementation* - TIN 325.

The submitted TIN is for an estimated value of \$1,426,000 in the current biennium and \$766,000 next biennium (100% Federal Grant– ELC/Data Modernization funding) to implement a single disease surveillance solution at the request of and integrated with the CDC. The outcome of this project is expected to result in the successful EpiTrax Statewide Implementation and the Data Modernization Initiative (DMI).

The EpiTrax solution is an open-source disease surveillance system that is supported by internal and external staff. EpiTrax is not subscription based. As part of this TIN scope, an enterprise reporting solution utilizing SAS will be implemented and is subscription based.

The DMI effort will automate and modernize how electronic case reports (eCR) are being reported to the State and CDC.

The outcome will standardize all reporting and provides a secure method to manage PHI/PII data for all

jurisdictions within the state of Nevada.

The solution will include the hosting, implementation, integration, and licensing for a hosted Enterprise SaS reporting solution.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24887**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: ELKO COUNTY
Agency Code: 407	Contractor Name: ELKO COUNTY
Appropriation Unit: 3238-10	Address: NORTHEASTERN NEVADA JUVENILE 571 IDAHO ST STE 101
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801-3715
If "No" please explain: Not Applicable	Contact/Phone: 775/738-5694
	Vendor No.: T81072742R
	NV Business ID: GOV'T ENTITY

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Fees

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$236,341.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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?

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Division 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 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:

Cathy Kaplan, Chief, Child Support Enforcement Program Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbusay	03/08/2022 12:40:14 PM
Division Approval	bberry	03/09/2022 13:06:36 PM
Department Approval	mchappel	03/09/2022 13:58:25 PM
Contract Manager Approval	mpomerle	03/17/2022 16:43:31 PM
Budget Analyst Approval	afrantz	04/04/2022 15:31:31 PM
BOE Agenda Approval	afrantz	04/04/2022 15:34:52 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: 19387	Amendment Number: 4
Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: INFORMATIX, INC.
Agency Code: 407	Contractor Name: INFORMATIX, INC.
Appropriation Unit: 3238-23	Address: 2485 NATOMAS PARK DR STE 430
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95833-2937
If "No" please explain: Not Applicable	Contact/Phone: 916/830-1400
	Vendor No.: T29018702
	NV Business ID: NV20081431872

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.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**
 Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **05/31/2022**

Termination Date:
 Contract term: **5 years and 109 days**

4. Type of contract: **Contract**

Contract description: **CSEP Disbrsmnt Sys**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides an electronic application to assist in the collections and disbursements of Child Support payments to the custodial parent. This amendment extends the termination date from May 31, 2022 to March 31, 2023 and increases the maximum amount from \$1,953,238.78 to \$2,381,107.71 due to ongoing software support, maintenance services and the extended test and production period.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,100,000.00	\$1,100,000.00	\$1,100,000.00	Yes - Action
a. Amendment 1:	\$49,737.00	\$49,737.00	\$49,737.00	Yes - Info
b. Amendment 2:	\$803,501.78	\$803,501.78	\$853,238.78	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$427,868.93	\$427,868.93	\$427,868.93	Yes - Action
3. New maximum contract amount:	\$2,381,107.71			
and/or the termination date of the original contract has changed to:	03/31/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulation 45 CFR 302.32, SCaDU must disburse child support collections within two (2) business days of the payment being received, as long as sufficient information identifying the payee is provided. The Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) mandates the use of a statewide collection and disbursement system for child support enforcement payment processing. Failure to implement and maintain a statewide system will result in financial sanctions imposed by the federal government.

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

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Per NRS 332.195 authorizes the State of Nevada to join or use a contract that has been competitively bid by another governing body outside of the State;

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? 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 the Division of Welfare & Supportive Services and providing satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/05/2022 09:09:59 AM
Division Approval	bberry	04/05/2022 12:44:41 PM
Department Approval	mchappel	04/05/2022 13:03:55 PM
Contract Manager Approval	bcullen	04/05/2022 14:10:25 PM
EITS Approval	daxtel1	04/05/2022 19:23:43 PM
Budget Analyst Approval	afrantz	04/15/2022 07:28:15 AM
BOE Agenda Approval	afrantz	04/15/2022 07:58:32 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	#3880

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:		
	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>Brian Cullen</i>	<i>775-684-0754</i>	<i><u>dwsscontracts@dwss.nv.gov</u></i>
	<i>Jason Lewis</i>	<i>775-684-0722</i>	<i><u>lewisja@dwss.nv.gov</u></i>

2	Contractor Information:	
	Contractor:	<i>Informatix, Inc</i>
	Contact Name:	<i>Michele Blanc</i>
	Complete Address:	<i>2485 Natomas Park Drive, Suite 430 Sacramento, CA 95833</i>
	Phone Number:	<i>916-830-1400</i>
	Email Address:	<i>michele.blanc@informatixinc.com</i>

3	List <u>all previous</u> Contract Information: No previous contract			
	Solicitation Type, if applicable:	<i>N/A</i>	#:	<i>N/A</i>
	CETS #:	<i># N/A</i>		
	Contract Amount:	<i>N/A</i>		
	Contract Term:	Start Date:	<i>N/A</i>	End Date:

Rec'd 05/20/21

Purchasing Use Only:	
Approval #:	#388 (C)

4	Current Contract Information: Joinder with the state of Delaware			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>HSS-16-001</i>
	CETS #:	#19387		
	Initial Contract Amount:	<i>\$1,149,737.00</i>		
	Contract Term:	Start Date:	<i>December 12, 2017</i>	End Date:

Amendment Information – List <u>all previously</u> approved amendments:			
Amd #:	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
5	<i>1</i>	<i>Increases the total contract authority and extended the termination date for 2 additional years</i>	<i>Increase of \$49,737.00</i>
	<i>2</i>	<i>Increase the total contract authority</i>	<i>Increase of \$803,501.78</i>

<u>Proposed</u> Amendment Information:			
Amd #:	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
6	<i>3</i>	<i>Extend the termination date for 1 additional year and increases the total contract authority</i>	<i>\$427,868.93</i>
			<i>March 31, 2023</i>

7	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?
	<i>The Child Support Enforcement Program (CSEP) for the Division of Welfare and Supportive Services is undergoing a full system replacement called NVKIDS. The pilot rollout is scheduled for November 2021, with the final phase for the statewide implementation being May 2022. The current contract with Informatix is due to expire during the implementation of NVKIDS. The current functionality of the payment processing services provided by Informatix was built into NVKIDS. Any design and development changes of the NVKIDS system will cause substantial delays and financial impacts which would put the project and federal funding in jeopardy.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>If the contract extension request is denied, DWSS would possibly be required to implement a new payment processing solution into the NVKIDS system at the same time the system is being rolled out into production. Selecting another vendor would require dedication of Information Technology and System staff, along with CSEP personnel, and resources to train a new vendor on the complexities of</i>

the payment processing system. DWSS does not have the personnel resources to dedicate to training a new vendor. Informatix has been engaged in this capacity for 3 years, and has developed institutional knowledge of the CSEP system, and payment processing system which would be very difficult, and cost prohibitive, to replace if required to use another vendor during the rollout of NVKIDS.

Additionally, the CSEP is a performance-based program, and the Rapid system provides the program with expedited payment process to be compliant with federal performance requirements. Failure to meet federal performance measures could result in penalties to the Temporary Assistance for Needy Families (TANF) Block Grant. Moreover, moving to another vendor at this point could jeopardize the payment processing and rollout of NVKIDS and potentially cost the program thousands of dollars for additional rework to NVKIDS. It would be a significant deterrent to CSEP if these services were not available.

<i>Purchasing Use Only:</i>	
Approval #:	#388 (2)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

Jason Lewis signed electronically
 Signature of Agency Representative Initiating Request

Jason Lewis 05-18-21
 Print Name of Agency Representative Initiating Request Date

[Signature]
 Signature of Agency Head Authorizing Request

Steve H. Fisher 5/17/2021
 Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

Kevin D. Ostry 6/1/21
 Administrator, Purchasing Division or Designee Date



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

M E M O R A N D U M

TO: Robert H. Thompson, Administrator, DWSS, DHHS
Crystal Buscay, Chief, Fiscal Manager, DWSS, DHHS
Bart London, Chief, IT Manager, DWSS, DHHS
Brian Cullen, Chief, ScaDU, DWSS, DHHS

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DWSS – 370 – *Child Support Disbursement and Collection Application* – BA 3238

DATE: April 4, 2022

We have completed our review for the Department of Health and Human Services, Division of Welfare and Supportive Services' (DWSS) – *Child Support Disbursement and Collection Application* – TIN 370.

The submitted TIN, for an estimated value of \$736,200 in the FY22/FY23 biennium (66% Federal Grant and 34% State Share of Collections), is to continue an existing contract with Informatix, for technology currently in place and in use by the agency, to process payments for Child Support Enforcement clients and to incorporate TIN #434 (T407200211165440) from the depreciated TIN 1.0 system into the TIN 2.0 system.

The current Child Support Enforcement Program is being replaced with NVKIDS, scheduled for an April 2022 pilot rollout, and the final phase for statewide implementation scheduled for October 2022. The current child support disbursement and collection application contract with Informatix was built into NVKIDS and is due to expire during the NVKIDS implementation. Any design or development changes of the NVKIDS system will cause substantial delays and financial impacts which would put the project and its federal funding in jeopardy. The agency considers the technology investment and ongoing security risks to be low.

This SaaS hosted solution will be renewed with confidence as it has been in operation for several years and has been implemented in multiple States with a robust federal audit history.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25479**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3716-50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Aramark Correctional Services, LLC

Contractor Name: **Aramark Correctional Services, LLC**Address: **2400 Market Street**City/State/Zip: **Philadelphia , PA 19103**

Contact/Phone: Todd Steibly 850-251-3935

Vendor No.: T32011971

NV Business ID: NV19941107958

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

Agency Reference #: RFP# 44DOC-S1773

2. Contract start date:

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

Anticipated BOE meeting date 03/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2026**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Inmate Food Services**

5. Purpose of contract:

This is a new contract to provide consolidated inmate food services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

All food products procured and delivered by the awarded vendor must meet the nutritional standards set by the State Chief Medical Officer pursuant to Nevada Revised Statutes 209.382. All products will be in compliance with the Nevada Department of Corrections' (NDOC) Food Specifications/Annual Usage, included as Attachment MM to the Request for Proposal. In addition, NDOC food services policies and procedures require all inmates be provided three (3) nutritionally mandated meals per day at a reasonable cost.

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

The State of Nevada is not in the business of wholesaling food.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):

Empire Food Services
Aramark Correctional Services LLC
Trinity Services Group Inc.

b. Solicitation Waiver: **Not Applicable**

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

All vendors were scored independently by a committee. Aramark scored the highest.

d. Last bid date: 10/14/2021 Anticipated re-bid date: 10/01/2025

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	cjackson	01/27/2022 15:22:42 PM
Division Approval	amonro1	01/28/2022 12:30:59 PM
Department Approval	amonro1	01/28/2022 12:31:03 PM
Contract Manager Approval	smong1	01/28/2022 12:53:31 PM
EITS Approval	daxtel1	04/08/2022 17:35:38 PM
Budget Analyst Approval	pokeefe	02/02/2022 06:34:18 AM
BOE Agenda Approval	tgreenam	04/11/2022 08:30:35 AM
BOE Final Approval	Pending	



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

MEMORANDUM

TO: Charles Daniels, Director, NDOC
Lisa Lucas, Deputy Director of Support Services, NDOC
Karen Salm, Administrative Services Officer III, NDOC
Kathryn Reynolds, Acting Chief of Purchasing, NDOC

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – NDOC – 494 – *TIN Offender Food Contract* – BA 3710, 3716, 3717, 3722, 3723, 3724, 3725, 3738, 3739, 3741, 3747, 3748, 3751, 3752, 3754, 3759, 3760, 3761, 3762

DATE: April 8, 2022

We have completed our review for the Nevada Department of Corrections' (NDOC) – *Offender Food Contract* – TIN 494.

The submitted TIN, for an estimated value of \$16,000,000 in the FY22/FY23 biennium and \$32,000,000 in the FY24/FY25 biennium (100% General Fund), is to implement a new food ordering and management system.

By implementing a cloud-based, food ordering and management system, NDOC will enhance their current operations and dramatically increase productivity, reduce waste, and improve the quality of their overall production. The awarded vendor, either directly or through its subcontractor(s) must be able to provide all food products required for NDOC to prepare the meals required by its approved menu(s).

The agency considers this investment and its final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid

integration delays.

It is expected that this solution will follow state security standards and policies.

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26031**

Agency Name: OFFICE OF THE MILITARY - EMERGENCY MANAGEMENT	Legal Entity Name: ITS LOGISTICS LLC
Agency Code: 654	Contractor Name: ITS LOGISTICS LLC
Appropriation Unit: 3602-42	Address: 555 VISTA BLVD
Is budget authority available?: No	City/State/Zip: SPARKS, NV 89434-9662
If "No" please explain: pending work program 22FR360202	Contact/Phone: 775/358-5300
	Vendor No.: T32003432
	NV Business ID: NV20151056060

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**

Contract term: **122 days**

4. Type of contract: **Contract**

Contract description: **warehouse move**

5. Purpose of contract:

This is a new contract to provide transportation services to relocate the personal protective equipment and testing supply inventory from the northern Nevada warehouse to the southern Nevada warehouse.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$170,000.00**

Payment for services will be made at the rate of \$1,395.00 per completed truckload

Other basis for payment: considerations section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

During the height of the COVID pandemic, the Division secured two warehouse locations, one in northern Nevada and one in southern Nevada. The sublease on the warehouse in northern Nevada is expiring on August 31, 2022 and all the inventory must be relocated to the warehouse in southern Nevada

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

Division staff will be participating in the overall effort to coordinate and manage the move of the warehouse inventory; however, we do not have the licensing nor technical expertise to drive semi trucks to transport the stock between locations which is required because of the volume of inventory and distance between locations.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The Division did an emergency bid and only received 3 responses. The chosen vendor was the lowest bidder.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

Rodney Wright, Operations Ph: 775-443-8018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlyma2	04/18/2022 16:02:48 PM
Division Approval	jfranc5	04/18/2022 16:04:37 PM
Department Approval	csnido1	04/19/2022 10:28:42 AM
Contract Manager Approval	csnido1	04/19/2022 10:28:46 AM
Budget Analyst Approval	myoun3	04/19/2022 11:23:53 AM
BOE Agenda Approval	myoun3	04/19/2022 11:23:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **26055**

Agency Name:	OFFICE OF THE MILITARY - EMERGENCY MANAGEMENT	Legal Entity Name:	Raymond West
Agency Code:	654	Contractor Name:	Raymond West
Appropriation Unit:	3602-42	Address:	9939 Norwalk Blvd
Is budget authority available?:	No	City/State/Zip:	Santa Fe Springs, CA 90670
If "No" please explain: Budget authority is pending work program 22FR360202		Contact/Phone:	John Gonzales 702-651-1064
		Vendor No.:	
		NV Business ID:	pending
To what State Fiscal Year(s) will the contract be charged?	2022-2023		

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **122 days**4. Type of contract: **Contract**Contract description: **warehouse racking**

5. Purpose of contract:

This is a new contract to provide a warehouse racking system for pallets containing personal protective equipment and/or testing material and supplies at the warehouse located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Payment for services will be made at the rate of \$300,000.00 per Contract

Other basis for payment: \$290,000 for racking and \$10,000 for permitting

II. JUSTIFICATION

7. What conditions require that this work be done?

The division's sub lease of warehouse space in Northern Nevada is expiring in June 2022 and all personnel protective equipment and/or testing supplies need to be moved to the warehouse located in Southern Nevada. There are approximately 2,500 pallets of PPE to be moved and the southern warehouse already has approximately 3,000 pallets of PPE.

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

Division staff do not have the necessary knowledge in warehouse racking systems or the Southern Nevada permitting requirements.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is an emergency contract approved by the Purchasing Administrator

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

vendor is pending business license with the Secretary of State's Office

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

vendor is pending business license with the Secretary of State's Office

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.

vendor is pending business license with the Secretary of State's Office

19. Agency Field Contract Monitor:

Judith Lyman, ASO I Ph: 687-0316

Rodney Wright, Exercise Officer Ph: 687-10389

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlyma2	04/18/2022 16:02:36 PM
Division Approval	jfranc5	04/18/2022 16:03:43 PM
Department Approval	csnido1	04/19/2022 10:29:11 AM
Contract Manager Approval	csnido1	04/19/2022 10:29:14 AM

Budget Analyst Approval
BOE Agenda Approval
BOE Final Approval

myoun3
myoun3
Pending

04/19/2022 11:25:57 AM
04/19/2022 11:26:00 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25715**

Agency Name: **DPS-FIRE MARSHAL**

Agency Code: **656**

Appropriation Unit: **3816-25**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **FIRESHOWS GROUP, LLC**

Contractor Name: **FireShowsWest First Responders**

Address: **PO BOX 5227**

City/State/Zip: **Sun City West, AZ 85976**

Contact/Phone: **JoAnne Hill 800-632-7489**

Vendor No.: **T27029483A**

NV Business ID: **NV20181841003**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to 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 %	50% State Emergency Response Commission 50% HAZMAT
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: **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **HAZMAT Conference**

5. Purpose of contract:

This is a new contract to provide conference management services to coordinate the annual hazardous material program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$192,000.00**

Payment for services will be made at the rate of \$48,000.00 per Fiscal Year

Other basis for payment: First Coordination Payment \$15,000 on or before July 15. Second Coordination \$33,000.00 on or before December 1.

II. JUSTIFICATION

7. What conditions require that this work be done?

The training objectives will be to provide Nevada HAZMAT First Responders the skill and knowledge necessary to make critical decisions for a hazardous materials response and enable responders to maximize their response efficiency and effectiveness at hazardous materials incidents.

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

No State employee has 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 220201

Approval Date: 02/01/2022

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

The FireShowsWest is a Nevada corporation recognized by the IRS as a 501(c)3 non-profit organization. The FireShowsWest Conference and Expo is the only Fire and Hazardous material conference held in the State of Nevada.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

FireShowsWest provided identical Services under contract in fiscal year 2018 for the State Fire Marshal Division. The quality of service provided was satisfactory for the division.

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

No If "Yes", please provide details of the litigation 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?

No b. If "No", please explain:

DBA

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:

DENNIS PINKERTON, BUREAU CHIEF Ph: 775-684-7520

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsalisbu	03/28/2022 07:09:49 AM
Division Approval	lgallow1	03/28/2022 07:45:16 AM
Department Approval	jdekoekk	03/29/2022 16:10:54 PM
Contract Manager Approval	jdekoekk	03/29/2022 16:10:59 PM
Budget Analyst Approval	laaron	04/19/2022 11:25:33 AM
BOE Agenda Approval	laaron	04/19/2022 11:25:36 AM
BOE Final Approval	Pending	



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Purchasing Use Only:	
Approval#:	220201 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM
ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	Department of Public Safety-Fire Marshal Division	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Dennis Pinkerton, Bureau Chief	775-684-7520	dpinkerton@dps.state.nv.us
	Brandi Salisbury, Management Analyst	775-684-7509	b.salisbury@dps.state.nv.us

1b	Vendor Information:	
	Vendor Name:	FireShowsWest First Responders Training and Education Foundation
	Contact Name:	JoAnne Hill
	Complete Address: City, State, and Zip Code	P.O. Box 5227 Sun City West, AZ 85976
	Telephone Number:	1-800-632-7489
	Email Address:	jouanne@fireshowswest.com

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

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

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract: 4 Year	Start Date:	07/01/2022	End Date: 06/30/2026

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	50% NDEP and 50% SERC (hazmat funds)

Added 01/31/22 @

Purchasing Use Only:

Approval #:

220201 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$192,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>To provide Conference Management Services to coordinate the annual Hazardous Material (HAZMAT) program hosted through the Nevada State Fire Marshal Division. The educational program will be held in conjunction with FireShowsWest Conference and Expo.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The FireShowsWest is a Nevada corporation recognized by the IRS as a 501(c)3 non-profit organization. The FireShowsWest Conference and Expo is the only Fire and Hazardous material conference held in the State of Nevada. If at any time the FireShowsWest Corporation chooses to hold the Conference and Expo in a state other than Nevada, this contract will be void.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The FireShowsWest Conference and Expo is the only Fire and Hazardous material conference held in the State of Nevada.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	<i>The alternative would be to have the Fire Marshal Division produce a Fire and Hazardous material conference. The Fire Marshal Division does not have the staffing to manage this type of conference and would be competing with an established Nevada Conference Management corporation recognized by the IRS as a 501(c)3 non-profit organization.</i>		
b. <u>If not</u> , why were alternatives not evaluated?			

Purchasing Use Only:

Approval #:

220201 (2)

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i>			X		
6	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:					
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	
	Start Date	End Date				
	8/17/2017	12/31/17	\$48,000.00	HAZMAT Conference	Waiver #170602	
			\$			
			\$			
			\$			
		\$				

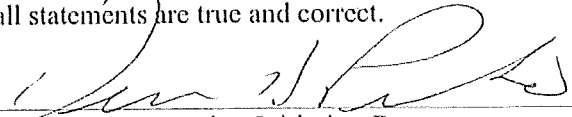
	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>The Division would not be able to bring about the annual Hazardous Material conference in coordination with the State Emergency Response Commissions grant process to the local emergency response commissions throughout the State of Nevada.</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 Fire Marshal Division's staff conducted several web searches for Nevada Conference Management services only to find the existing Nevada management services were for defined conferences only such as Women's expo, Nevada State Education Association and Nevada FFA. These Conference Management services did not have the knowledge or expertise to manage a Fire and Hazardous material conference.</i>

	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>		X
9	a. If yes, please provide details regarding future obligations or needs.		

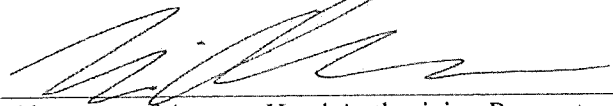
<i>Purchasing Use Only:</i>	
Approval #:	220201@

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

Dennis Pinkerton _____ 01/27/2022
 Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request

Mike Dzyak _____ 01/27/2022
 Print Name of Agency Head Authorizing Request Date

FOR PURCHASING USE ONLY – 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:


 _____ 2/1/22
 Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25771**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: PAR Western Line Contractors, LLC
Agency Code: 690	Contractor Name: QUES
Appropriation Unit: 4501-10	Address: 4415 Andrews Street
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89081
If "No" please explain: Not Applicable	Contact/Phone: Eric Manuel 818-802-2528
	Vendor No.: T29045270
	NV Business ID: NV20212270080
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to pay the contractor? 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 % Power Sales

Agency Reference #: 690

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2026**

Contract term: **3 years and 305 days**

4. Type of contract: **Contract**

Contract description: **Transmission Maint**

5. Purpose of contract:

This is a new contract to provide operation and maintenance engineering support services for the high-voltage transmission and distribution system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$860,000.00**

Other basis for payment: By task autohorization

II. JUSTIFICATION

7. What conditions require that this work be done?

The services of a qualified engineer are required to support the operation and maintenance of the Commission's high-voltage electrical transmission and distribution system.

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

Lack of expertise

9. Were quotes or proposals solicited? **Yes**

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

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

SynchoGrid
ESC Engineering
Power Consulting Associates

b. Solicitation Waiver: **Not Applicable**

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

The first two qualified bidders were selected from RFP # ES-21-01, this engineer was ranked second highest among the evaluation panel for engineering and construction management of the transmission and distribution system and was therefore the best qualified to provide the necessary support services.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

No b. If "No", please explain:

DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbenton	03/21/2022 13:11:01 PM
Division Approval	gbenton	03/21/2022 13:11:06 PM
Department Approval	gbenton	03/21/2022 13:11:12 PM
Contract Manager Approval	dbeaty	03/22/2022 13:35:29 PM
Budget Analyst Approval	laaron	03/28/2022 13:05:27 PM
BOE Agenda Approval	laaron	03/28/2022 13:05:30 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: **25975**

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: **212 Elks Point Road**
City/State/Zip: **Zephyr Cove, NV 89448**
Contact/Phone: Kelsey Weist 530-307-2275
Vendor No.: T29045144
NV Business ID: NV20161385283

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/09/2026**

Contract term: **4 years and 9 days**

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

Contract description: **Concession contract**

5. Purpose of contract:

This is a new revenue contract to provide a non-motorized water sports concession at Sand Harbor State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Other basis for payment: Fee: 35% of all annual gross receipts.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue contract, therefore it will be bringing in funds for the Park.

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

Nevada State Park employees do not have the time or expertise to provide this type of event.

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?

Pursuant to RFP #70CNR-S1887, 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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current SCUP Contract with Sand Harbor; work has been satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

18. 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 Supervisor Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/04/2022 09:49:27 AM
Division Approval	kcopelan	04/04/2022 09:49:30 AM
Department Approval	kcopelan	04/04/2022 09:49:32 AM
Contract Manager Approval	kcopelan	04/04/2022 09:49:36 AM
Budget Analyst Approval	rjacob3	04/11/2022 10:12:02 AM
BOE Agenda Approval	laaron	04/18/2022 11:03:14 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 CONTRACT1. Contract Number: **25816**Agency Name: **DCNR - NATURAL HERITAGE**Agency Code: **708**Appropriation Unit: **4101-11**Is budget authority available?: **No**

If "No" please explain: Contingent upon work program approval of C58508.

Legal Entity Name: **BOARD OF REGENTS**Contractor Name: **DESERT RESEARCH INSTITUTE**Address: **2215 RAGGIO PKWY**City/State/Zip: **RENO, NV 89512-1095**Contact/Phone: **Richard Jasoni 775-673-7472**Vendor No.: **D35000802**NV Business ID: **NV20161295653**To what State Fiscal Year(s) will the contract be charged? **2023**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**Anticipated BOE meeting date **05/2022**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **CO2-C sequestration**

5. Purpose of contract:

This is a new interlocal agreement to provide estimations of carbon emissions and carbon sequestration potential from Nevada's native vegetated land cover. This contract is contingent upon IFC approval of work program #C58508.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$200,000.00 per Contract

Other basis for payment: Quarterly invoices for services rendered (in line with state fiscal quarters) with appropriate backup to be submitted to Division of Natural Heritage, no later than the 15th of the following month.

II. JUSTIFICATION

7. What conditions require that this work be done?

To support the Nevada Climate Initiative, the Nevada Division of Natural Heritage will contract appropriate scientists to develop a method to estimate carbon emissions and sequestrations from Nevada's rangelands, grasslands, wetlands, and shrublands. The results will be used to inform the State Climate Strategy and the annual Statewide Greenhouse Gas Inventory and Projections report.

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

The Division of Natural Heritage does not have the necessary tools or scientists to perform this task. DRI has the staff, expertise and ability to perform the task at hand.9. Were quotes or proposals solicited? **No**

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Kristin Szabo, Administrator Ph: 7756842901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mspear2	03/16/2022 14:35:52 PM
Division Approval	mspear2	03/16/2022 14:36:01 PM
Department Approval	kwilliam	03/16/2022 15:00:24 PM
Contract Manager Approval	mspear2	03/25/2022 13:29:30 PM
Budget Analyst Approval	rjacob3	04/05/2022 10:37:16 AM
BOE Agenda Approval	laaron	04/07/2022 10:39:29 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: **25684**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: EIDE BAILLY LLP
Agency Code: 902	Contractor Name: EIDE BAILLY LLP
Appropriation Unit: 4772-04	Address: 5441 KIETZKE LN STE 150
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775/689-9100
	Vendor No.: T29026023B
	NV Business ID: NV20201801760
To what State Fiscal Year(s) will the contract be charged?	2023-2026

What is the source of funds that will be used to pay the contractor? 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 #: **3626-26-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Auditing UI**

5. Purpose of contract:

This is a new contract to provide ongoing audit services of financial statements for the Unemployment Insurance Trust Fund for calendar years 2022 through 2025.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$210,500.00**

Other basis for payment: Annual payments: \$49,000 for the 1st year; \$51,250 for the 2nd year; \$53,750 for the 3rd year; and \$56,500 for the 4th year.

II. JUSTIFICATION

7. What conditions require that this work be done?

An audit of the UI Trust Fund is required to be included in the Comprehensive Annual Financial Statement (CAFR) as well as audited financial statements provided to the State of Nevada Controllers Office yearly.

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

State employees do not have the expertise or resources to complete this service.

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

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

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

Not Applicable

b. Solicitation Waiver: **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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	athomps8	04/01/2022 11:18:04 AM
Division Approval	knelso4	04/01/2022 11:31:10 AM
Department Approval	knelso4	04/01/2022 11:31:15 AM
Contract Manager Approval	llarki1	04/01/2022 11:31:39 AM
Budget Analyst Approval	vfajota	04/06/2022 11:47:35 AM
BOE Agenda Approval	dlenzner	04/11/2022 13:31:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25582**

Agency Name: PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name: EXPRESS SCRIPTS, INC.
Agency Code: 950	Contractor Name: EXPRESS SCRIPTS, INC.
Appropriation Unit: 1338 - All Categories	Address: ONE EXPRESS WAY
Is budget authority available?: Yes	City/State/Zip: SAINT LOUIS, MO 63121-1824
If "No" please explain: Not Applicable	Contact/Phone: 949/499-2042
	Vendor No.: T29037510
	NV Business ID: NV20151712630

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? 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 % State Subsidy and Participant Premium

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **PBM**

5. Purpose of contract:

This is a new contract to provide ongoing pharmacy benefit manager services for participants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$332,109,496.00**

Other basis for payment: Attachment DD - Fee Schedule (Confidential)

II. JUSTIFICATION

7. What conditions require that this work be done?

Pharmacy Benefits are a key component to the core benefits offered by PEBP.

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

The State of Nevada does not administer prescription drug benefits.

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#95PEBPOS1711

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current PBM for PEBP.

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

No If "Yes", please provide details of the litigation 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	02/23/2022 17:33:29 PM
Division Approval	ceaton	02/23/2022 17:33:40 PM
Department Approval	ceaton	02/23/2022 17:33:49 PM
Contract Manager Approval	ceaton	02/23/2022 17:33:57 PM
Budget Analyst Approval	hfield	04/12/2022 09:51:19 AM
BOE Agenda Approval	hfield	04/12/2022 09:51:23 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: 11825	Amendment Number: 7
Agency Name: PUBLIC EMPLOYEES BENEFITS	Legal Entity Name: HealthSCOPE Benefits
Agency Code: 950	Contractor Name: HealthSCOPE Benefits
Appropriation Unit: 1338 - All Categories	Address: 27 Corporate Hill Dr
Is budget authority available?: Yes	City/State/Zip: Little Rock, AR 72205
If "No" please explain: Not Applicable	Contact/Phone: Kim Hiatt (501)2187513
	Vendor No.:
	NV Business ID: NV20011223201

To what State Fiscal Year(s) will the contract be charged? **2011-2022**

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 % State Subsidy and Participant Premium

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/08/2011**

Anticipated BOE meeting date: **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **11 years and 144 days**

4. Type of contract: **Contract**

Contract description: **TPA**

5. Purpose of contract:
This is the seventh amendment to the original contract which provides third party administration services. This amendment increases the maximum from \$62,600,000 to \$62,894,027 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:	\$29,500,000.00	\$29,500,000.00	\$29,500,000.00	Yes - Action
a. Amendment 1:	\$16,600,000.00	\$16,600,000.00	\$16,600,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$16,500,000.00	\$16,500,000.00	\$16,500,000.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#7):	\$294,027.00	\$294,027.00	\$294,027.00	Yes - Action
3. New maximum contract amount:	\$62,894,027.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires a Third Party Administrator to process medical, dental and vision health claims for the self funded PPO Plan.

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

State employees' are not licensed to provide this service and PEBP does not have the infrastructure to support such a large project.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the highest score from the evaluation committee and was ratified by the PEBP Board. Criteria included ability to perform required functions, cost, conformance with the terms of the RFP.

d. Last bid date: 10/01/2010 Anticipated re-bid date: 10/01/2015

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	02/24/2022 16:18:55 PM
Division Approval	ceaton	02/24/2022 16:19:01 PM

Department Approval	ceaton	02/24/2022 16:19:06 PM
Contract Manager Approval	ceaton	03/08/2022 12:13:42 PM
Budget Analyst Approval	hfield	03/24/2022 12:46:37 PM
BOE Agenda Approval	hfield	03/24/2022 12:46:47 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25935**

Agency Name:	PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name:	LIFEWORKS US, LTD
Agency Code:	950	Contractor Name:	LIFEWORKS US, LTD
Appropriation Unit:	1338-04	Address:	115 PERIMETER CENTER PLACE NE SUITE 1050
Is budget authority available?:	Yes	City/State/Zip:	ATLANTA, GA 30346
If "No" please explain:	Not Applicable	Contact/Phone:	DAVID BASSIN 770/399-6321
		Vendor No.:	T27014505
		NV Business ID:	NV20081471722
To what State Fiscal Year(s) will the contract be charged?	2022-2027		

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 %	X Other funding	100.00 % State Subsidy and Participant Premium

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **Yes**

If "Yes", please explain

The PEBP contract with LSI Consulting will terminate effective April 30, 2022. LifeWorks will begin transition work on April 1, 2022 to ensure a smooth transition to restart the previous eligibility and enrollment system for Members by May 1, 2022.

3. Termination Date: **12/31/2026**Contract term: **4 years and 275 days**4. Type of contract: **Contract**Contract description: **Benefits Mgmt System**

5. Purpose of contract:

This is a new contract to provide a system for maintaining enrollment, eligibility, and accounting for all participants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,145,600.00**

Other basis for payment: Attachment DD - Fee Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP requires a system to maintain and administer enrollment, eligibility and premium billing for the participants of the PEBP plans.

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

PEBP has determined that it is more cost effective to outsource this service to a vendor whose area of expertise is to provide the program software and system support for enrollment, eligibility and premium billing services.
--

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

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

Not Applicable

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

Approval #: 220407

Approval Date: 04/05/2022

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

Lifeworks was the previous eligibility and enrollment vendor and will be able to turn on the old system fairly quickly to ensure a smooth transition.

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

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

PEBP

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

No If "Yes", please provide details of the litigation 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	03/30/2022 11:04:48 AM
Division Approval	ceaton	03/30/2022 11:04:54 AM
Department Approval	ceaton	03/30/2022 11:06:11 AM
Contract Manager Approval	ceaton	04/21/2022 14:59:59 PM
EITS Approval	daxtel1	04/25/2022 23:27:46 PM
Budget Analyst Approval	hfield	04/26/2022 08:25:30 AM
BOE Agenda Approval	hfield	04/26/2022 08:25:36 AM
BOE Final Approval	Pending	



* 04/05/2022
 NOTE: Waiver # 220306
 rescinded - Replaced with
 the approved waiver # 220407@

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#:	220407(2)

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<u>ENTER STATE AGENCY NAME HERE:</u>	<i>Public Employees' Benefits Program</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Cari Eaton, Chief Financial Officer</i>	<i>775-684-7020</i>	<i>ceaton@peb.nv.gov</i>

1b	Vendor Information:	
	Vendor Name:	<i>Lifeworks (US) Ltd.</i>
	Contact Name:	<i>David Bassin</i>
	<u>Complete Address:</u> City, State, and Zip Code	<i>115 Perimeter Center Place NE, Suite 1050</i>
	Telephone Number:	<i>770-399-6321</i>
	Email Address:	<i>David.Bassin@lifeworks.com</i>

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

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<i>X</i>	No:
	<u>If 'No' Enter Amendment Number:</u>	#		
	<u>Enter CETS Number:</u>	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>April 01, 2022</i>	End Date: <i>December 31, 2026</i>

1f	Funding:	
	State Appropriated:	<i>X</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:	
Approval #:	22-0407@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$6,145,600

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>PEBP staff is responsible for performing all eligibility determinations and enrollment services by way of data entry in the Eligibility and Enrollment system. Similarly, PEBP staff is responsible for managing all accounts receivable and payable. The Eligibility and Enrollment system vendor is required to support these responsibilities by providing system access. The EE system functionality is the primary system used by PEBP staff to perform the accounting and operational functions of the agency. Additionally, it is the front facing system used by employees and retirees to manage their healthcare coverage and additional associated benefits.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p><i>The high-level functionality of the system should include at a minimum, but not be limited to, the following:</i></p> <ul style="list-style-type: none"> • <i>A solution providing core line-of-business functions, which include applications that permit the Agency to perform operations, including:</i> <ul style="list-style-type: none"> ○ <i>Determining member insurance eligibility in accordance with PEBP's eligibility plan rules;</i> ○ <i>Provide a sophisticated eligibility rules engine with automated solutions that increase efficiency in the administration of the plan;</i> ○ <i>Call center management tools;</i> ○ <i>Facilitating benefit enrollment including transfer of data from and to other internal systems, employers, and third-party administrators (TPAs);</i> ○ <i>Updating and maintaining coverage records;</i> ○ <i>The capability of billing premiums to multiple employers and pay centers, generating direct bills to all participants (including COBRA participants), and to administer all accounts receivable and payable while also being able to reconcile invoices with incoming payments;</i> ○ <i>Executing queries and other data extractions used to determine plan trends, usage patterns, and facilitate statistical analysis, etc.;</i> ○ <i>Integrated document management (including document production and retention);</i> ○ <i>System generated functions such as system generated letters to participants, and tasks for staff;</i> ○ <i>Ad hoc reporting capabilities.</i> • <i>Web based access to the solution for PEBP staff, and Agency (pay center) Representatives;</i> • <i>Web based, intuitive and comprehensive member solution providing a positive enrollment experience including single sign on integration;</i> • <i>All required interfaces, including, but not limited to, interfaces between employers and TPAs;</i> • <i>Mobile device accessibility</i> • <i>Audit indicator capabilities such that a participant's account can be identified as to whether it has been audited, through what date, and by whom;</i> • <i>Department-specific manuals and documentation for all system users, administrators, and developers; in addition to all baseline functionality, all such documentation must reflect the customized, as-built status of the solution; standard documentation reflecting only the vendor's un-customized base solution will not be accepted;</i>

- *Training for all system users, administrators, and developers– not only in application navigation and the use of screens and windows, but also in the use of the new solution to perform all their various job functions, processes, and sub-processes in the new environment;*
- *Any and all necessary software customizations to meet business and functionality requirements;*
- *Full implementation of the new solution (including as-built documentation of system design, database models, system configurations, and customizations);*
- *Project management services.*

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

PEBP contracted with LSI Consulting for Eligibility and Enrollment Benefits Management Services on December 8, 2020 for services to begin on January 1, 2022. LSI Consulting has subcontracted with BenefitFocus to implement and manage the system technology. Although PEBP staff have been working with LSI and BenefitFocus to ensure a successful implementation, staff brought an update to the January 27, 2022 board meeting and will again on March 24, 2022 noting many serious issues that have arisen during the implementation process and post go-live. PEBP cannot continue to perform its mission without essential functionality and the vendor has indicated it will be unable to offer much of the functionality for another 9-12 months. PEBP cannot continue to operate without billing and invoice functionality for another year. Continuing under these circumstances will be detrimental to the PEBP program and budget and will have real-life impacts on the ability for employees and retirees to access healthcare services. As it becomes clear that there are continuous system capability issues and growing frustration with staff and participants, PEBP believes the best option at the time is to return to our former Eligibility and Enrollment vendor as LifeWorks would be able to restart a working system effective May 1st and ensure an open enrollment that would be more successful than continuing with LSI.

	Check One:	
	Yes	No
	X	

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

Options:

1. *Stay the course with LSI and Benefitfocus.*
Positive outcomes: System and offerings remain the same for the members.
Risks: Functionality to suit PEBP’s needs and processes does not exist due to lack of system functionality or inefficient processes with Benefitfocus. PEBP processes and functions will continue to take longer. File integrations with vendors and agencies still need solutioning requiring development work on all sides. A complete billing solution to meet PEBP’s needs is 9-12 months away, requiring a one-off custom development specifically for PEBP with added costs. Hundreds of thousands of dollars of invoices for file integrations that continue to not work properly causing more manual work on PEBP staff, vendors, agencies, and member coverage disruption.

2. *LSI pursue a new sub-contractor to replace Benefitfocus.*
Positive outcomes: Unknown currently.
Risks: Disruption to members and carriers since it will be a change of systems including voluntary benefit changes, requiring heavy communications. Starting a new implementation process again with all vendors, agencies, carriers, and staff will take another 12-18 months with an unknown outcome, and in the meantime PEBP and covered members would be subject to the problematic system and lack

of functionality. There would be reluctance from carriers, staff, and agencies to participate in a new implementation with an unknown vendor. Additional fees will be incurred by PEBP since all vendors will be required to integrate with the new E&E vendor.

3. PEBP pursue a solicitation waiver to contract with prior Enrollment and Eligibility vendor Lifeworks and concurrently releasing a new RFP.

Positive outcomes: System functionality, PEBP processes, file integrations with vendors and agencies, and billing processes work to suit all parties' and members' needs. This won't require a lengthy 2 year implementation since the capability exists to "flip a switch" and turn functionality back on for PEBP.

Risks: Short notice disruption to members and carriers since it will be a change of systems including some voluntary benefit changes, requiring heavy communications. Data conversion and reconciliation will be a new process as some data coming from Benefitfocus is incorrect and unable to be trusted. If Smart 21 payroll goes live for July, the timeline to integrate and test with a new system and vendor is shortened. Additionally, there will likely be additional costs associated with clean up efforts since 4 months of activity will be missing. Voluntary Benefits will be impacted as well but the severity of the impact is not yet known.

b. If not, why were alternatives not evaluated?

Purchasing Use Only:	
Approval #:	220407@

6	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>			X		
	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:					
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	
	Start Date	End Date				
	1/1/2015	12/31/2021	\$8,623,789	Morneau Shepell (LifeWorks LTD) Eligibility and Enrollment Services	RFP #3075	
		\$				
		\$				
		\$				
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>PEBP has not had the ability to view any participant billing information, invoice participants, or post payments to participant accounts since January 2022. Staff does not have confidence that the system will have these capabilities in place, or that open enrollment will be successful. Employees and Retiree are being over charged and reconciliation or auditing of financial records are becoming extremely difficult to impossible. There are many instances where covered members are not able to access healthcare due to poor functionality and data integrity and PEBP/vendor partners ability to confirm coverage. The longer PEBP goes without this system functionality (especially billing/accounting), the greater the risk becomes.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>PEBP released an RFP and the costs being presented by Lifeworks are in line with industry standards.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	X	
	a. If yes, please provide details regarding future obligations or needs.		
<i>The Public Employees' Benefits Program will always need an Eligibility and Enrollment vendor to provide Health Insurance benefits to the State of Nevada.</i>			

<i>Purchasing Use Only:</i>	
Approval #:	#220407

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.

Cari Eaton

Signature of Agency Representative Initiating Request

Cari Eaton

Print Name of Agency Representative Initiating Request

04/04/2022

Date

Laura Rich

Signature of Agency Head Authorizing Request

Laura Rich

Print Name of Agency Head Authorizing Request

04/04/2022

Date

FOR PURCHASING USE ONLY – 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. Ostry

Administrator, Purchasing Division or Designee

4/5/22

Date



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

M E M O R A N D U M

TO: Laura Rich, Chief Executive Officer, PEBP
Chuck Carroll, ITP III, PEBP
Michelle Weyland, Admin Services Officer 2, PEBP
Cari Eaton, Chief Financial Officer, PEBP

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Michael Smith, Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - PEBP – 215 – PEBP Eligibility and Enrollment – 1338 – Update b

DATE: November 9, 2021

We have completed the review for PEBP's - Eligibility and Enrollment - TIN 215 Update b.

The submitted TIN is for an estimated value of \$2,690,202.60 in the current biennium and \$2,270,728.00 next biennium (67% State Subsidy and 33% Premium Revenue) to replace an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency and supports CETS contract #23678.

PEBP seeks to leverage a Singular Comprehensive Benefits Platform to Meet the Needs of Members. The selected vendor will modernize its eligibility system and pair it with a third-party voluntary benefits platform provider. The vendor will provide a comprehensive system that incorporates eligibility, enrollment, data analytics, and a suite of voluntary products under one platform.

The selected vendor, Benefitfocus understands the specific challenges of our State Government. They can deliver industry leading accuracy, while giving insights into the population healthcare utilization of the program and enrolling members in competitive, high quality, low-cost voluntary benefits to meet their needs during open enrollment and throughout the year.

This investment will:

Enhance Program Quality

- Automated data exchange and entry
- Streamlined mobile and web enrollment for employees
- Analytics to support personalization through integrated claims-based health data

Provide COBRA management

Improve Understanding and Utilization

- Smart Moments to engage and convey value at important decision points
- Decision support with key information positioned throughout enrollment
- Clear, concise, and timely communication to promote healthcare literacy and instill proper habits

Boost Attraction and Retention

- Voluntary and supplemental benefit offerings to accommodate a multi-generational workforce
- Real-time analytics and participation updates
- Data and insights to back strategy to evolve with their population

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

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

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



LAURA RICH
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us

STEVE SISOLAK
Governor

LAURA FREED
Board Chair

DATE: April 4, 2022
TO: Susan Brown, Director Governor's Finance Office
FROM: Cari Eaton, Chief Financial Officer
SUBJECT: New Retroactive LifeWorks (US) Ltd Contract 25935

Ms. Brown,

Please consider this retroactive start date request for the contract between the Public Employees' Benefits Program and LifeWorks (US) Ltd. for eligibility and enrollment system services. The contract is scheduled to be approved by the Board of Examiners on May 10, 2022 and the requested start date is April 1, 2022.

This contract was ratified at the March 24, 2022 PEBP Board meeting and contract negotiations concluded on March 30, 2022. LifeWorks will begin transition work on April 1, 2022 to ensure a smooth transition to restart the previous eligibility and enrollment system for Members by May 1, 2022.

Please let me know if you have any questions, I can be reached at 684-7006 or ceaton@peb.nv.gov.

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ACCESS HEALTHCARE	OTHER: VARIOUS AGENCIES	\$9,300,000	
	Contract Description:	This is a new contract to provide ongoing services for mental health, psychiatry, counseling, marriage and family therapy, psychology, rehabilitation, social worker, substance abuse counseling, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25831		
2.		VARIOUS STATE AGENCIES	ALWAYS BY YOUR SIDE HOME CARE, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25875		
3.		VARIOUS STATE AGENCIES	ALWAYS FOR YOU HOME CARE SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25865		
4.		VARIOUS STATE AGENCIES	BALANCED LIFE BEHAVIORAL	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychiatry services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25944		
5.		VARIOUS STATE AGENCIES	BETTER BEHAVIOR CONSULTING, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs and early intervention services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25925		
6.		VARIOUS STATE AGENCIES	COMMUNITY PLACEMENTS OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, community based living arrangements, disabilities support, residential provider, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25923		
7.		VARIOUS STATE AGENCIES	CYNTHIA MICHELLE ADAMS	OTHER: VARIOUS AGENCIES	\$3,300,000	
	Contract Description:	This is a new contract to provide ongoing services for counseling, early intervention, marriage and family therapy, mental health, and social worker.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25870		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	DRIVING TO INDEPENDENCE, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support, occupational therapy and rehabilitation services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25951		
9.		VARIOUS STATE AGENCIES	FREEDOM HOME, LLC	OTHER: VARIOUS AGENCIES	\$3,300,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangements and mental health services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25929		
10.		VARIOUS STATE AGENCIES	HARD KNOX REHABILITATION & MENTORING SERVICES CORP.	OTHER: VARIOUS AGENCIES	\$5,600,000	
	Contract Description:	This is a new contract to provide ongoing services for mental health, speech pathology, therapy and counseling, behavioral support, counseling, marriage and family therapy, rehabilitation, and social worker.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25864		
11.		VARIOUS STATE AGENCIES	INDEPENDENT LIFE, LLC	OTHER: VARIOUS AGENCIES	\$5,200,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care and respite care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25868		
12.		VARIOUS STATE AGENCIES	LINDA WALKER	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy and mental health services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25766		
13.		VARIOUS STATE AGENCIES	MIND AND BODY COUNSELING ASSOCIATES	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing services for mental health, psychiatry, counseling, marriage and family therapy, psychology, social worker, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25785		
14.		VARIOUS STATE AGENCIES	MARC BUSH, MD	OTHER: VARIOUS AGENCIES	\$1,800,000	
	Contract Description:	This is a new contract to provide ongoing general medicine and pediatric services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25879		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.		VARIOUS STATE AGENCIES	NEUBAUER MENTAL HEALTH SERVICES, APC	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is a new contract to provide ongoing mental health, psychiatry and psychology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25945		
16.		VARIOUS STATE AGENCIES	NEVADA EAR & SINUS INSTITUTE	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing audiology and medical services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25655		
17.		VARIOUS STATE AGENCIES	NORTHERN NEVADA HUMAN SERVICES ASSOCIATION	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing employment support services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25916		
18.		VARIOUS STATE AGENCIES	NORTHERN NEVADA PSYCHOLOGY, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25756		
19.		VARIOUS STATE AGENCIES	ODYSSEY WELLNESS, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for behavioral support, counseling, disabilities support, early intervention, employment support, mental health, pre-employment, and psychology.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25878		
20.		VARIOUS STATE AGENCIES	OLIVE CREST	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing foster care and host home and homeless youth services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25790		
21.		VARIOUS STATE AGENCIES	OASIS ABA	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25824		
22.		VARIOUS STATE AGENCIES	OVERTURE	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25732		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.		VARIOUS STATE AGENCIES	PACIFIC BEHAVIORAL HEALTH	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy, mental health and social worker services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25820		
24.		VARIOUS STATE AGENCIES	PALM VALLEY ASSISTED LIVING	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25764		
25.		VARIOUS STATE AGENCIES	PEARLE VISION	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing medical and optometry services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25826		
26.		VARIOUS STATE AGENCIES	PINNACLE COMMUNITY SERVICES LIMITED PARTNERSHIP	OTHER: VARIOUS AGENCIES	\$40,000,000	
	Contract Description:	This is a new contract to provide ongoing case management and disabilities support services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25867		
27.		VARIOUS STATE AGENCIES	PROJECT REDIRECT, INC. OF THE DISTRICT OF COLUMBIA	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for adult daycare, behavioral support, case management, community based living arrangements, community work experience programs, counseling, customized employment, disabilities support, educational tutoring and support, employment support, job development, pre-employment, rehabilitation, residential provider, respite care, senior care, substance abuse counseling, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25829		
28.		VARIOUS STATE AGENCIES	PROUD MOMENTS ABA OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25835		
29.		VARIOUS STATE AGENCIES	PATTERNS BEHAVIORAL SERVICES NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25915		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.		VARIOUS STATE AGENCIES	PEACE LOVE SLOTHS, LTD	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25758		
31.		VARIOUS STATE AGENCIES	REBECCA PEOPLES	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing mental health and social worker services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25776		
32.		VARIOUS STATE AGENCIES	RED ROCK PSYCHOLOGICAL HEALTH, LLC	OTHER: VARIOUS AGENCIES	\$6,300,000	
	Contract Description:	This is a new contract to provide ongoing services for behavioral support, case management, counseling, marriage and family therapy, mental health, and social worker.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25767		
33.		VARIOUS STATE AGENCIES	REDHEAD SUPPORTS - NV, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for adult daycare, applied behavioral analysis, assisted living, assistive technology, behavioral support, case management, community based living arrangements, community work experience programs, customized employment, disabilities support, employment support, group home, home modification, host home and homeless youth, job development, personal care, pre-employment, rehabilitation, residential, respite care, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25830		
34.		VARIOUS STATE AGENCIES	RUBY MOUNTAIN RESOURCE CENTER	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25840		
35.		VARIOUS STATE AGENCIES	REVIVAL THERAPY	OTHER: VARIOUS AGENCIES	\$6,300,000	
	Contract Description:	This is a new contract to provide ongoing services for mental health, occupational therapy, counseling, early intervention, and social worker.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25932		
36.		VARIOUS STATE AGENCIES	ROBYN E. DAVIS	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing counseling, marriage and family therapy and mental health services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25777		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.		VARIOUS STATE AGENCIES	SAFE NEST TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC.	OTHER: VARIOUS AGENCIES	\$12,000,000	
	Contract Description:	This is a new contract to provide ongoing counseling and emergency shelter care services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25871		
38.		VARIOUS STATE AGENCIES	SAGE COLLECTIVE, INC.	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, behavioral support, and early intervention.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25884		
39.		VARIOUS STATE AGENCIES	SAGE HEALTH SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25762		
40.		VARIOUS STATE AGENCIES	SETTLE DOWN ABA, INC.	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25772		
41.		VARIOUS STATE AGENCIES	SEVEN HILLS HOSPITAL, LLC	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, mental health and psychiatry services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25786		
42.		VARIOUS STATE AGENCIES	SFS THERAPIES	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing services for early intervention, rehabilitation, speech pathology, therapy and counseling, assistive technology, and autism treatment assistance programs.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25755		
43.		VARIOUS STATE AGENCIES	SHRINKWRAPT LAS VEGAS, LLC	OTHER: VARIOUS AGENCIES	\$1,200,000	
	Contract Description:	This is a new contract to provide ongoing mental health, psychiatry and psychology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25874		
44.		VARIOUS STATE AGENCIES	SIERRA NEVADA QUALITY CARE	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25880		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.		VARIOUS STATE AGENCIES	SLUSA	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing document translation, desktop publishing, and interpretation of languages via remote over-the-phone, over-video-remote, captioning, communication access real-time translation, and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 25748		
46.		VARIOUS STATE AGENCIES	SOAR CAREER LAUNCH, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assistive technology, behavioral support, support for the blind and visually impaired, case management, community work experience programs, counseling, customized employment, disabilities support, early intervention, educational tutoring and support, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25834		
47.		VARIOUS STATE AGENCIES	SOAR, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25881		
48.		VARIOUS STATE AGENCIES	SOUTHWEST AUTISM & BEHAVIORAL SOLUTIONS, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25788		
49.		VARIOUS STATE AGENCIES	SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$8,600,000	
	Contract Description:	This is a new contract to provide ongoing services for behavioral support, case management, early intervention, foster care, mental health, and respite care.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25882		
50.		VARIOUS STATE AGENCIES	SPORT-SOCIAL, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25769		
51.		VARIOUS STATE AGENCIES	STACEY WRIGHT, PLLC	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is a new contract to provide ongoing medical, mental health and psychiatry services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25770		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.		VARIOUS STATE AGENCIES	STELLAR ABA	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, community work experience programs, customized employment, early intervention, employment support, and pre-employment.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25841		
53.		VARIOUS STATE AGENCIES	STEP BY STEP LEARNING, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25917		
54.		VARIOUS STATE AGENCIES	SWCA ENVIRONMENTAL CONSULTANTS	OTHER: VARIOUS AGENCIES	\$10,690,000	
	Contract Description:	This is a new contract to provide fire fuel, vegetation reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 25637		
55.		VARIOUS STATE AGENCIES	SANTA MARIA ADULT DAY HEALTHCARE, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing medical, adult daycare and senior care services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25839		
56.		VARIOUS STATE AGENCIES	SOUND MIND COUNSELING CENTER, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25928		
57.		VARIOUS STATE AGENCIES	TALK OF THE TOWN, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing speech pathology, therapy and counseling services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25823		
58.		VARIOUS STATE AGENCIES	TANCELL CARE, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for autism treatment assistance programs, behavioral support, support services for the blind and visually impaired, case management, community based living arrangements, disabilities support, respite care, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25837		
59.		VARIOUS STATE AGENCIES	TEAM CARE PLUS, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25768		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.		VARIOUS STATE AGENCIES	THE LOVAAS CENTER FOR BEHAVIOR INTERVENTION	OTHER: VARIOUS AGENCIES	\$9,600,000	
	Contract Description:	This is a new contract to provide ongoing services for early intervention, applied behavioral analysis, autism treatment assistance programs, behavioral support, foster care, group home, and job development.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25877		
61.		VARIOUS STATE AGENCIES	THE TUNGLAND CORPORATION	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, community work experience programs, customized employment, employment support, host home and homeless youth, job development, personal care, pre-employment, residential provider, respite care, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25832		
62.		VARIOUS STATE AGENCIES	TOURO UNIVERSITY NEVADA	OTHER: VARIOUS AGENCIES	\$2,100,000	
	Contract Description:	This is a new contract to provide ongoing medical, occupational therapy and rehabilitation services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25873		
63.		VARIOUS STATE AGENCIES	TRINIBELLE "GUIDING HANDS", LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25924		
64.		VARIOUS STATE AGENCIES	TAMARA LISTINSKY	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25838		
65.		VARIOUS STATE AGENCIES	THE CONTINUUM	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for audiology, case management, early intervention, occupational therapy, pediatric, physical therapy, rehabilitation, respite care, speech pathology, therapy and counseling, adult daycare, autism treatment assistance programs, home modification, and pre-employment.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25791		
66.		VARIOUS STATE AGENCIES	THE EVIDENCE BASED PRACTICE OF NEVADA (ZIMRING & OWENS), PLLC	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25821		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.		VARIOUS STATE AGENCIES	THRIVE WELLNESS OF RENO, LLC	OTHER: VARIOUS AGENCIES	\$3,400,000	
	Contract Description:	This is a new contract to provide ongoing services for psychiatry, counseling, mental health, occupational therapy, and psychology.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25822		
68.		VARIOUS STATE AGENCIES	UNITED CEREBRAL PALSY OF NEVADA	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for adult daycare, community work experience programs, customized employment, disabilities support, employment support, job development, pre-employment, and rehabilitation.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25765		
69.		VARIOUS STATE AGENCIES	UNITED CITIZENS FOUNDATION, INC.	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing mental health, marriage and family therapy and social worker services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25819		
70.		VARIOUS STATE AGENCIES	UNLIMITED CHOICES, LLC	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing case management and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25927		
71.		VARIOUS STATE AGENCIES	UPLUS ACADEMY, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25773		
72.		VARIOUS STATE AGENCIES	VERNA FABELLA-HICKS	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25775		
73.		VARIOUS STATE AGENCIES	VISTA CARE NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25921		
74.		VARIOUS STATE AGENCIES	VOLATIA LANGUAGE NETWORK, INC.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing document translation and interpretation of languages via in-person, remote over-the-phone, over-video-remote, and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 25749		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
75.		VARIOUS STATE AGENCIES	WELL CARE MEDICAL & BEHAVIORAL	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, disabilities support, general medicine, home health care, medical, mental health, pediatric, and psychiatry.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25774		
76.		VARIOUS STATE AGENCIES	WENDY J. RIBACK	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing speech pathology, therapy and counseling services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25953		
77.		VARIOUS STATE AGENCIES	WESTCARE NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$3,600,000	
	Contract Description:	This is a new contract to provide ongoing services for psychiatry, counseling, mental health, residential provider, social worker, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25778		
78.		VARIOUS STATE AGENCIES	WHITE PINE COMMUNITY TRAINING CENTER	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for adult daycare, community work experience programs, disabilities support, and job development.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25787		
79.		VARIOUS STATE AGENCIES	WELLNESS FOCUS	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25919		
80.		VARIOUS STATE AGENCIES	WESTLAND RESOURCES, INC.	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide fire fuel, vegetation reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 25738		
81.		VARIOUS STATE AGENCIES	YOUTH ADVOCATE PROGRAMS, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for behavioral support, case management, community work experience programs, customized employment, educational tutoring and support, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25763		
82.		VARIOUS STATE AGENCIES	ZUCKER & ASSOCIATES	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25825		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25831**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: THE CENTER FOR CHANGE, LLC
Agency Code: MSA	Contractor Name: ACCESS HEALTHCARE
Appropriation Unit: 9999 - All Categories	Address: 7220 S. Cimarron Rd. Suite 210
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: Myra Thompson 702-368-2380
	Vendor No.: T29042132
	NV Business ID: NV20181799738

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for mental health, psychiatry, counseling, marriage and family therapy, psychology, rehabilitation, social worker, substance abuse counseling, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,300,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

No b. If "No", please explain:

The vendor does business under the DBA of Access Healthcare.

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

Yes

18. 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	03/18/2022 15:25:52 PM
Division Approval	gdavi6	03/18/2022 15:25:56 PM
Department Approval	ldeloach	03/21/2022 15:31:36 PM
Contract Manager Approval	rvradenb	03/28/2022 15:13:00 PM
Budget Analyst Approval	laaron	04/13/2022 11:39:24 AM
BOE Agenda Approval	laaron	04/13/2022 11:39:26 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25875**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Always By Your Side Home Care, LLC
Agency Code: MSA	Contractor Name: Always By Your Side Home Care, LLC
Appropriation Unit: 9999 - All Categories	Address: 33305 Spring Mountain Rd. Suite #61
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Amber Rodriguez 702-485-4838
	Vendor No.: Pending
	NV Business ID: NV20191645240

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	04/01/2022 11:01:09 AM
Division Approval	gdavi6	04/01/2022 11:01:12 AM
Department Approval	ldeloach	04/04/2022 12:19:15 PM
Contract Manager Approval	gdavi6	04/07/2022 16:41:04 PM
Budget Analyst Approval	dkluever	04/12/2022 16:34:48 PM
BOE Agenda Approval	laaron	04/14/2022 16:00:33 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: **25865**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Always For You Home Care Services, LLC
Agency Code:	MSA	Contractor Name:	Always For You Home Care Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	4525 S. Sandhill Suite 112
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89121
If "No" please explain:	Not Applicable	Contact/Phone:	Amber Rodriguez 702-954-4087
		Vendor No.:	Pending
		NV Business ID:	NV20181916554

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	04/01/2022 10:58:03 AM
Division Approval	gdavi6	04/01/2022 10:58:06 AM
Department Approval	ldeloch	04/04/2022 11:43:55 AM
Contract Manager Approval	gdavi6	04/07/2022 16:39:19 PM
Budget Analyst Approval	dkluever	04/12/2022 14:51:40 PM
BOE Agenda Approval	laaron	04/17/2022 08:59:25 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: **25944**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DOSE INTEGRATED HEALTHCARE, LLC
Agency Code:	MSA	Contractor Name:	BALANCED LIFE BEHAVIORAL
Appropriation Unit:	9999 - All Categories	Address:	5580 W. Flamingo Rd Suite 107
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas , NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	Jordan Carley 702-767-4167
		Vendor No.:	T32011644
		NV Business ID:	NV20191578847

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychiatry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

This vendor provides services under the DBA of Balance Life Behavioral

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

Yes

18. 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	04/01/2022 11:09:16 AM
Division Approval	gdavi6	04/01/2022 11:09:20 AM
Department Approval	ldeloach	04/04/2022 16:04:23 PM
Contract Manager Approval	gdavi6	04/07/2022 16:45:59 PM
Budget Analyst Approval	dcluever	04/13/2022 15:57:17 PM
BOE Agenda Approval	laaron	04/14/2022 16:38:16 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: **25925**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BETTER BEHAVIOR CONSULTING, LLC
Agency Code:	MSA	Contractor Name:	BETTER BEHAVIOR CONSULTING, LLC
Appropriation Unit:	9999 - All Categories	Address:	1355 TACOMA WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509-3137
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Ehrenreich 817-521-3304
		Vendor No.:	T32008330
		NV Business ID:	NV20181333080

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs and early intervention services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	04/01/2022 11:06:49 AM
Division Approval	gdavi6	04/01/2022 11:06:51 AM
Department Approval	ldeloach	04/04/2022 15:33:58 PM
Contract Manager Approval	gdavi6	04/07/2022 16:44:14 PM
Budget Analyst Approval	dcluever	04/13/2022 14:48:34 PM
BOE Agenda Approval	laaron	04/14/2022 16:22:04 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: **25923**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	COMMUNITY PLACEMENTS OF NEVADA, LLC
Agency Code:	MSA	Contractor Name:	COMMUNITY PLACEMENTS OF NEVADA, LLC
Appropriation Unit:	9999 - All Categories	Address:	9065 S PECOS RD SUITE 270
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89074-7189
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Tillotson 702-277-1755
		Vendor No.:	T29042582
		NV Business ID:	NV20181432880

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, community based living arrangements, disabilities support, residential provider, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	04/01/2022 11:06:14 AM
Division Approval	gdavi6	04/01/2022 11:06:17 AM
Department Approval	ldeloach	04/04/2022 15:25:37 PM
Contract Manager Approval	gdavi6	04/07/2022 16:43:47 PM
Budget Analyst Approval	dkluever	04/12/2022 15:26:25 PM
BOE Agenda Approval	laaron	04/17/2022 08:30:15 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: **25870**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CYNTHIA MICHELLE ADAMS
Agency Code: MSA	Contractor Name: CYNTHIA MICHELLE ADAMS
Appropriation Unit: 9999 - All Categories	Address: 1825 Pinion Rd. Suite A
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Cindy Adams 775-233-6531
	Vendor No.: T32005603
	NV Business ID: NV20171390487

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for counseling, early intervention, marriage and family therapy, mental health, and social worker.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,300,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

15. The contractor is 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	gdavi6	04/01/2022 10:59:19 AM
Division Approval	gdavi6	04/01/2022 10:59:21 AM
Department Approval	ldeloach	04/04/2022 11:56:00 AM
Contract Manager Approval	gdavi6	04/07/2022 16:40:11 PM
Budget Analyst Approval	dcluever	04/12/2022 16:32:38 PM
BOE Agenda Approval	laaron	04/14/2022 15:56:36 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: **25951**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DRIVING TO INDEPENDENCE, LLC
Agency Code:	MSA	Contractor Name:	DRIVING TO INDEPENDENCE, LLC
Appropriation Unit:	9999 - All Categories	Address:	1414 W BROADWAY RD SUITE 111
Is budget authority available?:	Yes	City/State/Zip:	TEMPE, AZ 85282-1121
If "No" please explain:	Not Applicable	Contact/Phone:	Jenny Nordine 855-449-3331
		Vendor No.:	T32006384
		NV Business ID:	NV20181117880

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support, occupational therapy and rehabilitation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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	04/01/2022 11:10:17 AM
Division Approval	gdavi6	04/01/2022 11:10:21 AM
Department Approval	ldeloch	04/04/2022 16:29:24 PM
Contract Manager Approval	gdavi6	04/07/2022 16:46:26 PM
Budget Analyst Approval	dkluever	04/13/2022 16:01:51 PM
BOE Agenda Approval	laaron	04/14/2022 11:40:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25929**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: FREEDOM HOME, LLC
Agency Code: MSA	Contractor Name: FREEDOM HOME, LLC
Appropriation Unit: 9999 - All Categories	Address: 6829 ELM CREEK DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89108-5016
If "No" please explain: Not Applicable	Contact/Phone: Ryan Frechette 978-815-0553
	Vendor No.: T29042992
	NV Business ID: NV20181713468

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangements and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,300,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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	04/01/2022 11:07:55 AM
Division Approval	gdavi6	04/01/2022 11:07:58 AM
Department Approval	ldeloch	04/04/2022 15:47:29 PM
Contract Manager Approval	gdavi6	04/07/2022 16:45:18 PM
Budget Analyst Approval	dkluever	04/13/2022 15:52:06 PM
BOE Agenda Approval	laaron	04/14/2022 16:26:14 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: **25864**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HARD KNOX REHABILITATION & MENTORING SERVICES CORP.
Agency Code:	MSA	Contractor Name:	HARD KNOX REHABILITATION & MENTORING SERVICES CORP.
Appropriation Unit:	9999 - All Categories	Address:	7473 W LAKE MEAD BLVD SUITE 121
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128-0265
If "No" please explain:	Not Applicable	Contact/Phone:	Vancell Knox 702-354-0045
		Vendor No.:	T29041312
		NV Business ID:	NV20121077458

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for mental health, speech pathology, therapy and counseling, behavioral support, counseling, marriage and family therapy, rehabilitation, and social worker.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,600,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 10:57:46 AM
Division Approval	gdavi6	04/01/2022 10:57:48 AM
Department Approval	ldeloch	04/04/2022 11:12:06 AM
Contract Manager Approval	gdavi6	04/07/2022 16:39:00 PM
Budget Analyst Approval	dcluever	04/13/2022 14:40:43 PM
BOE Agenda Approval	laaron	04/14/2022 16:11:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25868**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: INDEPENDENT LIFE, LLC
Agency Code: MSA	Contractor Name: INDEPENDENT LIFE, LLC
Appropriation Unit: 9999 - All Categories	Address: 4955 S DURANGO DR SUITE 120
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89113-1054
If "No" please explain: Not Applicable	Contact/Phone: Zlata Zujic 702-871-2273
	Vendor No.: T29035401
	NV Business ID: NV20131222741

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care, personal care and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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	04/01/2022 10:58:42 AM
Division Approval	gdavi6	04/01/2022 10:58:45 AM
Department Approval	ldeloch	04/04/2022 11:52:07 AM
Contract Manager Approval	gdavi6	04/07/2022 16:39:44 PM
Budget Analyst Approval	laaron	04/11/2022 08:48:19 AM
BOE Agenda Approval	laaron	04/11/2022 08:48:21 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25766**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Linda Walker
Agency Code: MSA	Contractor Name: Linda Walker
Appropriation Unit: 9999 - All Categories	Address: 6367 WHITE HERON CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89139-7234
If "No" please explain: Not Applicable	Contact/Phone: Linda Walker 702-480-9599
	Vendor No.: T27040753
	NV Business ID: NV20161529336

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

- 15. The contractor is 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	gdavi6	03/14/2022 10:18:12 AM
Division Approval	gdavi6	03/14/2022 10:18:15 AM
Department Approval	ldeloach	03/15/2022 16:21:18 PM
Contract Manager Approval	rvradenb	03/16/2022 08:47:57 AM
Budget Analyst Approval	dkluever	04/13/2022 16:46:17 PM
BOE Agenda Approval	laaron	04/14/2022 11:02:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25785**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: DIANA E WRIGHT PSY. D., LLC
Agency Code: MSA	Contractor Name: MIND AND BODY COUNSELING ASSOCIATES
Appropriation Unit: 9999 - All Categories	Address: 4600 KIETZKE LN SUITE N250
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-5037
If "No" please explain: Not Applicable	Contact/Phone: Ryan Perkins 775-437-5550
	Vendor No.: T29025489
	NV Business ID: NV20031099950

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for mental health, psychiatry, counseling, marriage and family therapy, psychology, social worker, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

The vendor uses the DBA Mind and Body Counseling Associates

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

Yes

- 18. 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	03/14/2022 10:23:40 AM
Division Approval	gdavi6	03/14/2022 10:23:43 AM
Department Approval	ldeloach	03/16/2022 09:25:15 AM
Contract Manager Approval	rvradenb	03/17/2022 16:19:34 PM
Budget Analyst Approval	dkluever	04/14/2022 10:31:52 AM
BOE Agenda Approval	laaron	04/14/2022 15:31:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25879**

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: **Marc Bush, MD**
Contractor Name: **Marc Bush, MD**
Address: **1930 Village Center Circle #3-420**
City/State/Zip: **Las Vegas, NV 89134**
Contact/Phone: **Gwen Bush 702-658-0875**
Vendor No.: **T29044377**
NV Business ID: **NV20151221613**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing general medicine and pediatric services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,800,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	04/01/2022 11:02:09 AM
Division Approval	gdavi6	04/01/2022 11:02:12 AM
Department Approval	ldeloach	04/04/2022 13:39:40 PM
Contract Manager Approval	gdavi6	04/07/2022 16:41:36 PM
Budget Analyst Approval	laaron	04/11/2022 09:06:06 AM
BOE Agenda Approval	laaron	04/11/2022 09:06:08 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: **25945**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEUBAUER MENTAL HEALTH SERVICES, APC
Agency Code:	MSA	Contractor Name:	NEUBAUER MENTAL HEALTH SERVICES, APC
Appropriation Unit:	9999 - All Categories	Address:	5426 VEGAS DR
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89108-2403
If "No" please explain:	Not Applicable	Contact/Phone:	Nicholas Neubauer 702-806-5268
		Vendor No.:	T27025067
		NV Business ID:	NV20091527556

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health, psychiatry and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:09:45 AM
Division Approval	gdavi6	04/01/2022 11:09:50 AM
Department Approval	ldeloch	04/04/2022 16:07:03 PM
Contract Manager Approval	gdavi6	04/07/2022 16:46:11 PM
Budget Analyst Approval	dkluever	04/13/2022 15:59:20 PM
BOE Agenda Approval	laaron	04/14/2022 11:36:08 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: **25655**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SEAN D PALACIOS MD, PLLC
Agency Code: MSA	Contractor Name: NEVADA EAR & SINUS INSTITUTE
Appropriation Unit: 9999 - All Categories	Address: 3692 E. Sunset Rd.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: Eileen Coban 702-860-4651
	Vendor No.: T27030007
	NV Business ID: NV20111576641

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing audiology and medical services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

DHHS, agency is satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Nevada Ear & Sinus Institute is the DBA for Sean Palacios.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	03/01/2022 08:33:18 AM
Division Approval	gdavi6	03/01/2022 08:33:20 AM
Department Approval	ldeloach	03/01/2022 14:59:04 PM
Contract Manager Approval	rvradenb	03/15/2022 15:11:29 PM
Budget Analyst Approval	dspeed1	04/12/2022 14:12:25 PM
BOE Agenda Approval	laaron	04/12/2022 16:09:20 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: **25916**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NORTHERN NEVADA HUMAN SERVICES ASSOCIATION
Agency Code:	MSA	Contractor Name:	NORTHERN NEVADA HUMAN SERVICES ASSOCIATION
Appropriation Unit:	9999 - All Categories	Address:	1203 E. Winnemucca Blvd.
Is budget authority available?:	Yes	City/State/Zip:	WINNEMUCCA, NV 89445
If "No" please explain:	Not Applicable	Contact/Phone:	Chuck Lizer 775-304-2714
		Vendor No.:	T80206110
		NV Business ID:	NV19801006249

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing employment support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:04:15 AM
Division Approval	gdavi6	04/01/2022 11:04:19 AM
Department Approval	ldeloach	04/04/2022 14:23:12 PM
Contract Manager Approval	gdavi6	04/07/2022 16:42:56 PM
Budget Analyst Approval	laaron	04/11/2022 09:15:09 AM
BOE Agenda Approval	laaron	04/11/2022 09:15:11 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: **25756**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NORTHERN NEVADA PSYCHOLOGY, LLC
Agency Code:	MSA	Contractor Name:	NORTHERN NEVADA PSYCHOLOGY, LLC
Appropriation Unit:	9999 - All Categories	Address:	309 East John St. Suite 1
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Sheri Hixon Brenenstall 775-335-6995
		Vendor No.:	T27035587A
		NV Business ID:	NV20141509223

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 08:57:17 AM
Division Approval	gdavi6	03/14/2022 08:57:21 AM
Department Approval	ldeloach	03/15/2022 16:12:04 PM
Contract Manager Approval	rvradenb	03/16/2022 08:46:35 AM
Budget Analyst Approval	dkluever	04/14/2022 10:49:32 AM
BOE Agenda Approval	laaron	04/14/2022 13:33:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25878**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ODYSSEY WELLNESS, INC.
Agency Code: MSA	Contractor Name: ODYSSEY WELLNESS, INC.
Appropriation Unit: 9999 - All Categories	Address: 3067 E WARM SPRINGS RD SUITE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89120-3750
If "No" please explain: Not Applicable	Contact/Phone: Sarah Ahmad 702-202-0000
	Vendor No.: T27041335
	NV Business ID: NV20151176682

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for behavioral support, counseling, disabilities support, early intervention, employment support, mental health, pre-employment, and psychology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:01:48 AM
Division Approval	gdavi6	04/01/2022 11:01:51 AM
Department Approval	ldeloach	04/04/2022 12:23:52 PM
Contract Manager Approval	gdavi6	04/07/2022 16:41:26 PM
Budget Analyst Approval	dkluever	04/12/2022 16:36:26 PM
BOE Agenda Approval	laaron	04/14/2022 16:05:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25790**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: OLIVE CREST
Agency Code: MSA	Contractor Name: OLIVE CREST
Appropriation Unit: 9999 - All Categories	Address: 2130 E. 4th Street Suite 200
Is budget authority available?: Yes	City/State/Zip: Santa Ana, CA 92705
If "No" please explain: Not Applicable	Contact/Phone: Donald Verleur 714-543-5437
	Vendor No.: T81023576
	NV Business ID: NV19971236203
To what State Fiscal Year(s) will the contract be charged?	2022-2026
What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing foster care and host home and homeless youth services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:24:53 AM
Division Approval	gdavi6	03/14/2022 10:24:56 AM
Department Approval	ldeloach	03/16/2022 09:35:55 AM
Contract Manager Approval	rvradenb	03/17/2022 16:35:49 PM
Budget Analyst Approval	dkluever	04/13/2022 17:01:13 PM
BOE Agenda Approval	laaron	04/14/2022 11:24:14 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: **25824**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Rural Education and Behavior Services, LLC
Agency Code:	MSA	Contractor Name:	Oasis ABA
Appropriation Unit:	9999 - All Categories	Address:	2277 Soda Lake
Is budget authority available?:	Yes	City/State/Zip:	Fallon, NV 89406
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Thomas 775-297-6482
		Vendor No.:	T29043802
		NV Business ID:	NV20191537674

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor does business under the DBA Oasis ABA.

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. 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	03/18/2022 15:23:12 PM
Division Approval	gdavi6	03/18/2022 15:23:16 PM
Department Approval	ldeloach	03/21/2022 15:18:41 PM
Contract Manager Approval	rvradenb	03/28/2022 15:11:36 PM
Budget Analyst Approval	laaron	04/12/2022 12:00:20 PM
BOE Agenda Approval	laaron	04/12/2022 12:00:22 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: **25732**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Carmel Community Living Corporation
Agency Code: MSA	Contractor Name: Overture
Appropriation Unit: 9999 - All Categories	Address: 6121 Lakeside Dr. Suite 260
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Jenelle Winger 720-402-9545
	Vendor No.: T27042307A
	NV Business ID: NV20181347045

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple agencies, agencies are satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

The vendor uses the DBA of Overture.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	03/04/2022 11:50:07 AM
Division Approval	gdavi6	03/04/2022 11:50:10 AM
Department Approval	ldeloach	03/07/2022 10:56:40 AM
Contract Manager Approval	rvradenb	03/07/2022 11:08:35 AM
Budget Analyst Approval	dkluever	04/13/2022 16:03:52 PM
BOE Agenda Approval	laaron	04/14/2022 11:47:35 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: **25820**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: PACIFIC BEHAVIORAL HEALTH
Agency Code: MSA	Contractor Name: PACIFIC BEHAVIORAL HEALTH
Appropriation Unit: 9999 - All Categories	Address: 601 W. Moana Lane Suite 9
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Mala Wheatley 775-287-8270
	Vendor No.: T27041606
	NV Business ID: NV20151522557

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy, mental health and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/18/2022 15:20:38 PM
Division Approval	gdavi6	03/18/2022 15:20:41 PM
Department Approval	ldeloch	03/21/2022 15:08:34 PM
Contract Manager Approval	rvradenb	03/28/2022 15:10:29 PM
Budget Analyst Approval	laaron	04/12/2022 12:25:47 PM
BOE Agenda Approval	laaron	04/12/2022 12:25:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25764**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RED ROCK SENIOR LIVING LEASING, LLC
Agency Code:	MSA	Contractor Name:	PALM VALLEY ASSISTED LIVING
Appropriation Unit:	9999 - All Categories	Address:	5975 W TWAIN AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89103-1237
If "No" please explain:	Not Applicable	Contact/Phone:	Fredrick Brown 702-368-7700
		Vendor No.:	T32006253
		NV Business ID:	NV20141416922

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services under the DBA Palm Valley Assisted Living

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	03/14/2022 10:17:23 AM
Division Approval	gdavi6	03/14/2022 10:17:37 AM
Department Approval	ldeloach	03/15/2022 16:17:58 PM
Contract Manager Approval	rvradenb	03/16/2022 08:47:23 AM
Budget Analyst Approval	dkluever	04/13/2022 16:50:43 PM
BOE Agenda Approval	laaron	04/14/2022 11:06:08 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: **25826**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GIRISGEN & KOPOLOW OD PC
Agency Code: MSA	Contractor Name: PEARLE VISION
Appropriation Unit: 9999 - All Categories	Address: 4045 Spencer St. Suite A59
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Melody Punohu 702-733-6764
	Vendor No.: T29034389A
	NV Business ID: NV20091502255

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical and optometry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

The Vendor does business under the DBA of Pearl Vision

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. 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	03/18/2022 15:24:21 PM
Division Approval	gdavi6	03/18/2022 15:24:25 PM
Department Approval	ldeloach	03/21/2022 15:22:41 PM
Contract Manager Approval	rvradenb	03/28/2022 15:12:07 PM
Budget Analyst Approval	laaron	04/12/2022 12:20:03 PM
BOE Agenda Approval	laaron	04/12/2022 12:20:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25867**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PINNACLE COMMUNITY SERVICES LIMITED PARTNERSHIP
Agency Code:	MSA	Contractor Name:	PINNACLE COMMUNITY SERVICES LIMITED PARTNERSHIP
Appropriation Unit:	9999 - All Categories	Address:	3435 W CHEYENNE AVE SUITE 101
Is budget authority available?:	Yes	City/State/Zip:	NORTH LAS VEGAS, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	LARRY TOKARSKI 702-798-2700
		Vendor No.:	T81075406
		NV Business ID:	NV20001154973

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management and disabilities support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 10:58:24 AM
Division Approval	gdavi6	04/01/2022 10:58:27 AM
Department Approval	ldeloch	04/04/2022 11:48:45 AM
Contract Manager Approval	gdavi6	04/07/2022 16:39:31 PM
Budget Analyst Approval	dkluever	04/12/2022 14:49:07 PM
BOE Agenda Approval	laaron	04/17/2022 08:52:42 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: **25829**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROJECT REDIRECT, INC. of the District of Columbia
Agency Code:	MSA	Contractor Name:	PROJECT REDIRECT, INC. of the District of Columbia
Appropriation Unit:	9999 - All Categories	Address:	8555 16TH ST SUITE 700
Is budget authority available?:	Yes	City/State/Zip:	SILVER SPRING, MD 20910-2846
If "No" please explain:	Not Applicable	Contact/Phone:	Harold King 240-839-7333
		Vendor No.:	T27043022A
		NV Business ID:	NV20191529374

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for adult daycare, behavioral support, case management, community based living arrangements, community work experience programs, counseling, customized employment, disabilities support, educational tutoring and support, employment support, job development, pre-employment, rehabilitation, residential provider, respite care, senior care, substance abuse counseling, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/18/2022 15:24:48 PM
Division Approval	gdavi6	03/18/2022 15:24:51 PM
Department Approval	ldeloach	03/21/2022 15:24:54 PM
Contract Manager Approval	rvradenb	03/28/2022 15:12:25 PM
Budget Analyst Approval	laaron	04/13/2022 13:14:22 PM
BOE Agenda Approval	laaron	04/13/2022 13:14:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25835**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROUD MOMENTS ABA OF NEVADA, LLC
Agency Code:	MSA	Contractor Name:	PROUD MOMENTS ABA OF NEVADA, LLC
Appropriation Unit:	9999 - All Categories	Address:	1707 Village Center Circle Suite 140
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89134
If "No" please explain:	Not Applicable	Contact/Phone:	Mark Yost 718-215-5311
		Vendor No.:	T27042723
		NV Business ID:	NV20181747893

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/18/2022 15:27:09 PM
Division Approval	gdavi6	03/18/2022 15:27:12 PM
Department Approval	ldeloach	03/21/2022 15:35:15 PM
Contract Manager Approval	rvradenb	03/28/2022 15:13:29 PM
Budget Analyst Approval	laaron	04/13/2022 11:01:47 AM
BOE Agenda Approval	laaron	04/13/2022 11:01:50 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: **25915**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Patterns Behavioral Services Nevada, Inc.
Agency Code:	MSA	Contractor Name:	Patterns Behavioral Services Nevada, Inc.
Appropriation Unit:	9999 - All Categories	Address:	3481 E. Sunset Rd. Suite 110
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89120
If "No" please explain:	Not Applicable	Contact/Phone:	Dalilah Williams 425-329-8364
		Vendor No.:	T32011268
		NV Business ID:	NV20171547487

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:03:54 AM
Division Approval	gdavi6	04/01/2022 11:03:58 AM
Department Approval	ldeloach	04/04/2022 14:19:08 PM
Contract Manager Approval	gdavi6	04/07/2022 16:42:43 PM
Budget Analyst Approval	dkluever	04/12/2022 15:29:57 PM
BOE Agenda Approval	laaron	04/17/2022 08:36:10 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25758**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Peace Love Sloths, LTD
Agency Code: MSA	Contractor Name: Peace Love Sloths, LTD
Appropriation Unit: 9999 - All Categories	Address: 316 California Ave Suite 106
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Faraaz Merchant 775-301-1054
	Vendor No.: T29043972
	NV Business ID: NV20212008413

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health 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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 08:58:01 AM
Division Approval	gdavi6	03/14/2022 08:58:06 AM
Department Approval	ldeloch	03/18/2022 10:25:41 AM
Contract Manager Approval	rvradenb	03/28/2022 15:09:56 PM
Budget Analyst Approval	dspeed1	04/12/2022 14:41:23 PM
BOE Agenda Approval	laaron	04/12/2022 16:04:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25776**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: REBECCA PEOPLES
Agency Code: MSA	Contractor Name: REBECCA PEOPLES
Appropriation Unit: 9999 - All Categories	Address: 745 POTEAT LN
Is budget authority available?: Yes	City/State/Zip: FALL BRANCH, TN 37656-1560
If "No" please explain: Not Applicable	Contact/Phone: Rebecca Peoples 775-752-0190
	Vendor No.: T32008425
	NV Business ID: NV20201850723

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	03/14/2022 10:21:29 AM
Division Approval	gdavi6	03/14/2022 10:21:33 AM
Department Approval	ldeloach	03/16/2022 09:13:31 AM
Contract Manager Approval	rvradenb	03/17/2022 16:05:40 PM
Budget Analyst Approval	laaron	04/14/2022 15:37:54 PM
BOE Agenda Approval	laaron	04/14/2022 15:37:57 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: **25767**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RED ROCK PSYCHOLOGICAL HEALTH, LLC
Agency Code:	MSA	Contractor Name:	RED ROCK PSYCHOLOGICAL HEALTH, LLC
Appropriation Unit:	9999 - All Categories	Address:	1515 E TROPICANA AVE SUITE 580
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-6517
If "No" please explain:	Not Applicable	Contact/Phone:	Trent Hansen 702-319-1509
		Vendor No.:	T29034466
		NV Business ID:	NV20121764975

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for behavioral support, case management, counseling, marriage and family therapy, mental health, and social worker.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,300,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:18:31 AM
Division Approval	gdavi6	03/14/2022 10:18:34 AM
Department Approval	ldeloach	03/15/2022 16:22:31 PM
Contract Manager Approval	rvradenb	03/16/2022 08:48:12 AM
Budget Analyst Approval	dkluever	04/14/2022 10:15:31 AM
BOE Agenda Approval	laaron	04/14/2022 14:54:18 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: **25830**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: REDHEAD SUPPORTS - NV, LLC
Agency Code: MSA	Contractor Name: REDHEAD SUPPORTS - NV, LLC
Appropriation Unit: 9999 - All Categories	Address: 1421 E. Sunset Rd. Suite 4
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4734
If "No" please explain: Not Applicable	Contact/Phone: Bradley Hall 435-669-2956
	Vendor No.: T29039300
	NV Business ID: NV20171012017

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for adult daycare, applied behavioral analysis, assisted living, assistive technology, behavioral support, case management, community based living arrangements, community work experience programs, customized employment, disabilities support, employment support, group home, home modification, host home and homeless youth, job development, personal care, pre-employment, rehabilitation, residential, respice care, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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? **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 selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/18/2022 15:25:16 PM
Division Approval	gdavi6	03/18/2022 15:25:19 PM
Department Approval	ldeloach	03/21/2022 15:29:34 PM
Contract Manager Approval	rvradenb	03/28/2022 15:12:41 PM
Budget Analyst Approval	laaron	04/13/2022 11:56:19 AM
BOE Agenda Approval	laaron	04/13/2022 11:56:22 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: **25840**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RUBY MOUNTAIN RESOURCE CENTER
Agency Code:	MSA	Contractor Name:	RUBY MOUNTAIN RESOURCE CENTER
Appropriation Unit:	9999 - All Categories	Address:	806 River St.
Is budget authority available?:	Yes	City/State/Zip:	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	Ofelia Early 775-738-8360
		Vendor No.:	T80832730
		NV Business ID:	NV19691001793

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

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: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/18/2022 15:28:37 PM
Division Approval	gdavi6	03/18/2022 15:28:41 PM
Department Approval	ldeloach	03/21/2022 15:46:42 PM
Contract Manager Approval	rvradenb	03/28/2022 15:13:59 PM
Budget Analyst Approval	laaron	04/12/2022 10:18:07 AM
BOE Agenda Approval	laaron	04/12/2022 10:18:09 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: **25932**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Aldis Therapy Services
Agency Code: MSA	Contractor Name: Revival Therapy
Appropriation Unit: 9999 - All Categories	Address: 2470 St. Rose Pkwy Suite 302
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89074
If "No" please explain: Not Applicable	Contact/Phone: Danny Aldis 702-401-1345
	Vendor No.: Pending
	NV Business ID: NV20161239638

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for mental health, occupational therapy, counseling, early intervention, and social worker.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,300,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services using the DBA Revival Therapy.

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. 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	04/01/2022 11:08:14 AM
Division Approval	gdavi6	04/01/2022 11:08:18 AM
Department Approval	ldeloach	04/04/2022 15:55:18 PM
Contract Manager Approval	gdavi6	04/07/2022 16:45:32 PM
Budget Analyst Approval	dkluever	04/13/2022 16:05:53 PM
BOE Agenda Approval	laaron	04/14/2022 12:00:04 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: **25777**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Robyn E. Davis
Agency Code:	MSA	Contractor Name:	Robyn E. Davis
Appropriation Unit:	9999 - All Categories	Address:	1205 Silver Crest Cir.
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89523
If "No" please explain:	Not Applicable	Contact/Phone:	Robyn Davis 775-722-9446
		Vendor No.:	T29043157
		NV Business ID:	NV20171382089

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, marriage and family therapy and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	03/14/2022 10:22:37 AM
Division Approval	gdavi6	03/14/2022 10:22:44 AM
Department Approval	ldeloach	03/16/2022 09:15:49 AM
Contract Manager Approval	rvradenb	03/17/2022 16:03:35 PM
Budget Analyst Approval	dkluever	04/14/2022 10:48:07 AM
BOE Agenda Approval	laaron	04/14/2022 13:30:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25871**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SAFE NEST TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC.
Agency Code:	MSA	Contractor Name:	SAFE NEST TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC.
Appropriation Unit:	9999 - All Categories	Address:	3900 Meadows Lane
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89107
If "No" please explain:	Not Applicable	Contact/Phone:	Christy Shannon 702-821-2724
		Vendor No.:	T80685360
		NV Business ID:	NV19771000952

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling and emergency shelter care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 10:59:34 AM
Division Approval	gdavi6	04/01/2022 10:59:37 AM
Department Approval	ldeloach	04/11/2022 09:42:08 AM
Contract Manager Approval	gdavi6	04/14/2022 10:58:23 AM
Budget Analyst Approval	dkluever	04/14/2022 11:04:31 AM
BOE Agenda Approval	laaron	04/14/2022 14:14:04 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: **25884**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SAGE COLLECTIVE, INC.
Agency Code: MSA	Contractor Name: SAGE COLLECTIVE, INC.
Appropriation Unit: 9999 - All Categories	Address: 2435 PYRAMID WAY SUITE B
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-3172
If "No" please explain: Not Applicable	Contact/Phone: Jennifer Bonow 775-657-8309
	Vendor No.: T27041806
	NV Business ID: NV20171158641

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, behavioral support, and early intervention.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:03:28 AM
Division Approval	gdavi6	04/01/2022 11:03:31 AM
Department Approval	ldeloach	04/04/2022 13:51:42 PM
Contract Manager Approval	gdavi6	04/07/2022 16:42:26 PM
Budget Analyst Approval	laaron	04/11/2022 08:59:40 AM
BOE Agenda Approval	laaron	04/11/2022 08:59:42 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: **25762**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SAGE HEALTH SERVICES, LLC
Agency Code: MSA	Contractor Name: SAGE HEALTH SERVICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 3130 S. Durango Dr. SUITE 425
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Nathan Boyack 702-325-5928
	Vendor No.: T29036951A
	NV Business ID: NV20111067952

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 08:58:53 AM
Division Approval	gdavi6	03/14/2022 08:58:57 AM
Department Approval	ldeloach	03/15/2022 16:16:23 PM
Contract Manager Approval	rvradenb	03/16/2022 08:47:08 AM
Budget Analyst Approval	dkluever	04/13/2022 16:14:55 PM
BOE Agenda Approval	laaron	04/18/2022 09:51:40 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: **25772**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SETTLE DOWN ABA, INC.
Agency Code: MSA	Contractor Name: SETTLE DOWN ABA, INC.
Appropriation Unit: 9999 - All Categories	Address: 1060 Wigwam Parkway
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89704
If "No" please explain: Not Applicable	Contact/Phone: Robert Schultz 702-547-6971
	Vendor No.: T29037389
	NV Business ID: NV20161060968

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 01/06/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/14/2022 10:19:58 AM
Division Approval	gdavi6	03/14/2022 10:20:01 AM
Department Approval	ldeloch	03/15/2022 16:30:36 PM
Contract Manager Approval	rvradenb	03/16/2022 08:49:33 AM
Budget Analyst Approval	dkluever	04/13/2022 16:42:29 PM
BOE Agenda Approval	laaron	04/14/2022 10:50:01 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: **25786**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SEVEN HILLS HOSPITAL, LLC
Agency Code: MSA	Contractor Name: SEVEN HILLS HOSPITAL, LLC
Appropriation Unit: 9999 - All Categories	Address: 3021 W HORIZON RIDGE PKWY
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89052
If "No" please explain: Not Applicable	Contact/Phone: Michele Crawford 702-614-2026
	Vendor No.: T27020680A
	NV Business ID: NV20051048824

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, mental health and psychiatry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:23:56 AM
Division Approval	gdavi6	03/14/2022 10:23:59 AM
Department Approval	ldeloch	03/16/2022 09:27:30 AM
Contract Manager Approval	rvradenb	03/17/2022 16:12:09 PM
Budget Analyst Approval	dkluever	04/14/2022 10:37:25 AM
BOE Agenda Approval	laaron	04/14/2022 13:22:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25755**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NUKLEO-SYD, LLC
Agency Code: MSA	Contractor Name: SFS THERAPIES
Appropriation Unit: 9999 - All Categories	Address: 5575 SIMMONS ST SUITE 1 #217
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89031-9014
If "No" please explain: Not Applicable	Contact/Phone: Michael Lopez 702-979-4268
	Vendor No.: T29026900A
	NV Business ID: NV20091331197

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for early intervention, rehabilitation, speech pathology, therapy and counseling, assistive technology, and autism treatment assistance programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services under the DBA of SFS Therapies

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. 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	03/14/2022 08:56:53 AM
Division Approval	gdavi6	03/14/2022 08:56:57 AM
Department Approval	ldeloach	03/15/2022 16:09:38 PM
Contract Manager Approval	rvradenb	03/16/2022 08:46:19 AM
Budget Analyst Approval	dkluever	04/14/2022 09:56:20 AM
BOE Agenda Approval	laaron	04/14/2022 14:33:40 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25874**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SHRINKWRAPT LAS VEGAS, LLC
Agency Code: MSA	Contractor Name: SHRINKWRAPT LAS VEGAS, LLC
Appropriation Unit: 9999 - All Categories	Address: 2990 Sunridge Heights Parkway Suite 10
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89052
If "No" please explain: Not Applicable	Contact/Phone: Leah Wingart 855-949-3676
	Vendor No.: T32003458
	NV Business ID: NV20151216154

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health, psychiatry and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:00:14 AM
Division Approval	gdavi6	04/01/2022 11:00:18 AM
Department Approval	ldeloch	04/04/2022 12:16:39 PM
Contract Manager Approval	gdavi6	04/07/2022 16:40:38 PM
Budget Analyst Approval	dkluever	04/12/2022 15:09:01 PM
BOE Agenda Approval	laaron	04/17/2022 09:09:08 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: **25880**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SIERRA NEVADA QUALITY CARE
Agency Code: MSA	Contractor Name: SIERRA NEVADA QUALITY CARE
Appropriation Unit: 9999 - All Categories	Address: 7820 OPAL BLUFF DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89506-4716
If "No" please explain: Not Applicable	Contact/Phone: Michael McCalley 775-830-5986
	Vendor No.: T27011146
	NV Business ID: NV20051375777

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

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? **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 selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:02:33 AM
Division Approval	gdavi6	04/01/2022 11:02:36 AM
Department Approval	ldeloach	04/04/2022 13:40:56 PM
Contract Manager Approval	gdavi6	04/07/2022 16:41:49 PM
Budget Analyst Approval	laaron	04/11/2022 08:39:28 AM
BOE Agenda Approval	laaron	04/11/2022 08:39:30 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: **25748**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Sign Language USA, Inc.
Agency Code: MSA	Contractor Name: SLUSA
Appropriation Unit: 9999 - All Categories	Address: PO Box 1246
Is budget authority available?: Yes	City/State/Zip: McLean, VA 22101
If "No" please explain: Not Applicable	Contact/Phone: Jeff Ingram 703-628-5472
	Vendor No.: T32012127A
	NV Business ID: NV20222393066

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1847-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **3 years and 335 days**

4. Type of contract: **MSA**

Contract description: **Interpreting Service**

5. Purpose of contract:

This is a new contract to provide ongoing document translation, desktop publishing, and interpretation of languages via remote over-the-phone, over-video-remote, captioning, communication access real-time translation, and sign language services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees, agencies, and citizens who are required to provide or need access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified 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-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services under the DBA of SLUSA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	03/14/2022 08:55:26 AM
Division Approval	gdavi6	03/14/2022 08:55:31 AM
Department Approval	ldeloach	03/15/2022 16:03:40 PM
Contract Manager Approval	rvradenb	03/16/2022 08:45:43 AM
Budget Analyst Approval	dspeed1	04/12/2022 14:05:29 PM
BOE Agenda Approval	laaron	04/18/2022 09:41:40 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: **25834**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SOAR CAREER LAUNCH, LLC
Agency Code: MSA	Contractor Name: SOAR CAREER LAUNCH, LLC
Appropriation Unit: 9999 - All Categories	Address: 5575 SIMMONS ST SUITE 1 PMB 476
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89031-9008
If "No" please explain: Not Applicable	Contact/Phone: Mark Grant 725-777-9509
	Vendor No.: T27039895
	NV Business ID: NV20161229904

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, behavioral support, support for the blind and visually impaired, case management, community work experience programs, counseling, customized employment, disabilities support, early intervention, educational tutoring and support, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/18/2022 15:26:48 PM
Division Approval	gdavi6	03/18/2022 15:26:51 PM
Department Approval	ldeloach	03/21/2022 15:33:02 PM
Contract Manager Approval	rvradenb	03/28/2022 15:13:14 PM
Budget Analyst Approval	laaron	04/13/2022 09:27:37 AM
BOE Agenda Approval	laaron	04/13/2022 09:27:39 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: **25881**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SOAR, LLC
Agency Code: MSA	Contractor Name: SOAR, LLC
Appropriation Unit: 9999 - All Categories	Address: 6771 W. Charleston Blvd Suite C
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: Hamed Emamzadeh 702-812-9312
	Vendor No.: T32011098
	NV Business ID: NV20201684239

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	04/01/2022 11:02:54 AM
Division Approval	gdavi6	04/01/2022 11:02:58 AM
Department Approval	ldeloach	04/04/2022 13:42:11 PM
Contract Manager Approval	gdavi6	04/07/2022 16:42:02 PM
Budget Analyst Approval	laaron	04/11/2022 08:16:28 AM
BOE Agenda Approval	laaron	04/11/2022 08:16:30 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: **25788**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SOUTHWEST AUTISM & BEHAVIORAL SOLUTIONS, LLC
Agency Code:	MSA	Contractor Name:	SOUTHWEST AUTISM & BEHAVIORAL SOLUTIONS, LLC
Appropriation Unit:	9999 - All Categories	Address:	6295 McLeod Dr. Suite 15
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89120
If "No" please explain:	Not Applicable	Contact/Phone:	Lena Sankovich 702-270-3219
		Vendor No.:	T32001159
		NV Business ID:	NV20091410048

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:24:35 AM
Division Approval	gdavi6	03/14/2022 10:24:37 AM
Department Approval	ldeloach	03/16/2022 09:33:33 AM
Contract Manager Approval	rvradenb	03/17/2022 16:31:10 PM
Budget Analyst Approval	dkluever	04/13/2022 17:05:11 PM
BOE Agenda Approval	laaron	04/17/2022 08:49:50 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: **25882**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA, INC.
Agency Code:	MSA	Contractor Name:	SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NEVADA, INC.
Appropriation Unit:	9999 - All Categories	Address:	10100 Elida Road
Is budget authority available?:	Yes	City/State/Zip:	Delphos, OH 45833
If "No" please explain:	Not Applicable	Contact/Phone:	Valerie Hicks 702-385-5331
		Vendor No.:	T81020773
		NV Business ID:	NV19931097485

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for behavioral support, case management, early intervention, foster care, mental health, and respite care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,600,000.00**

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? 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 selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	04/01/2022 11:03:11 AM
Division Approval	gdavi6	04/01/2022 11:03:14 AM
Department Approval	ldeloch	04/04/2022 13:50:02 PM
Contract Manager Approval	gdavi6	04/07/2022 16:42:14 PM
Budget Analyst Approval	dcluever	04/12/2022 16:15:49 PM
BOE Agenda Approval	laaron	04/17/2022 08:41:44 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: **25769**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SPORT-SOCIAL, LLC
Agency Code: MSA	Contractor Name: SPORT-SOCIAL, LLC
Appropriation Unit: 9999 - All Categories	Address: 7061 W. Arby Ave. Suite 170
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: Andrew Devitt 702-485-5515
	Vendor No.: T29030113
	NV Business ID: NV20111580319

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:19:08 AM
Division Approval	gdavi6	03/14/2022 10:19:11 AM
Department Approval	ldeloach	03/15/2022 16:27:37 PM
Contract Manager Approval	rvradenb	03/16/2022 08:48:54 AM
Budget Analyst Approval	dkluever	04/13/2022 16:56:50 PM
BOE Agenda Approval	laaron	04/14/2022 11:18:51 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: **25770**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STACEY WRIGHT, PLLC
Agency Code: MSA	Contractor Name: STACEY WRIGHT, PLLC
Appropriation Unit: 9999 - All Categories	Address: 3810 E HARDESTY ST
Is budget authority available?: Yes	City/State/Zip: BOISE, ID 83716-5595
If "No" please explain: Not Applicable	Contact/Phone: Stacey Wright 801-631-0685
	Vendor No.: T32007320
	NV Business ID: NV20181601153

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical, mental health and psychiatry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:19:30 AM
Division Approval	gdavi6	03/14/2022 10:19:34 AM
Department Approval	ldeloch	03/15/2022 16:28:50 PM
Contract Manager Approval	rvradenb	03/16/2022 08:49:16 AM
Budget Analyst Approval	dkluever	04/13/2022 16:33:46 PM
BOE Agenda Approval	laaron	04/14/2022 10:41:03 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: **25841**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STELLAR BEHAVIORAL CONSULTING, LTD
Agency Code: MSA	Contractor Name: STELLAR ABA
Appropriation Unit: 9999 - All Categories	Address: 4132 S. Rainbow Blvd Suite 175
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89103
If "No" please explain: Not Applicable	Contact/Phone: John Lee 702-900-7698
	Vendor No.: T27042308
	NV Business ID: NV20181174644

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, community work experience programs, customized employment, early intervention, employment support, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

The vendor provides services under the DBA of Stellar ABA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	03/18/2022 15:28:57 PM
Division Approval	gdavi6	03/18/2022 15:29:00 PM
Department Approval	ldeloach	03/21/2022 16:00:48 PM
Contract Manager Approval	rvradenb	03/28/2022 15:14:33 PM
Budget Analyst Approval	laaron	04/12/2022 10:24:05 AM
BOE Agenda Approval	laaron	04/12/2022 10:24:07 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25917**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STEP BY STEP LEARNING, LLC
Agency Code: MSA	Contractor Name: STEP BY STEP LEARNING, LLC
Appropriation Unit: 9999 - All Categories	Address: 6415 S FORT APACHE RD UNIT 185 #84
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148
If "No" please explain: Not Applicable	Contact/Phone: Janetria Alberty 702-580-2318
	Vendor No.: T29043715
	NV Business ID: NV20181140379

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:04:42 AM
Division Approval	gdavi6	04/01/2022 11:04:46 AM
Department Approval	ldeloch	04/04/2022 14:27:36 PM
Contract Manager Approval	gdavi6	04/07/2022 16:43:08 PM
Budget Analyst Approval	laaron	04/11/2022 09:31:51 AM
BOE Agenda Approval	laaron	04/11/2022 09:31:53 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25637**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SWCA, INC.
Agency Code: MSA	Contractor Name: SWCA ENVIRONMENTAL CONSULTANTS
Appropriation Unit: 9999 - All Categories	Address: PO BOX 7217
Is budget authority available?: Yes	City/State/Zip: CAROL STREAM, IL 60197-7212
If "No" please explain: Not Applicable	Contact/Phone: Henrik Christensen 702-248-3880
	Vendor No.: T27024217C
	NV Business ID: NV20011181091

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.

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 #: **RFP 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **3 years and 38 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide fire fuel, vegetation reduction and forest management services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,690,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Quick Silver
Lost River
Sierra Peaks**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

dba

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/04/2022 11:41:15 AM
Division Approval	gdavi6	03/04/2022 11:41:18 AM
Department Approval	ldeloach	03/18/2022 09:08:17 AM
Contract Manager Approval	nfese1	04/05/2022 10:04:29 AM
Budget Analyst Approval	dspeed1	04/11/2022 16:51:13 PM
BOE Agenda Approval	laaron	04/18/2022 20:12:20 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: **25839**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Santa Maria Adult Day Healthcare, LLC
Agency Code: MSA	Contractor Name: Santa Maria Adult Day Healthcare, LLC
Appropriation Unit: 9999 - All Categories	Address: 625 N Lamb Blvd Suite 140
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89110
If "No" please explain: Not Applicable	Contact/Phone: Lorenzo Tan 725-780-1104
	Vendor No.: Pending
	NV Business ID: NV20191362520

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical, adult daycare and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/18/2022 15:28:16 PM
Division Approval	gdavi6	03/18/2022 15:28:20 PM
Department Approval	ldeloch	03/21/2022 15:43:20 PM
Contract Manager Approval	rvradenb	03/28/2022 15:09:30 PM
Budget Analyst Approval	laaron	04/12/2022 12:13:15 PM
BOE Agenda Approval	laaron	04/12/2022 12:13:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25928**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Sound Mind Counseling Center, LLC
Agency Code: MSA	Contractor Name: Sound Mind Counseling Center, LLC
Appropriation Unit: 9999 - All Categories	Address: 5580 W. Flamingo Rd Suite 107
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89103
If "No" please explain: Not Applicable	Contact/Phone: Veronica Perez-Kahl 702-498-3391
	Vendor No.: T27044564
	NV Business ID: NV20211994933

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	04/01/2022 11:07:30 AM
Division Approval	gdavi6	04/01/2022 11:07:34 AM
Department Approval	ldeloch	04/04/2022 15:46:09 PM
Contract Manager Approval	gdavi6	04/07/2022 16:45:04 PM
Budget Analyst Approval	dkluever	04/13/2022 15:56:23 PM
BOE Agenda Approval	laaron	04/14/2022 16:34:40 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25823**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TALK OF THE TOWN, LLC
Agency Code:	MSA	Contractor Name:	TALK OF THE TOWN, LLC
Appropriation Unit:	9999 - All Categories	Address:	259 ANTELOPE VILLAGE CIRCLE
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89012-2273
If "No" please explain:	Not Applicable	Contact/Phone:	Melissa Montiel 702-755-7798
		Vendor No.:	T32005809
		NV Business ID:	NV20091576817

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/18/2022 15:22:11 PM
Division Approval	gdavi6	03/18/2022 15:22:14 PM
Department Approval	ldeloch	03/21/2022 15:16:55 PM
Contract Manager Approval	rvradenb	03/28/2022 15:11:21 PM
Budget Analyst Approval	laaron	04/13/2022 11:19:00 AM
BOE Agenda Approval	laaron	04/13/2022 11:19:03 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: **25837**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TANCELL CARE, LLC
Agency Code: MSA	Contractor Name: TANCELL CARE, LLC
Appropriation Unit: 9999 - All Categories	Address: 1500 E TROPICANA AVE SUITE 248
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-8325
If "No" please explain: Not Applicable	Contact/Phone: Louie Tandiono-Cellona 702-476-0262
	Vendor No.: T27042527
	NV Business ID: NV20181283232

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for autism treatment assistance programs, behavioral support, support services for the blind and visually impaired, case management, community based living arrangements, disabilities support, respite care, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/18/2022 15:27:33 PM
Division Approval	gdavi6	03/18/2022 15:27:37 PM
Department Approval	ldeloach	03/21/2022 15:36:53 PM
Contract Manager Approval	rvradenb	03/28/2022 15:14:13 PM
Budget Analyst Approval	laaron	04/13/2022 11:10:58 AM
BOE Agenda Approval	laaron	04/13/2022 11:11:00 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: **25768**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TEAM CARE PLUS, LLC
Agency Code: MSA	Contractor Name: TEAM CARE PLUS, LLC
Appropriation Unit: 9999 - All Categories	Address: 3160 SKY COUNTRY DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-6803
If "No" please explain: Not Applicable	Contact/Phone: Judith De Los Angeles 775-690-3545
	Vendor No.: T29011538
	NV Business ID: NV20141360189

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:18:48 AM
Division Approval	gdavi6	03/14/2022 10:18:51 AM
Department Approval	ldeloach	03/15/2022 16:26:00 PM
Contract Manager Approval	rvradenb	03/16/2022 08:48:30 AM
Budget Analyst Approval	dkluever	04/14/2022 10:18:00 AM
BOE Agenda Approval	laaron	04/14/2022 15:08:50 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: **25877**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	THE LOVAAS CENTER FOR BEHAVIOR INTERVENTION
Agency Code:	MSA	Contractor Name:	THE LOVAAS CENTER FOR BEHAVIOR INTERVENTION
Appropriation Unit:	9999 - All Categories	Address:	5550 W FLAMINGO RD SUITE C5
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89103-0137
If "No" please explain:	Not Applicable	Contact/Phone:	Erik Lovaas 702-877-2520
		Vendor No.:	T29025691
		NV Business ID:	NV20051434666

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for early intervention, applied behavioral analysis, autism treatment assistance programs, behavioral support, foster care, group home, and job development.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,600,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:01:29 AM
Division Approval	gdavi6	04/01/2022 11:01:31 AM
Department Approval	ldeloach	04/04/2022 12:22:10 PM
Contract Manager Approval	gdavi6	04/07/2022 16:41:15 PM
Budget Analyst Approval	dkluever	04/12/2022 15:05:39 PM
BOE Agenda Approval	laaron	04/17/2022 09:05:03 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: **25832**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	THE TUNGLAND CORPORATION
Agency Code:	MSA	Contractor Name:	THE TUNGLAND CORPORATION
Appropriation Unit:	9999 - All Categories	Address:	4747 N 7TH ST SUITE 300
Is budget authority available?:	Yes	City/State/Zip:	PHOENIX, AZ 85014
If "No" please explain:	Not Applicable	Contact/Phone:	STEPHEN BARKLEY 602-224-5052
		Vendor No.:	T27026428
		NV Business ID:	NV20101844576

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, community work experience programs, customized employment, employment support, host home and homeless youth, job development, personal care, pre-employment, residential provider, respite care, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/18/2022 15:26:09 PM
Division Approval	gdavi6	03/18/2022 15:26:13 PM
Department Approval	ldeloach	03/29/2022 16:50:02 PM
Contract Manager Approval	rvradenb	03/30/2022 08:22:47 AM
Budget Analyst Approval	laaron	04/13/2022 11:33:18 AM
BOE Agenda Approval	laaron	04/13/2022 11:33:20 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: **25873**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TOURO UNIVERSITY NEVADA
Agency Code: MSA	Contractor Name: TOURO UNIVERSITY NEVADA
Appropriation Unit: 9999 - All Categories	Address: 874 AMERICAN PACIFIC DRIVE
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89014
If "No" please explain: Not Applicable	Contact/Phone: ROBYN OTTY 702-777-3095
	Vendor No.: T27020604
	NV Business ID: NV20031265801

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical, occupational therapy and rehabilitation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 10:59:51 AM
Division Approval	gdavi6	04/01/2022 10:59:54 AM
Department Approval	ldeloach	04/04/2022 12:11:34 PM
Contract Manager Approval	gdavi6	04/07/2022 16:40:23 PM
Budget Analyst Approval	dkluever	04/12/2022 15:13:45 PM
BOE Agenda Approval	laaron	04/17/2022 08:25:17 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: **25924**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TRINIBELLE "GUIDING HANDS", LLC
Agency Code:	MSA	Contractor Name:	TRINIBELLE "GUIDING HANDS", LLC
Appropriation Unit:	9999 - All Categories	Address:	1528 LADY BRYAN LN
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89110-1719
If "No" please explain:	Not Applicable	Contact/Phone:	Miguela Suarez 702-419-0683
		Vendor No.:	T32002458
		NV Business ID:	NV20111598990

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

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: **\$3,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:06:31 AM
Division Approval	gdavi6	04/01/2022 11:06:34 AM
Department Approval	ldeloch	04/04/2022 15:32:23 PM
Contract Manager Approval	gdavi6	04/07/2022 16:44:01 PM
Budget Analyst Approval	dkluever	04/13/2022 16:06:45 PM
BOE Agenda Approval	laaron	04/14/2022 13:19:19 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: **25838**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Tamara Listinsky
Agency Code: MSA	Contractor Name: Tamara Listinsky
Appropriation Unit: 9999 - All Categories	Address: 4398 Dunkeld Rd
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89519
If "No" please explain: Not Applicable	Contact/Phone: Tamara Listinsky 775-842-7762
	Vendor No.: T29043900
	NV Business ID: NV20201960901

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

NDE, agency is satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	03/18/2022 15:27:55 PM
Division Approval	gdavi6	03/18/2022 15:28:00 PM
Department Approval	ldeloach	03/21/2022 15:38:31 PM
Contract Manager Approval	rvradenb	03/28/2022 15:13:44 PM
Budget Analyst Approval	laaron	04/13/2022 09:17:58 AM
BOE Agenda Approval	laaron	04/13/2022 09:17:59 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: **25791**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: The Continuum
Agency Code: MSA	Contractor Name: The Continuum
Appropriation Unit: 9999 - All Categories	Address: 3700 GRANT DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-7349
If "No" please explain: Not Applicable	Contact/Phone: Diane Ross 775-829-4700
	Vendor No.: T80977207
	NV Business ID: NV19921063635
To what State Fiscal Year(s) will the contract be charged?	2022-2026
What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for audiology, case management, early intervention, occupational therapy, pediatric, physical therapy, rehabilitation, respite care, speech pathology, therapy and counseling, adult daycare, autism treatment assistance programs, home modification, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/14/2022 10:25:10 AM
Division Approval	gdavi6	03/14/2022 10:25:13 AM
Department Approval	ldeloach	03/16/2022 09:39:52 AM
Contract Manager Approval	rvradenb	03/17/2022 16:36:32 PM
Budget Analyst Approval	dkluever	04/14/2022 10:01:52 AM
BOE Agenda Approval	laaron	04/14/2022 14:40:06 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: **25821**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	The Evidence Based Practice of Nevada (Zimring & Owens), PLLC
Agency Code:	MSA	Contractor Name:	The Evidence Based Practice of Nevada (Zimring & Owens), PLLC
Appropriation Unit:	9999 - All Categories	Address:	2460 Paseo Verde Parkway Suite 100
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89074
If "No" please explain:	Not Applicable	Contact/Phone:	Whitney Owens, Psy.D. 702-508-9274
		Vendor No.:	T29044935
		NV Business ID:	NV20181700312

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/18/2022 15:21:10 PM
Division Approval	gdavi6	03/18/2022 15:21:13 PM
Department Approval	ldeloach	03/21/2022 15:13:50 PM
Contract Manager Approval	rvradenb	03/28/2022 15:10:52 PM
Budget Analyst Approval	laaron	04/12/2022 10:08:19 AM
BOE Agenda Approval	laaron	04/12/2022 10:08:21 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25822**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Thrive Wellness of Reno, LLC
Agency Code: MSA	Contractor Name: Thrive Wellness of Reno, LLC
Appropriation Unit: 9999 - All Categories	Address: 491 Court St.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Katie Stout 775-525-8103
	Vendor No.: T32010741
	NV Business ID: NV20181283395

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for psychiatry, counseling, mental health, occupational therapy, and psychology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,400,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/18/2022 15:21:48 PM
Division Approval	gdavi6	03/18/2022 15:21:51 PM
Department Approval	ldeloach	03/21/2022 15:15:15 PM
Contract Manager Approval	rvradenb	03/28/2022 15:11:06 PM
Budget Analyst Approval	laaron	04/12/2022 09:59:20 AM
BOE Agenda Approval	laaron	04/12/2022 09:59:23 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: **25765**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	UNITED CEREBRAL PALSY OF NEVADA
Agency Code:	MSA	Contractor Name:	UNITED CEREBRAL PALSY OF NEVADA
Appropriation Unit:	9999 - All Categories	Address:	740 FREEPORT BLVD. SUITE 101
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89431
If "No" please explain:	Not Applicable	Contact/Phone:	JILL HEMENWAY 775-322-6555
		Vendor No.:	T80991075
		NV Business ID:	NV19501000183

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for adult daycare, community work experience programs, customized employment, disabilities support, employment support, job development, pre-employment, and rehabilitation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 10:17:48 AM
Division Approval	gdavi6	03/14/2022 10:17:51 AM
Department Approval	ldeloch	03/15/2022 16:19:31 PM
Contract Manager Approval	rvradenb	03/16/2022 08:47:42 AM
Budget Analyst Approval	dkluever	04/13/2022 16:54:12 PM
BOE Agenda Approval	laaron	04/14/2022 11:11:07 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25819**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	UNITED CITIZENS FOUNDATION, INC.
Agency Code:	MSA	Contractor Name:	UNITED CITIZENS FOUNDATION, INC.
Appropriation Unit:	9999 - All Categories	Address:	4485 S BUFFALO DR
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89147-5006
If "No" please explain:	Not Applicable	Contact/Phone:	Fonda Tanner 702-888-6300
		Vendor No.:	T27036574
		NV Business ID:	NV20101266553

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health, marriage and family therapy and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/18/2022 15:20:15 PM
Division Approval	gdavi6	03/18/2022 15:20:19 PM
Department Approval	ldeloach	03/21/2022 14:30:42 PM
Contract Manager Approval	rvradenb	03/28/2022 15:10:10 PM
Budget Analyst Approval	laaron	04/12/2022 09:51:12 AM
BOE Agenda Approval	laaron	04/12/2022 09:51:14 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: **25927**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: UNLIMITED CHOICES, LLC
Agency Code: MSA	Contractor Name: UNLIMITED CHOICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 1320 FREEPORT BLVD SUITE 110
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-5941
If "No" please explain: Not Applicable	Contact/Phone: Jennifer Jones 775-848-3023
	Vendor No.: T29001531
	NV Business ID: NV20121082621

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:07:06 AM
Division Approval	gdavi6	04/01/2022 11:07:09 AM
Department Approval	ldeloach	04/04/2022 15:44:37 PM
Contract Manager Approval	gdavi6	04/07/2022 16:44:49 PM
Budget Analyst Approval	dkluever	04/13/2022 15:55:27 PM
BOE Agenda Approval	laaron	04/14/2022 16:30:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25773**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: UPLUS ACADEMY, LLC
Agency Code: MSA	Contractor Name: UPLUS ACADEMY, LLC
Appropriation Unit: 9999 - All Categories	Address: 5575 S DURANGO DR SUITE 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89113-1833
If "No" please explain: Not Applicable	Contact/Phone: Kate McAdam 702-209-3544
	Vendor No.: T32009294
	NV Business ID: NV20191096666

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/14/2022 10:20:19 AM
Division Approval	gdavi6	03/14/2022 10:20:23 AM
Department Approval	ldeloach	03/15/2022 16:32:27 PM
Contract Manager Approval	rvradenb	03/16/2022 08:49:48 AM
Budget Analyst Approval	dkluever	04/13/2022 16:44:25 PM
BOE Agenda Approval	laaron	04/14/2022 10:58:55 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: **25775**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	VERNA FABELLA-HICKS
Agency Code:	MSA	Contractor Name:	VERNA FABELLA-HICKS
Appropriation Unit:	9999 - All Categories	Address:	2881 BUSINESS PARK CT SUITE 150
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128-9020
If "No" please explain:	Not Applicable	Contact/Phone:	Verna Fabella-Hicks 702-508-2112
		Vendor No.:	T29011771
		NV Business ID:	NV20131320044

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	03/14/2022 10:21:09 AM
Division Approval	gdavi6	03/14/2022 10:21:12 AM
Department Approval	ldeloach	03/16/2022 09:10:45 AM
Contract Manager Approval	rvradenb	03/17/2022 16:03:11 PM
Budget Analyst Approval	dkluever	04/14/2022 10:10:50 AM
BOE Agenda Approval	laaron	04/14/2022 14:49:41 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25921**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: VISTA CARE NEVADA, LLC
Agency Code: MSA	Contractor Name: VISTA CARE NEVADA, LLC
Appropriation Unit: 9999 - All Categories	Address: 3560 W. Cheyenne Ave Suite 120
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89032
If "No" please explain: Not Applicable	Contact/Phone: Liani McCarthy 920-889-2478
	Vendor No.: T27043200A
	NV Business ID: NV20191069858

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	04/01/2022 11:05:27 AM
Division Approval	gdavi6	04/01/2022 11:05:31 AM
Department Approval	ldeloch	04/04/2022 15:12:08 PM
Contract Manager Approval	gdavi6	04/07/2022 16:43:34 PM
Budget Analyst Approval	laaron	04/11/2022 09:44:42 AM
BOE Agenda Approval	laaron	04/11/2022 09:44:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **25749**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Volatia Language Network, Inc.
Agency Code:	MSA	Contractor Name:	Volatia Language Network, Inc.
Appropriation Unit:	9999 - All Categories	Address:	1327 Grandin Rd SW
Is budget authority available?:	Yes	City/State/Zip:	Roanoke, VA 24015
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Kent 540-204-7366
		Vendor No.:	Pending
		NV Business ID:	NV20222393480

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1847-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2026**Contract term: **3 years and 335 days**4. Type of contract: **MSA**Contract description: **Interpreting Service**

5. Purpose of contract:

This is a new contract to provide ongoing document translation and interpretation of languages via in-person, remote over-the-phone, over-video-remote, and sign language services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This service provides assistance to State employees, agencies, and citizens who are required to provide or need access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified 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-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 03/31/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 08:56:14 AM
Division Approval	gdavi6	03/14/2022 08:56:19 AM
Department Approval	ldeloach	03/15/2022 16:06:08 PM
Contract Manager Approval	rvradenb	03/16/2022 08:46:00 AM
Budget Analyst Approval	dspeed1	04/12/2022 14:02:13 PM
BOE Agenda Approval	laaron	04/12/2022 16:24:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25774**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MEDTRANS RENO CASAL, PLLC
Agency Code:	MSA	Contractor Name:	WELL CARE MEDICAL & BEHAVIORAL
Appropriation Unit:	9999 - All Categories	Address:	WELL CARE MEDICAL & BEHAVIORAL 3312 W CHARLESTON BLVD
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Roukie 775-842-0762
		Vendor No.:	T29041867
		NV Business ID:	NV20181905232

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, disabilities support, general medicine, home health care, medical, mental health, pediatric, and psychiatry.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

The vendor practices under several DBA's. The primary DBA for Nevada is Well Care Medical & Behavioral

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. 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	03/14/2022 10:20:47 AM
Division Approval	gdavi6	03/14/2022 10:20:50 AM
Department Approval	ldeloach	03/15/2022 16:38:53 PM
Contract Manager Approval	rvradenb	03/16/2022 08:50:02 AM
Budget Analyst Approval	dkluever	04/13/2022 16:31:18 PM
BOE Agenda Approval	laaron	04/14/2022 10:34:36 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: **25953**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WENDY J. RIBACK
Agency Code: MSA	Contractor Name: WENDY J. RIBACK
Appropriation Unit: 9999 - All Categories	Address: 500 N. Rainbow Blvd. Suite 300
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107
If "No" please explain: Not Applicable	Contact/Phone: Wendy J Riback 702-338-4630
	Vendor No.: T29021317
	NV Business ID: NV20201795352

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	04/01/2022 11:10:43 AM
Division Approval	gdavi6	04/01/2022 11:10:49 AM
Department Approval	ldeloach	04/11/2022 09:43:55 AM
Contract Manager Approval	gdavi6	04/14/2022 10:58:37 AM
Budget Analyst Approval	dkluever	04/14/2022 11:05:46 AM
BOE Agenda Approval	laaron	04/14/2022 14:21:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25778**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WESTCARE NEVADA, INC.
Agency Code: MSA	Contractor Name: WESTCARE NEVADA, INC.
Appropriation Unit: 9999 - All Categories	Address: 1711 Whitney Mesa Dr.
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89014
If "No" please explain: Not Applicable	Contact/Phone: Shawn Jenkins 559-251-4800
	Vendor No.: T80928668
	NV Business ID: NV19811004704

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for psychiatry, counseling, mental health, residential provider, social worker, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,600,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/14/2022 10:23:18 AM
Division Approval	gdavi6	03/14/2022 10:23:21 AM
Department Approval	ldeloch	03/16/2022 09:21:07 AM
Contract Manager Approval	rvradenb	03/17/2022 16:05:59 PM
Budget Analyst Approval	dkluever	04/14/2022 10:33:56 AM
BOE Agenda Approval	laaron	04/14/2022 15:43:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25787**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	WHITE PINE COMMUNITY TRAINING CENTER
Agency Code:	MSA	Contractor Name:	WHITE PINE COMMUNITY TRAINING CENTER
Appropriation Unit:	9999 - All Categories	Address:	1501 Park Avenue
Is budget authority available?:	Yes	City/State/Zip:	ELY, NV 89301
If "No" please explain:	Not Applicable	Contact/Phone:	Sami Jackson 775-289-6713
		Vendor No.:	T11583600
		NV Business ID:	NV19721000765

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for adult daycare, community work experience programs, disabilities support, and job development.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	03/14/2022 10:24:17 AM
Division Approval	gdavi6	03/14/2022 10:24:20 AM
Department Approval	ldeloch	03/16/2022 09:32:09 AM
Contract Manager Approval	rvradenb	03/17/2022 16:23:51 PM
Budget Analyst Approval	dkluever	04/13/2022 17:02:38 PM
BOE Agenda Approval	laaron	04/17/2022 08:46:20 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: **25919**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Wellness Focus
Agency Code: MSA	Contractor Name: Wellness Focus
Appropriation Unit: 9999 - All Categories	Address: 3067 E. Warm Springs Rd. SUITE 100
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: Joyce Ulofoshio 702-569-9444
	Vendor No.: T29044839
	NV Business ID: NV20201688681

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychology 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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	04/01/2022 11:05:04 AM
Division Approval	gdavi6	04/01/2022 11:05:08 AM
Department Approval	ldeloach	04/04/2022 15:06:23 PM
Contract Manager Approval	gdavi6	04/07/2022 16:43:20 PM
Budget Analyst Approval	laaron	04/11/2022 09:37:43 AM
BOE Agenda Approval	laaron	04/11/2022 09:37:46 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: **25738**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WestLand Resources, Inc.
Agency Code: MSA	Contractor Name: WestLand Resources, Inc.
Appropriation Unit: 9999 - All Categories	Address: 1650 Meadow Wood Lane
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Kris Kuyper 775-826-8822
	Vendor No.: Pending
	NV Business ID: NV20212085777

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **3 years and 38 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide fire fuel, vegetation reduction and forest management services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Giles Construction
Cate Land Fires
Leslie Heavy Haul**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 22 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Office II Ph: 775-721-7771

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/06/2022 13:59:50 PM
Division Approval	gdavi6	04/06/2022 13:59:52 PM
Department Approval	ldeloach	04/06/2022 14:51:57 PM
Contract Manager Approval	nfese1	04/06/2022 14:57:09 PM
Budget Analyst Approval	laaron	04/18/2022 20:10:55 PM
BOE Agenda Approval	laaron	04/18/2022 20:10:57 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: **25763**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Youth Advocate Programs, Inc.
Agency Code: MSA	Contractor Name: Youth Advocate Programs, Inc.
Appropriation Unit: 9999 - All Categories	Address: 2007 North 3rd Street
Is budget authority available?: Yes	City/State/Zip: Harrisburg, PA 17102
If "No" please explain: Not Applicable	Contact/Phone: Jeffrey Fleischer 334-324-7510
	Vendor No.: T32011079
	NV Business ID: NV20061318151

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for behavioral support, case management, community work experience programs, customized employment, educational tutoring and support, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

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-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 08:58:25 AM
Division Approval	gdavi6	03/14/2022 08:58:28 AM
Department Approval	ldeloach	03/15/2022 16:14:35 PM
Contract Manager Approval	rvradenb	03/16/2022 08:46:53 AM
Budget Analyst Approval	dkluever	04/14/2022 10:24:21 AM
BOE Agenda Approval	laaron	04/14/2022 15:23:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25825**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ZUCKER & ASSOCIATES
Agency Code: MSA	Contractor Name: ZUCKER & ASSOCIATES
Appropriation Unit: 9999 - All Categories	Address: 9510 W SAHARA AVE SUITE 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117-8804
If "No" please explain: Not Applicable	Contact/Phone: Marc Zucker 702-641-2422
	Vendor No.: T29036958
	NV Business ID: NV20151082178

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? 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 #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 276 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

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-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/18/2022 15:23:49 PM
Division Approval	gdavi6	03/18/2022 15:23:55 PM
Department Approval	ldeloch	03/21/2022 15:20:30 PM
Contract Manager Approval	rvradenb	03/28/2022 15:11:52 PM
Budget Analyst Approval	laaron	04/12/2022 12:31:29 PM
BOE Agenda Approval	laaron	04/12/2022 12:31:31 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	ATHLETIC COMMISSION	BRETT TRAMMELL	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25989		
2.	010	ATHLETIC COMMISSION	CHARLES DIMINO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25983		
3.	010	ATHLETIC COMMISSION	EDGAR BASILIO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25986		
4.	010	ATHLETIC COMMISSION	FRANK M. DEMARTINO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25985		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	010	ATHLETIC COMMISSION	JOE OJEDA	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Contract Description:	This is a new contract to provide inspector services during weigh-ins and events.			
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25984		
6.	010	ATHLETIC COMMISSION	TARO DOMINIC TAKAGI	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Contract Description:	This is a new contract to provide inspector services during weigh-ins and events.			
		Term of Contract:	04/07/2022 - 05/31/2026	Contract # 25990		
7.	014	GOVERNOR'S OFFICE - OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	CJ SPEAKS	FEDERAL	\$47,315	
		Contract Description:	This is a new contract to provide a digital equity consultant.			
		Term of Contract:	03/28/2022 - 06/30/2022	Contract # 25594		
8.	014	GOVERNOR'S OFFICE - OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	LUKAS KUCINSKI DBA KUCINSKI GIS	FEDERAL	\$43,590	
		Contract Description:	This is a new contract to provide consulting services as a Geographic Information System/Data Visualization Analyst.			
		Term of Contract:	03/22/2022 - 06/30/2022	Contract # 25595		
9.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	LITTLER MENDELSON, P.C.	GENERAL	\$12,365	Professional Service
		Contract Description:	This is a new contract to provide outside counsel services to represent the state in a labor matter before the Nevada Government Employee-Management Relations Board.			
		Term of Contract:	01/01/2022 - 04/30/2022	Contract # 25980		
10.	030	ATTORNEY GENERAL'S OFFICE - COUNCIL FOR PROSECUTING ATTORNEYS	CAESARS ENTERTAINMENT CORPORATION	FEE: REGISTRATION	\$22,611	
		Contract Description:	This is a new contract to provide conference room rentals for the Nevada Prosecutors Conference.			
		Term of Contract:	03/23/2022 - 12/31/2022	Contract # 25682		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	STEVE YUN, M.D.	OTHER: TORT CLAIM FUND	\$10,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides expert witness services for case number 3:21-cv-00176-RFB-CLB, Zane M. Floyd This amendment increases the maximum amount from \$20,000 to \$30,500 due to an increased need for these services.				
	Term of Contract:	06/21/2021 - 10/31/2022	Contract # 24694			
12.	040	SECRETARY OF STATE'S OFFICE -	GARTNER, INC.	GENERAL	\$56,250	
	Contract Description:	This is a new service agreement under master service agreement 99SWC-NV21-9032 which provides rapid customer experience management maturity assessment services. This service agreement provides a gap analysis of the customer support experience versus industry best practices.				
	Term of Contract:	03/28/2022 - 06/30/2022	Contract # 25619			
13.	040	SECRETARY OF STATE'S OFFICE -	LAMAR AIRPORT ADVERTISING	GENERAL	\$51,935	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing digital advertising services on electronic monitors at the Reno-Tahoe International Airport. This amendment extends the termination date from June 30, 2022 to June 30, 2024 and increases the maximum amount from \$6,761.44 to \$58,696.44 due to the continued need for these services.				
	Term of Contract:	03/17/2022 - 06/30/2024	Contract # 25813			
14.	079	DEPARTMENT OF ADMINISTRATION - MAIL SERVICES	B2B DELIVERY, LLC	FEE: MAIL	\$13,212	
	Contract Description:	This is the first amendment to the original contract which provides overnight mail service between Carson City and Las Vegas. This amendment increases the maximum amount from \$587,000.00 to \$600,212.20 due to increased fuel and freight costs.				
	Term of Contract:	06/13/2019 - 06/30/2023	Contract # 21793			
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCO ENGINEERED SYSTEMS, INC.	OTHER: BUILDING RENTAL INCOME	\$11,884	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance at the Department of Motor Vehicles facility on Sahara Ave. in Las Vegas.				
	Term of Contract:	03/22/2022 - 02/15/2026	Contract # 25617			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE MOBILE LOCKSMITH, INC.	OTHER: BUILDING RENTAL INCOME	\$47,594	
	Contract Description:	This is a new contract to provide ongoing locksmith services for state-owned buildings throughout northern Nevada.				
	Term of Contract:	03/22/2022 - 02/17/2026	Contract # 25634			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DEL SOL LANDSCAPE CONSTRUCTION, INC.	OTHER: BUILDING RENTAL INCOME	\$47,424	
	Contract Description:	This is a new contract to provide ongoing landscaping services at the Bradley Building in Las Vegas.				
		Term of Contract:	04/18/2022 - 02/03/2026	Contract # 25558		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DELFINO LAWN MAINTENANCE	OTHER: BUILDING RENTAL INCOME	\$48,000	
	Contract Description:	This is a new contract to provide ongoing landscape services located at the Campos Building in Las Vegas.				
		Term of Contract:	03/31/2022 - 02/25/2026	Contract # 25681		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DELFINO LAWN MAINTENANCE	OTHER: BUILDING RENTAL INCOME	\$45,600	
	Contract Description:	This is a new contract to provide ongoing landscape services at the Department of Motor Vehicles on Donovan Way in Las Vegas.				
		Term of Contract:	03/31/2022 - 02/25/2026	Contract # 25683		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOHNSON CONTROLS, INC.	OTHER: BUILDING RENTAL INCOME	\$10,132	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Department of Motor Vehicles on Decatur Blvd. in Las Vegas.				
		Term of Contract:	03/31/2022 - 02/16/2026	Contract # 25626		
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOHNSON CONTROLS, INC.	OTHER: BUILDING RENTAL INCOME	\$20,264	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Campos Building in Las Vegas.				
		Term of Contract:	03/31/2022 - 02/16/2026	Contract # 25627		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MESA ENERGY SYSTEMS INC DBA EMCOR SERVICES MESA ENERGY, INC.	OTHER: BUILDING RENTAL INCOME	\$22,160	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Grant Sawyer Building in Las Vegas.				
	Term of Contract:	03/31/2022 - 02/16/2026	Contract # 25628			
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	PGAL, LLC	BONDS 50% OTHER: AGENCY FUNDS 50%	\$22,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering construction administration services for the University of Nevada, Las Vegas Engineering Academic and Research Building CIP project: CIP Project No. 21-C05; SPWD Contract No. 114501. This amendment increases the maximum amount from \$760,789 to \$782,789 due to revising the scope of work to include additional civil engineering and fire/ADA services.				
	Term of Contract:	12/14/2021 - 06/30/2025	Contract # 25160			
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	IMEG CORP.	BONDS	\$10,800	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Buildings 1, 2, & 5 Boiler Plant Renovations CIP project: CIP Project No. 21-M02-19; SPWD Contract No. 114498. This amendment increases the maximum amount from \$112,300 to \$123,100 due to additional engineering services needed.				
	Term of Contract:	11/09/2021 - 06/30/2025	Contract # 25047			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	VAN WOERT BIGOTTI ARCHITECTS	HIGHWAY 33% BONDS 67%	\$51,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Department of Public Safety Headquarters Building Advance Planning CIP Project: CIP Project No. 21-P04; SPWD Contract No. 114536. This amendment increases the maximum amount from \$456,600 to \$507,600 due to adding Net Zero Energy programming.				
		Term of Contract:	12/14/2021 - 06/30/2025	Contract # 25192		
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CURTAINWALL DESIGN & CONSULTING, INC.	BONDS	\$17,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program - Spring Mountain Ranch Park Roofing Replacement CIP project, including construction documents, bidding, and pre-installation services, and construction administration for the roof replacement: CIP Project No. 21-S01-6; SPWD Contract No. 114728.				
		Term of Contract:	04/14/2022 - 06/30/2025	Contract # 25974		
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	DINTER ENGINEERING COMPANY	BONDS	\$11,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Nevada Youth Training Center Access Control Systems and Interior Lighting Replacement CIP project: CIP Project No. 21-M02-14 & 21-S08-6; SPWD Contract No. 114320. This amendment increases the maximum amount from \$211,585 to \$223,085 due to additional architectural, structural and electrical services for the inclusion of a new exterior egress door.				
		Term of Contract:	10/12/2021 - 06/30/2025	Contract # 24913		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$6,900	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Warm Springs Correctional Center - Unit 1 and Unit 2 Americans with Disabilities Act (ADA) Upgrades CIP project; CIP Project No. 17-S02-4: SPWD Contract No. 111868. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from 67,300 to \$74,200 due to additional architectural, mechanical and electrical design services needed for the Warm Springs Correctional Center ADA upgrades.				
		Term of Contract:	04/10/2018 - 06/30/2023	Contract # 19774		
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JENSEN ENGINEERING, INC.	BONDS	(\$10,378)	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility Electrical Power Upgrade CIP project: CIP Project No. 17-M23: SPWD Contract No. 111812. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and decreases the maximum amount from \$60,000 to \$49,622 due to a reduction for the remaining NV Energy allowance and to provide additional engineering design services.				
		Term of Contract:	03/05/2018 - 06/30/2022	Contract # 19772		
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD	BONDS	\$42,350	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Wildlife, various fish hatchery sites, heating, ventilation and air conditioning (HVAC) systems renovation CIP project, to include preliminary and final investigations, drawings and specifications, construction administration services, and electrical, structural, and mechanical engineering design services related to the HVAC systems renovation: CIP Project No. 19-M39; SPWD Contact No. 114687.				
		Term of Contract:	03/29/2022 - 06/30/2023	Contract # 25704		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - AND AGRICULTURE CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD	BONDS 30% OTHER: AGENCY FUNDS 70%	\$44,950	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Wildlife, various fish hatchery sites, heating, ventilation and air conditioning (HVAC) systems renovation CIP project, to include a preliminary and final investigation, drawings and specifications, construction administration, electrical, structural and mechanical engineering services, and final construction cost estimates related to the HVAC systems renovation: CIP Project No. 19-M38; SPWD Contract No. 114686				
	Term of Contract:	03/29/2022 - 06/30/2023	Contract # 25705			
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	GEORGE M. ROGERS, ARCHITECT, DBA GEORGE M. ROGERS ARCHITECT	BONDS	\$12,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Lost City Museum - Sanitary Sewer Replacement and Upgraded Restrooms CIP project: CIP Project No. 19-M33; SPWD Contract No. 114114. This amendment increases the maximum amount from \$67,998 to \$80,498 due to additional architectural and engineering services for the addition of a water softener enclosure building.				
	Term of Contract:	07/13/2021 - 06/30/2023	Contract # 24402			
33.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CARPENTER SELLERS DEL GATTO	OTHER: AGENCY FUNDED CIP	\$23,565	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Nevada Adult Mental Health Services Stein Hospital - Buildings 1,2,3A and 6 Window and Floor Replacements Agency CIP project: CIP Project No. 22-A008; SPWD Contract No. 114550. This amendment increases the maximum amount from \$124,100 to \$147,665 due to additional architecture and cost estimating services for exterior finish repairs.				
	Term of Contract:	12/14/2021 - 06/30/2023	Contract # 25194			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	KITIRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE	OTHER: AGENCY FUNDED	\$48,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stein Hospital Elevator Upgrade CIP Project, including construction documents, architectural & electrical engineering, bid documents, plan checking, and construction administration for the elevator upgrade: CIP Project No. 22-A013; SPWD Contract No. 114633.				
	Term of Contract:	03/22/2022 - 06/30/2023	Contract # 25673			
35.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TSK	OTHER: AGENCY FUNDED CIP	\$40,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Willow Treatment Center Ceiling Hardening CIP project to include bidding services, construction documents, and construction services needed for the ceiling hardening: CIP Project No. 22-A012; SPWD Contract No. 114634.				
	Term of Contract:	04/13/2022 - 06/30/2023	Contract # 25680			
36.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	PLAZA HOTEL AND CASINO, LLC	GENERAL	\$17,458	
	Contract Description:	This is a new contract to provide meeting space..				
	Term of Contract:	03/29/2022 - 06/30/2022	Contract # 25809			
37.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	LAUREN ABELA	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$48,000	
	Contract Description:	This is a new contract to provide Physician Assistant healthcare services.				
	Term of Contract:	01/01/2022 - 12/31/2024	Contract # 25475			
38.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	BEHAVIOR HEALTH SOLUTIONS, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$24,000	
	Contract Description:	This is a new contract to provide ongoing psychiatric and therapy telehealth services.				
	Term of Contract:	04/06/2022 - 05/30/2024	Contract # 25863			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	240	DEPARTMENT OF VETERANS SERVICES - GIFT ACCOUNT FOR VETERANS HOME-SOUTHERN NEVADA - NON-EXEC	THE FACTORY, LLC	OTHER: GIFT FUNDS	\$24,480	
	Contract Description:	This is a new contract to produce the Fiscal Year 2022 annual report to include web design, graphic design, capture photographs and videos.				
		Term of Contract:	07/16/2022 - 07/15/2023	Contract # 25723		
40.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$20,800	Exempt
	Contract Description:	This is a new interlocal agreement to conduct a study to identify means to support Black Student Achievement.				
		Term of Contract:	03/25/2022 - 12/31/2022	Contract # 25866		
41.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION	CDW GOVERNMENT, LLC	GENERAL 20% OTHER: COST ALLOCATION 80%	\$16,996	
	Contract Description:	This is a new contract to provide risk mitigation for the telecommuting workforce.				
		Term of Contract:	04/11/2022 - 10/31/2022	Contract # 25793		
42.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	DC GROUP, INC.	GENERAL 30% FEDERAL 70%	\$12,250	
	Contract Description:	This is a new contract to provide ongoing maintenance of the uninterruptible power supply system.				
		Term of Contract:	05/01/2022 - 04/30/2026	Contract # 25222		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
43.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	DOUGLAS COUNTY	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$42,201	Exempt	
		Contract Description: This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.					
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24900			
44.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	WHITE PINE COUNTY	OTHER: COUNTY FEES 34% FEDERAL 66%	\$72,261	Exempt	
		Contract Description: This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.					
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24897			
45.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - JUVENILE JUSTICE SERVICES	MULTI HEALTH SYSTEMS, INC.	GENERAL	\$80,000	Sole Source	
		Contract Description: This is the second amendment to the original contract which provides unlimited use and training for the Youth Level of Service/Case Management Inventory risk and needs assessment tool. This amendment extends the termination date from April 30, 2022 to April 30, 2024 and increases the maximum amount from \$558,500 to \$638,500 due to increase in the annual licensing fee.					
		Term of Contract:	05/08/2018 - 04/30/2024	Contract # 19696			
46.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	JAMES F. THOMSON, JR. DBA AMERICAN SOUTHWEST ELECTRIC	GENERAL	\$27,840		
		Contract Description: This is a new contract for ongoing electrical maintenance and repair.					
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25796			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	JAMES F.THOMSON, JR. DBA AMERICAN SOUTHWEST ELECTRIC	GENERAL	\$15,120	
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25797		
48.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	JAMES F.THOMSON, JR. DBA AMERICAN SOUTHWEST ELECTRIC	GENERAL	\$25,000	
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25807		
49.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	THE CHANGE COMPANIES	GENERAL	\$20,473	
		Term of Contract:	04/14/2022 - 06/30/2025	Contract # 25615		
50.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DIRECT MOBILE IMAGING, LLC	GENERAL 76% FEDERAL 24%	\$40,000	
		Term of Contract:	04/14/2022 - 02/28/2026	Contract # 25633		
51.	431	OFFICE OF THE MILITARY	ACHA CONSTRUCTION, LLC	GENERAL 50% FEDERAL 50%	\$98,005	
		Term of Contract:	04/14/2022 - 04/15/2026	Contract # 25962		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	431	OFFICE OF THE MILITARY	CAPITAL GLASS, INC.	GENERAL 50% FEDERAL 50%	\$97,400	
	Contract Description:	This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in northern Nevada.				
		Term of Contract:	04/11/2022 - 04/15/2026	Contract # 25952		
53.	431	OFFICE OF THE MILITARY	CHARLES H. CHESTER PLUMBING & HEATING, INC.	GENERAL 50% FEDERAL 50%	\$67,050	
	Contract Description:	This is a new contract to provide ongoing maintenance, repair and inspection services of the heating, ventilation and air conditioning systems for facilities in Carlin and Elko.				
		Term of Contract:	04/05/2022 - 03/15/2026	Contract # 25568		
54.	431	OFFICE OF THE MILITARY	CONTROLWORKS, INC.	GENERAL 50% FEDERAL 50%	\$99,015	
	Contract Description:	This is a new contract to provide ongoing inspections, updates, repairs and service work to maintain the communication and lighting system controls in southern Nevada for the Nevada National Guard.				
		Term of Contract:	04/11/2022 - 01/15/2026	Contract # 25946		
55.	431	OFFICE OF THE MILITARY	CRANETECH, INC.	GENERAL 50% FEDERAL 50%	\$96,550	
	Contract Description:	This is a new contract to provide ongoing crane repair, maintenance, and inspection services for crane equipment at facilities in northern Nevada.				
		Term of Contract:	04/14/2022 - 04/15/2026	Contract # 25947		
56.	431	OFFICE OF THE MILITARY	DESERT GLASS CONTRACTING COMPANY, INC.	GENERAL 50% FEDERAL 50%	\$85,060	
	Contract Description:	This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in northern Nevada.				
		Term of Contract:	04/14/2022 - 04/15/2026	Contract # 25948		
57.	431	OFFICE OF THE MILITARY	HIGH TEMP AIR CONDITIONING, INC.	GENERAL 50% FEDERAL 50%	\$98,820	
	Contract Description:	This is a new contract to provide ongoing maintenance, repair and inspection services of the heating, ventilation and air conditioning systems for all facilities throughout the state.				
		Term of Contract:	04/11/2022 - 03/15/2026	Contract # 25752		
58.	431	OFFICE OF THE MILITARY	SILVER STATE GLASS & MIRROR COMPANY, INC.	GENERAL 50% FEDERAL 50%	\$94,900	
	Contract Description:	This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in southern Nevada.				
		Term of Contract:	04/14/2022 - 04/15/2026	Contract # 25950		
59.	431	OFFICE OF THE MILITARY	SNYDER SERVICES DBA SNYDER MECHANICAL	GENERAL 50% FEDERAL 50%	\$86,720	
	Contract Description:	This is a new contract to provide ongoing maintenance, repair and inspection services of the heating, ventilation and air conditioning systems for facilities in Carlin and Elko.				
		Term of Contract:	04/08/2022 - 03/24/2026	Contract # 25798		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	AJ INDUSTRIES WEST	GENERAL	\$20,408	
	Contract Description:	This is a new contract to provide labor and materials to replace the steam coil in the dryers.				
		Term of Contract:	04/12/2022 - 06/30/2022	Contract # 25074		
61.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - DIVISION OF FORESTRY	FEE: MINING CLAIMS	\$80,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide transportation via helicopters to pre-determined locations across the state to conduct aerial and ground-based surveys of Abandoned Mine Land hazards.				
		Term of Contract:	03/22/2022 - 06/30/2024	Contract # 25751		
62.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	DR. TRUDY GILBERT-ELIOT, PH.D.	GENERAL 37.7% HIGHWAY 53.7% FEE: 0.76% PLAN REVIEW, 2.06% BRADY, 3.46% COURT ASSESSMENT OTHER: INTERNAL SERVICE FUND (CP) 2.3%	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide psychotherapy counseling, evaluation and therapy services to sworn and/or civilian employees.				
		Term of Contract:	04/17/2022 - 01/31/2026	Contract # 25547		
63.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	COUNTY OF WHITE PINE	HIGHWAY	\$12,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing blood draw services for evidentiary purposes when a person is arrested on suspicion of driving under the influence of drugs and/or alcohol.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25959		
64.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	BENGOCHEA'S QUALITY FLOORS & PAINTS	FEE: SPORTSMEN REVENUE	\$64,213	
	Contract Description:	This is a new contract to provide new carpet and baseboards, as well as installation services at the Elko office.				
		Term of Contract:	03/30/2022 - 02/28/2023	Contract # 25572		
65.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	FRONTIER CIVIL, LLC	FEE: SPORTSMEN REVENUE	\$50,000	Professional Service
	Contract Description:	This is a new contract to provide professional civil engineering and construction inspection services.				
		Term of Contract:	04/04/2022 - 02/28/2026	Contract # 25616		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	NEVADA DEPARTMENT OF AGRICULTURE	GENERAL 25% FEDERAL 75%	\$80,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide veterinary services including diagnostic testing, laboratory space, incineration, and other laboratory services.				
		Term of Contract:	03/22/2022 - 01/31/2026	Contract # 25441		
67.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	WASHINGTON ANIMAL DISEASE DIAGNOSTIC LAB	FEDERAL	\$10,800	
	Contract Description:	This is the first amendment to the original contract which provides ongoing testing services for pathogens, wildlife diseases, and other wildlife health factors from samples collected from wildlife. This amendment increases the maximum amount from \$350,000 to \$360,800 due to revising the scope of work to include fish disease testing.				
		Term of Contract:	02/01/2019 - 01/31/2024	Contract # 21340		
68.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO	FEE: HABITAT CONSERVATION	\$30,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide research and insight into the ecological impacts of regularly conducted spring restoration activities.				
		Term of Contract:	04/04/2022 - 06/30/2024	Contract # 25570		
69.	702	DEPARTMENT OF WILDLIFE - HABITAT	WASHOE STOREY CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION	\$50,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat improvement projects on private and public lands.				
		Term of Contract:	03/22/2022 - 10/31/2025	Contract # 25078		
70.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	5 STAR GRAND CANYON HELICOPTER TOURS, LLC	OTHER: REVENUE	\$95,000	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies and group events at authorized landing sites at Valley of Fire State Park.				
		Term of Contract:	06/16/2022 - 06/15/2024	Contract # 25940		
71.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CACTUS AND LACE WEDDINGS	OTHER: REVENUE	\$35,000	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies at Valley of Fire State Park.				
		Term of Contract:	04/15/2022 - 04/30/2024	Contract # 25943		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
72.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	DULLES TECHNOLOGY PARTNERS, INC.	FEDERAL	\$13,750	
	Contract Description:	This is the first amendment to the original contract which provides the implementation of the WebGrants software. This amendment extends the termination date from June 30, 2022 to June 30, 2024 and increases the maximum amount from \$30,350 to \$44,100 due to the continued need for these services.				
	Term of Contract:	10/27/2020 - 06/30/2024	Contract # 23598			
73.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	MAVERICK ACTIVITIES	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide fishing charters at Lake Tahoe Nevada State Parks - Cave Rock.				
	Term of Contract:	04/01/2022 - 04/30/2023	Contract # 25854			
74.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	PAPILLON AIRWAYS, INC.	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies and group events at authorized landing sites at Valley of Fire State Park.				
	Term of Contract:	04/15/2022 - 04/30/2024	Contract # 25936			
75.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE TONY, LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide kayak tours at Cave Rock, Spooner Lake and Sand Harbor State Parks.				
	Term of Contract:	04/15/2022 - 05/31/2023	Contract # 25899			
76.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	AMBIENT EDGE	OTHER: UTILITY SURCHARGE	\$48,864	
	Contract Description:	This is a new contract to provide on call-service for maintenance and repair of the heating, ventilation and air conditioning system at Valley of Fire State Park.				
	Term of Contract:	03/25/2022 - 04/01/2026	Contract # 25734			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
77.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS - NON-EXEC	SUMMIT PLUMBING COMPANY, LLC DBA SUMMIT SEPTIC SEWER/DRAIN SERVICE	OTHER: UTILITIES SURCHARGE	\$63,700	
	Contract Description:	This is a new contract to provide ongoing on-call plumbing, pumping and portable toilet rentals for Lake Tahoe Nevada State Parks.				
		Term of Contract:	04/26/2022 - 04/25/2025	Contract # 25810		
78.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	AM SMITH ELECTRIC, INC.	GENERAL	\$40,000	
	Contract Description:	This is a new contract to provide ongoing electrical repairs and services to building electrical systems.				
		Term of Contract:	06/01/2022 - 06/30/2026	Contract # 25982		
79.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	DON M. LAZORKO CONSTRUCTION, INC.	GENERAL	\$80,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for the facilities located in Minden, Carson City and Winnemucca.				
		Term of Contract:	06/01/2022 - 06/30/2026	Contract # 25938		
80.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	DOUGLAS COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$88,156	Exempt
	Contract Description:	This is the first amendment to the interlocal agreement which provides 50 percent funding for a Transition Coordinator position. This amendment extends the termination date from June 30, 2022 to June 30, 2024 and increases the maximum amount from \$87,017 to \$175,173 due to the continued need for these services.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22340		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
81.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: REVENUE	\$24,000	
	Contract Description:	This is the fourth amendment to the original revenue contract which provides data warehousing, processing and validation services to support performance reporting and analysis for the Workforce Innovation and Opportunity Act. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$60,000 to \$84,000 due to the continued need for these services.				
	Term of Contract:	12/17/2018 - 06/30/2022	Contract # 21208			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
82.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF WELFARE AND SUPPORTIVE SERVICES	FEE: CARRIER PREMIUM	\$15,388	Exempt
	Contract Description:	This is a new interlocal agreement to provide appeal hearings and expedited appeal hearings for health insurance consumers.				
	Term of Contract:	04/18/2022 - 06/30/2023	Contract # 25578			
83.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	JILL GREINER DBA LAW OFFICE OF JILL GREINER	FEE: LICENSURE	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide Hearing Officer services.				
	Term of Contract:	03/24/2022 - 12/31/2023	Contract # 25799			

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25989**

Agency Name: **GOVERNOR'S OFFICE**
Agency Code: **010**
Appropriation Unit: **3952-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **BRETT TRAMMELL**
Contractor Name: **BRETT TRAMMELL**
Address: **9350 S. CIMARRON RD
UNIT 4108**
City/State/Zip: **LAS VEGAS, NV 89178**
Contact/Phone: **Brett Trammell 315-373-3415**
Vendor No.: **T29038677**
NV Business ID: **NV20171051034**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**
Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175-\$200 per event and \$75-\$100 per weigh-in (based on event size) and \$75 per assigned USA Boxing gym inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff or the number of staff to cover these tasks.

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. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 held previous Inspector Services contracts with the Athletic Commission. Performance 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:

Alex Ybarra, Chief Assistant Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/05/2022 16:09:35 PM
Division Approval	jkidd	04/05/2022 18:32:00 PM
Department Approval	ssands	04/06/2022 07:38:35 AM
Contract Manager Approval	ssands	04/06/2022 07:44:11 AM
Budget Analyst Approval	pokeefe	04/07/2022 12:38:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25983**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: CHARLES DIMINO
Agency Code: 010	Contractor Name: CHARLES DIMINO
Appropriation Unit: 3952-04	Address: 6801 TALMEDGE CIRCLE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89436
If "No" please explain: Not Applicable	Contact/Phone: Charles Dimino 775-287-5201
	Vendor No.: T27021504
	NV Business ID: NV20121009952
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175-\$200 per event and \$75-\$100 per weigh-in (based on size of event) \$75.00 per assigned USA Boxing gym inspections; contract not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff and again or the number of staff to cover these tasks.

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 has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Multiple contracts with Athletic Commission (current contract is expiring), services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
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:

Alex Ybarra, Chief Assistant Ph: (702) 486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	04/05/2022 16:11:28 PM
Division Approval	jkidd	04/05/2022 18:44:12 PM
Department Approval	ssands	04/06/2022 07:40:15 AM
Contract Manager Approval	ssands	04/06/2022 07:46:18 AM
Budget Analyst Approval	pokeefe	04/07/2022 13:06:15 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: **25986**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: EDGAR BASILIO
Agency Code: 010	Contractor Name: EDGAR BASILIO
Appropriation Unit: 3952-04	Address: 8055 DOLCE VOLPE AVE.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89178
If "No" please explain: Not Applicable	Contact/Phone: Edgar Basilio 310-920-6796
	Vendor No.: T32004495
	NV Business ID: NV20171050146
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**
 Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175-\$200 per event and \$75-\$100 per weigh-in (based on event size) and \$75 per assigned USA Boxing gym inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff or the number of staff to cover these tasks.

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 has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 completed previous contracts for Inspector Services with the Athletic Commission. Performance 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:

Alex Ybarra, Chief Assistant Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/05/2022 16:10:02 PM
Division Approval	jkidd	04/05/2022 18:34:31 PM
Department Approval	ssands	04/06/2022 07:38:57 AM
Contract Manager Approval	ssands	04/06/2022 07:44:45 AM
Budget Analyst Approval	pokeefe	04/07/2022 12:41:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25985**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: FRANK M. DEMARTINO
Agency Code: 010	Contractor Name: FRANK M. DEMARTINO
Appropriation Unit: 3952-04	Address: 4317 SWIFT ST.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89135
If "No" please explain: Not Applicable	Contact/Phone: Frankie DeMartino 702-338-3165
	Vendor No.: T32006477
	NV Business ID: NV20191218519
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**
 Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175-\$200 per event and \$75-\$100 per weigh-in (based on event size) and \$75 per assigned USA Boxing gym inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff or the number of staff to cover these tasks.

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 has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 completed previous contract for Inspector Services with the Athletic Commission. Performance is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Alex Ybarra, Chief Assistant Ph: (702) 486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	04/05/2022 16:10:22 PM
Division Approval	jkidd	04/05/2022 18:36:09 PM
Department Approval	ssands	04/06/2022 07:37:21 AM
Contract Manager Approval	ssands	04/06/2022 07:41:58 AM
Budget Analyst Approval	pokeefe	04/07/2022 12:46:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25984**

Agency Name: GOVERNOR'S OFFICE Agency Code: 010 Appropriation Unit: 3952-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JOE OJEDA Contractor Name: JOE OJEDA Address: 10275 W. TROPICAL PARKWAY City/State/Zip: LAS VEGAS, NV 89149 Contact/Phone: Joe Ojeda 702-812-0033 Vendor No.: T29045235 NV Business ID: NV20222402508
To what State Fiscal Year(s) will the contract be charged? 2022-2026	

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**
 Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**
 Contract term: **4 years and 55 days**

4. Type of contract: **Contract**
 Contract description: **Specialty Services**

5. Purpose of contract:
This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**
 Other basis for payment: \$175-\$200 per event and \$75 - \$100 per weigh-in (based on event size); \$75 per assigned USA Boxing gym inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff and again or the number of staff to cover these tasks.

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 has knowledge of the rules and regulations of unarmed combat and has passed an Inspector Trainee program. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Alex Ybarra, Chief Assistant Ph: (702) 486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/05/2022 16:10:41 PM
Division Approval	jkidd	04/05/2022 18:40:50 PM
Department Approval	ssands	04/06/2022 07:39:33 AM
Contract Manager Approval	ssands	04/06/2022 07:48:48 AM
Budget Analyst Approval	pokeefe	04/07/2022 13:03:21 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: **25990**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: TARO DOMINIC TAKAGI
Agency Code: 010	Contractor Name: TARO DOMINIC TAKAGI
Appropriation Unit: 3952-04	Address: 4710 W. DEWEY DRIVE
Is budget authority available?: Yes	SUITE 106
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89118
	Contact/Phone: Taro Takagi 702-885-2444
	Vendor No.:
	NV Business ID: NV20222415258
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to 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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175-\$200 per event and \$75-\$100 per weigh-in (based on event size) and \$75 per assigned USA Boxing gym inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff or the number of staff to cover these tasks.

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 has knowledge of the rules and regulations of unarmed combat and has passed an Inspector Trainee program. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Alex Ybarra, Chief Assistant Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	javictor	04/05/2022 16:09:01 PM
Division Approval	jkidd	04/05/2022 18:31:10 PM
Department Approval	ssands	04/06/2022 07:34:41 AM
Contract Manager Approval	ssands	04/06/2022 07:43:14 AM
Budget Analyst Approval	pokeefe	04/07/2022 12:30:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25594**

Agency Name: OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	Legal Entity Name: CJ Speaks
Agency Code: 014	Contractor Name: CJ Speaks
Appropriation Unit: 1003-25	Address: 1453 5th Street
Is budget authority available?: Yes	City/State/Zip: Oakland, CA 94607
If "No" please explain: Not Applicable	Contact/Phone: Craig Settles 510/387-4176
	Vendor No.: T32012223
	NV Business ID: NV20222393184

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **94 days**

4. Type of contract: **Contract**

Contract description: **Consulting Services**

5. Purpose of contract:

This is a new contract to provide consulting services as a Digital Equity Program Director.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,315.10**

Payment for services will be made at the rate of \$55.78 per hour

Other basis for payment: Computer equipment and office supplies not to exceed \$2,599.74 / Travel not to exceed \$5,000

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada's goal of universal access to broadband cannot be achieved without a commitment and plan for digital equity. Nevada received funding for broadband infrastructure and any plans for construction and deployment of infrastructure must include a digital equity component. This position will work with the OSIT infrastructure team to ensure that the digital equity support systems are in place so that all Nevadans have the opportunity to utilize broadband for education, work, or health monitoring.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack the expertise required for this work. Further, OSIT is a small agency and its employees are unable to dedicate the time required to administer this new federal program and complete its statutory obligations.

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):

Craig Settles
Janine Woods
Ashley Belzer
Steven Henry

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Based on Craig Settles resume, this vendor was in the best interest of the State.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	jpierro1	02/24/2022 13:17:33 PM
Division Approval	tmilazz1	03/03/2022 14:51:49 PM
Department Approval	ssands	03/22/2022 13:25:50 PM
Contract Manager Approval	kterr1	03/24/2022 09:47:08 AM
Budget Analyst Approval	mranki1	03/28/2022 08:39:06 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: **25595**

Agency Name: OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	Legal Entity Name: Kucinski, Lukas DBA Kucinski GIS
Agency Code: 014	Contractor Name: Kucinski, Lukas DBA Kucinski GIS
Appropriation Unit: 1003-25	Address: 1551 Minor Avenue Apt. 603
Is budget authority available?: Yes	City/State/Zip: Seattle, WA 89101
If "No" please explain: Not Applicable	Contact/Phone: Lukas Kucinski 773/793-0471
	Vendor No.: T32012110
	NV Business ID: NV20222365832

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **100 days**

4. Type of contract: **Contract**

Contract description: **Consulting Services**

5. Purpose of contract:

This is a new contract to provide consulting services as a GIS/Data Visualization Analyst

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,590.36**

Payment for services will be made at the rate of \$55.78 per hour

Other basis for payment: Travel: Not to exceed \$3,600.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada will receive at minimum \$235 million in federal funding for broadband infrastructure development. Part of that federal funding may be used for administration of the infrastructure programs. OSIT requires additional expertise in the field of GIS and data visualization in order to map broadband infrastructure paid for by State grant funds, interpret GIS and mapping data, assist in the creation and operationalization of broadband funding strategies through the analysis of existing infrastructure and an analysis of needed infrastructure, analyze mapping information provided by grant applicants, ensure compliance with federal funding rules, and other tasks.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack the expertise required for this work. Further, OSIT is a small agency and its employees are unable to dedicate the time required to administer this new federal program and complete its statutory obligations.

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):

Stephen Shepard
Reddy Asi
Angela McMurtry
Ryan Bayer

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Based on Lukas Kucinski's resume, this vendor was in the best interest of the State.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	jpierro1	02/23/2022 09:13:45 AM
Division Approval	tmilazz1	03/16/2022 09:17:32 AM
Department Approval	ssands	03/16/2022 11:08:43 AM
Contract Manager Approval	kterr1	03/16/2022 11:11:19 AM
Budget Analyst Approval	mranki1	03/22/2022 11:21:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25980**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Little Mendelson, P.C.
Agency Code: 030	Contractor Name: Little Mendelson, P.C.
Appropriation Unit: 1030-04	Address: 3960 Howard Hughes Pkwy
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89169
If "No" please explain: Not Applicable	Contact/Phone: 702-862-8800
	Vendor No.: T27043630
	NV Business ID: NV20031371619
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.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **Yes**

If "Yes", please explain

The Office of Attorney General requests retroactive approval to January 1, 2022 due to additional amount needed to complete litigation matter beyond the original maximum contract amount.

3. Termination Date: **04/30/2022**

Contract term: **118 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide outside counsel services to represent the state in a labor matter before the Nevada Government Employee-Management Relations Board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,365.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the services of outside counsel.

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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Leslie Nino Piro, General Counsel Ph: 702-486-3077

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	04/04/2022 13:42:06 PM
Division Approval	jhoba2	04/04/2022 16:50:01 PM
Department Approval	jhoba2	04/04/2022 16:50:05 PM
Contract Manager Approval	Iramire7	04/05/2022 07:45:16 AM
Budget Analyst Approval	jcoope8	04/13/2022 15:10:00 PM

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: April 4, 2022

To: Jennifer Cooper, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract # 25980 for Littler Mendelson

The Office of Attorney General requests retroactive approval to January 1, 2022 due to additional amount needed to complete litigation matter beyond the original maximum contract amount.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25682**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: CAESARS ENTERTAINMENT CORP
Agency Code: 030	Contractor Name: CAESARS ENTERTAINMENT CORP
Appropriation Unit: 1041-10	Address: 1 CAESARS PALACE DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89109-8969
If "No" please explain: Not Applicable	Contact/Phone: 702-676-5200
	Vendor No.: T81039265
	NV Business ID: NV19961200973
To what State Fiscal Year(s) will the contract be charged? 2022-2023	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
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 **03/23/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **283 days**

4. Type of contract: **Contract**

Contract description: **Prosecutor Conferenc**

5. Purpose of contract:

This is a new contract to provide conference room rentals for the Nevada Prosecutors Conference.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,611.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide conference room, rentals and equipment usage for the annual statewide Prosecutors Conference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State facilities are not available for a group this large.

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):

Harvey's
Caesars
Edgewood

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The services for this location was reasonably priced compared to the others.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Jessica Adair, Chief of Staff Ph: 702-486-3306

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	02/28/2022 10:32:34 AM
Division Approval	cdavis	02/28/2022 10:32:40 AM
Department Approval	jhoba2	02/28/2022 10:37:15 AM
Contract Manager Approval	Iramire7	02/28/2022 12:07:35 PM
Budget Analyst Approval	jcoope8	03/23/2022 11:54:31 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: 24694	Amendment Number: 1
Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Steve Yun, M.D.
Agency Code: 030	Contractor Name: Steve Yun, M.D.
Appropriation Unit: 1348-15	Address: P.O. Box 2132
Is budget authority available?: Yes	City/State/Zip: Orange, CA 92859
If "No" please explain: Not Applicable	Contact/Phone: 714-904-2658
	Vendor No.: T27044410
	NV Business ID: NV20212147031

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tort Claim Fund

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/21/2021**

Anticipated BOE meeting date: **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2022**

Contract term: **1 year and 132 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:
This is the first amendment to the original contract which provides expert witness services for case number 3:21-cv-00176-RFB-CLB, Floyd, Zane M. This amendment is to increase the maximum amount from \$20,000 to \$30,500 due to an increased need for 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):	\$10,500.00	\$10,500.00	\$30,500.00	Yes - Info
3. New maximum contract amount:	\$30,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Dr. Yun will perform consulting services, document review, clinical and forensic studies and medical research assist with case meetings, court documents, hearings, depositions and trial testimony pertaining to this matter.

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 type of 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. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	cdavis	03/25/2022 10:02:49 AM
Division Approval	jhoba2	03/25/2022 10:05:45 AM
Department Approval	jhoba2	03/25/2022 10:05:52 AM
Contract Manager Approval	Iramire7	03/25/2022 10:50:25 AM
Budget Analyst Approval	jcoope8	04/11/2022 13:38:37 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: **25619**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: GARTNER, INC
Agency Code: 040	Contractor Name: GARTNER, INC
Appropriation Unit: 1050-23	Address: 980 9TH STREET, SUITE 2150
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95814
If "No" please explain: Not Applicable	Contact/Phone: Yvette Toledo 619-819-0365
	Vendor No.: PUR0005339
	NV Business ID: NV19941112701
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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **94 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **CX Management Asmt**

5. Purpose of contract:

This is a new service agreement under master service agreement 99SWC-NV21-9032 which provides rapid customer experience management maturity assessment services. This service agreement provides for a gap analysis of the Secretary of State customer support experience verses industry best practices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,250.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Direct feedback from business owners to the Secretary, Chief Deputy, Deputy of Commercial Recordings, and Portal administrator indicates that improvement is necessary in the customer support aspect of the total customer experience. Gartner expertise in this area is essential to targeting preferred behavior. Their expertise in the ITIL framework for service delivery will play a big part in the gap analysis, and thus in designing a roadmap for the Secretary of State office to improve processes/tools which will then improve the overall customer experience. We expect that the improved customer experience will position the State of Nevada to get more "conversion filings" which will also generate more revenue for the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack the time, knowledge, and expertise to conduct this analysis. An outside group of experts like Gartner is the only way to make this initiative successful.

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?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	shudder	02/16/2022 08:19:33 AM
Division Approval	shudder	02/16/2022 08:19:37 AM
Department Approval	shudder	02/16/2022 08:19:43 AM
Contract Manager Approval	adale	02/16/2022 09:29:39 AM
Budget Analyst Approval	jcoope8	03/28/2022 08:24:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 25813	Amendment Number: 1
Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: Lamar Airport Advertising
Agency Code: 040	Contractor Name: Lamar Airport Advertising
Appropriation Unit: 1050-23	Address: ADVERTISING OF LAUGHL/BULLHEAD PO BOX 1094
Is budget authority available?: Yes	City/State/Zip: BULLHEAD CITY, AZ 86430-1094
If "No" please explain: Not Applicable	Contact/Phone: Sandy Clark 928/754-1601
	Vendor No.: T29023386C
	NV Business ID: NV19881014067

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2022**
Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **2 years and 106 days**

4. Type of contract: **Contract**

Contract description: **Airport Advertising**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing digital advertising services on electronic monitors at the Reno-Tahoe International Airport. This amendment extends the termination date from June 30, 2022 to June 30, 2024 and increases the maximum amount from \$6,761.44 to \$58,696.44 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:	\$6,761.44	\$6,761.44	\$6,761.44	No
2. Amount of current amendment (#1):	\$51,935.00	\$58,696.44	\$58,696.44	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$58,696.44 06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Reno-Tahoe International Airport has entered into a contract with Lamar Airport Advertising to be the sole provider of their advertising. There are no other advertising vendors who are authorized to advertise at the Reno-Tahoe International Airport.

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 nor the contractual ability to adventure through channels at the Reno-Tahoe International Airport.

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 #: 220404

Approval Date: 04/05/2022

c. Why was this contractor chosen in preference to other?

Approved Solicitation Waiver - Lamar Airport Advertising is the sole provider of advertising at the Reno-Tahoe International Airport.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	svaldez	04/07/2022 11:37:48 AM
Division Approval	svaldez	04/07/2022 11:37:54 AM
Department Approval	svaldez	04/07/2022 11:38:04 AM
Contract Manager Approval	adale	04/07/2022 11:43:14 AM
Budget Analyst Approval	hfield	04/18/2022 16:01:46 PM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	220404

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<u>ENTER STATE AGENCY NAME HERE:</u>	Secretary of State	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Ashley Griffiths</i>	<i>775-684-5738</i>	<i>agriffitts@sos.nv.gov</i>

1b	Vendor Information:	
	Vendor Name:	<i>Lamar Airport Advertising</i>
	Contact Name:	<i>Sandy Clark</i>
	<u>Complete Address:</u> City, State, and Zip Code	<i>5321 Corporate Blvd. Baton Rouge, LA 70808</i>
	Telephone Number:	<i>775-232-0910</i>
	Email Address:	<i>skclark@lamar.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	No:	<input checked="" type="checkbox"/>
	<u>If 'No' Enter Amendment Number:</u>	<i>#1</i>		
	<u>Enter CETS Number:</u>	<i>#25813</i>		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	No:	<input checked="" type="checkbox"/>
	Contract:	Start Date:	End Date:	<i>07/01/22</i> <i>01/31/27</i> <i>X Fda</i>

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$126,940.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This contract will provide ongoing digital advertising services on electronic monitors at the Reno-Tahoe International Airport.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Reno-Tahoe International Airport has entered into a contract with Lamar Airport Advertising to be the sole provider of advertising within the airport. There are no other advertising vendors who are authorized to advertise at the Reno-Tahoe International Airport.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Reno-Tahoe International Airport has entered into a contract with Lamar Airport Advertising to be the sole provider of advertising within the airport. There are no other advertising vendors who are authorized to advertise at the Reno-Tahoe International Airport.</i>

	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
5	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		X
	b. <u>If not</u> , why were alternatives not evaluated?		
	<i>Pursuant to a letter dated 2/28/22 received from the Reno-Tahoe International Airport, Lamar is the Reno-Tahoe Airport Authority's (RTAA) authorized advertising agency with a contract term of 2/1/22-1/31/27. There are no alternatives. The RTAA contract with the previous vendor, Clear Channel was terminated as of 1/31/22, therefore terminating the contract between Clear Channel and the SOS.</i>		

Purchasing Use Only:	
Approval #:	

6	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>			X		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, the following information must be provided:</i>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>	
	<i>Start Date</i>	<i>End Date</i>				
		03/17/22	06/30/22	\$6,761.44	Airport Advertising	Vend: Lamar CETS# 25813
	07/01/21	06/30/22	\$24,203.28	Airport Advertising	Vend: Clear Channel CETS# 22211 (Contract terminated 1/31/22)	
	07/01/20	06/30/21	\$23,869.19	Airport Advertising	Vend: Clear Channel CETS# 22211	
	07/08/19	06/30/20	\$22,980.10	Airport Advertising	Vend: Clear Channel CETS# 22211	

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 PSA will not be able to run at the Reno-Tahoe International Airport, and thus will not reach the traveling public regarding starting a business in Nevada.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The agency reached out to the Reno-Tahoe International Airport to understand options for advertising. A formal letter from Reno-Tahoe International Airport is attached.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<i><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i>	X	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		
<i>Lamar is the sole advertising entity contracted with the Reno-Tahoe International Airport through 1/31/2027. If Reno-Tahoe International Airport extends their contract with Lamar, we will request an extension to this waiver.</i>			

Purchasing Use Only:

Approval #:

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.



Signature of Agency Representative Initiating Request

Ashley Griffitts

03/29/2022

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Debbie Bowman

3/29/2022

Print Name of Agency Head Authorizing Request

Date

FOR PURCHASING USE ONLY – 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

4/5/22

Date



February 28, 2022

VIA EMAIL

Office of Secretary of State Barbara K. Cegavske
101 North Carson Street, Suite 3
Carson City, Nevada 89701

RE: Advertising Agency for RTAA – Lamar

This letter shall serve as written notice that Lamar Airport Advertising (Lamar) is the Reno-Tahoe Airport Authority's (RTAA) authorized advertising agency. The Nonexclusive Advertising Program Concession License between the RTAA and Lamar commenced February 1, 2022. Lamar is currently contracted through January 31, 2027. All advertising inquires must go through Lamar for the duration of their contract with the RTAA.

Should you have any questions or need additional information, please feel free to contact me at scarpenter@renoairport.com or 775-328-6483.

Respectfully,

A handwritten signature in blue ink that reads "S. Carpenter".

Shawna Carpenter
Concessions Manager

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21793** Amendment Number: **1**

Agency Name: **ADMIN - MAIL SERVICE DIVISION** Legal Entity Name: **B2B DELIVERY, LLC**

Agency Code: **079** Contractor Name: **B2B DELIVERY, LLC**

Appropriation Unit: **1346-10** Address: **2125 EAST FIFTH STREET SUITE 105**

Is budget authority available?: **Yes** City/State/Zip: **TEMPE, AZ 85281**

If "No" please explain: Not Applicable Contact/Phone: 702-541-6260

Vendor No.: T32004368

NV Business ID: NV20111451161

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 %	X	Fees	100.00 % Mail
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 08DOA-S546

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2019**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **4 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Overnight mail delv**

5. Purpose of contract:

This is the first amendment to the original contract which provides overnight mail service between Carson City and Las Vegas. This amendment increases the maximum amount from \$587,000.00 to \$600,212.20 due to increased fuel and freight costs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$587,000.00	\$587,000.00	\$587,000.00	Yes - Action
2. Amount of current amendment (#1):	\$13,212.20	\$13,212.20	\$13,212.20	Yes - Info
3. New maximum contract amount:	\$600,212.20			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State requires a daily overnight mail service between Carson City and Las Vegas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 08DOA-S546, 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: 03/04/2019 Anticipated re-bid date: 03/01/2023

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

February 2017 and performance is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmcDani	03/29/2022 15:11:35 PM
Division Approval	tmilazz1	03/29/2022 16:21:02 PM
Department Approval	ssands	04/05/2022 09:16:00 AM
Contract Manager Approval	ssands	04/05/2022 09:16:17 AM
Budget Analyst Approval	jcoope8	04/12/2022 15:30:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25617**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ACCO ENGINEERED SYSTEMS INC
Agency Code: 082	Contractor Name: ACCO ENGINEERED SYSTEMS INC
Appropriation Unit: 1349-12	Address: 888 E WALNUT
Is budget authority available?: Yes	City/State/Zip: PASADENA, CA 91101-1895
If "No" please explain: Not Applicable	Contact/Phone: Mike Nilson 702-405-1811
	Vendor No.: T27042871
	NV Business ID: NV19551000749

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/15/2026**

Contract term: **3 years and 331 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Sahara DMV.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,884.00**

Payment for services will be made at the rate of \$2,971.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to the chillers extends the life of the equipment, the operational efficiency and reduces equipment failures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Johnson Controls
Emcor Services
Acco Engineered Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:
Noel Lopez, Program Officer 1 Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/16/2022 09:44:09 AM
Division Approval	ssands	02/23/2022 16:03:26 PM
Department Approval	ssands	03/10/2022 10:18:11 AM
Contract Manager Approval	aalvare1	03/10/2022 13:24:30 PM
Budget Analyst Approval	nkephart	03/22/2022 13:27:08 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: **25634**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Accurate Mobile Locksmith Inc
Agency Code: 082	Contractor Name: Accurate Mobile Locksmith Inc
Appropriation Unit: 1349-12	Address: PO BOX 840
Is budget authority available?: Yes	City/State/Zip: Minden , NV 89423
If "No" please explain: Not Applicable	Contact/Phone: Aaron Litz 775-883-8444
	Vendor No.: T27044676
	NV Business ID: NV19991467087

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/17/2026**

Contract term: **3 years and 333 days**

4. Type of contract: **Contract**

Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new ongoing contract to provide locksmith services for state-owned buildings throughout northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,594.30**

Other basis for payment: \$3.00 duplicate keys; \$12.00 small format keys; \$130.00 per hour removal of lock billed at time and labor; \$25.00 Schlage or Kwikset; \$120.00 trip charge (Carson Valley/Eagle Valley); \$35.00 on-site travel; \$180.00 trip charge (Reno, Sparks, Tahoe); \$30.00 panic bar rekey additional labor

II. JUSTIFICATION

7. What conditions require that this work be done?

Its essential to maintain safe and secure access to State buildings

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise and 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):

Locksmith 775
Alpine Lock
AllSafe Lock and Key

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of many locksmiths and per SAM 0338.0 each vendor will be contacted to submit bids on upcoming projects.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Noel Lopez, Program Officer 1 Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/18/2022 13:51:04 PM
Division Approval	ssands	02/23/2022 16:03:55 PM
Department Approval	ssands	03/02/2022 07:46:37 AM
Contract Manager Approval	aalvare1	03/11/2022 09:08:09 AM
Budget Analyst Approval	nkephart	03/22/2022 13:16:42 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: **25558**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DEL SOL LANDSCAPE CONSTRUCTION INC
Agency Code: 082	Contractor Name: DEL SOL LANDSCAPE CONSTRUCTION INC
Appropriation Unit: 1349-12	Address: 2509 E RENO AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89120-1015
If "No" please explain: Not Applicable	Contact/Phone: 702-604-0928
	Vendor No.: T32004270
	NV Business ID: NV20051136561

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/18/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/03/2026**

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Landscaping**

5. Purpose of contract:

This is a new contract that continues ongoing landscaping services for the Bradley Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,424.00**

Payment for services will be made at the rate of \$988.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

State property landscaping needs to be maintained and serviced on a regular basis for the safety of the employees and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Universal Landscaping
Del Sol Landscape
A to Z Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:
Noel Lopez, Program Officer 1 Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/07/2022 09:29:07 AM
Division Approval	jkidd	04/12/2022 09:43:52 AM
Department Approval	ssands	04/12/2022 13:33:11 PM
Contract Manager Approval	ssands	04/12/2022 13:33:14 PM
Budget Analyst Approval	nkephart	04/18/2022 12:03:18 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25681**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DELFINO LAWN MAINTENANCE
Agency Code: 082	Contractor Name: DELFINO LAWN MAINTENANCE
Appropriation Unit: 1349-12	Address: 1708 LUDWIG DRIVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: DELFINO SAMPEDRO 725-251-7671
	Vendor No.: T32012152
	NV Business ID: NV20101797915

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/25/2026**

Contract term: **3 years and 332 days**

4. Type of contract: **Contract**

Contract description: **Landscape Services**

5. Purpose of contract:

This is a new contract to provide ongoing landscape services located at the Campos Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$1,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

State property landscaping needs to be maintained and services on a regular basis for the safety of the employees and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of man power.

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):

MV Landscapes
A to Z Landscaping
Del Sol Landscape
Universal Landscaping
Delfino Maintenance and Landscape

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: _____ Anticipated re-bid date: _____

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is 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:

Noel Lopez, Program Office 1 Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/28/2022 08:55:51 AM
Division Approval	tmilazz1	03/03/2022 11:14:50 AM
Department Approval	ssands	03/22/2022 12:01:59 PM
Contract Manager Approval	kterr1	03/23/2022 09:46:04 AM
Budget Analyst Approval	nkephart	03/31/2022 10:07:03 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: **25683**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1349-12 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: DELFINO LAWN MAINTENANCE Contractor Name: DELFINO LAWN MAINTENANCE Address: 1708 LUDWIG DRIVE City/State/Zip: LAS VEGAS, NV 89106 Contact/Phone: DELFINO SAMPEDRO 725-251-7671 Vendor No.: T32012152 NV Business ID: NV20101797915
--	--

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/25/2026**

Contract term: **3 years and 332 days**

4. Type of contract: **Contract**

Contract description: **Landscape Services**

5. Purpose of contract:

This is a new ongoing contract to provide landscape services to the Department of Motor Vehicles - Donovan Way.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,600.00**

Payment for services will be made at the rate of \$950.00 per monthly

II. JUSTIFICATION

7. What conditions require that this work be done?

State property landscaping needs to be maintained and services on a regular basis for the safety of the employees and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of man power.

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):

MV Landscapes
A to Z Landscaping
Del Sol Landscape
Universal Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Noel Lopez, Program Officer 1 Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/25/2022 14:18:00 PM
Division Approval	tmilazz1	03/03/2022 11:15:10 AM
Department Approval	ssands	03/22/2022 12:02:38 PM
Contract Manager Approval	kterr1	03/24/2022 08:34:37 AM
Budget Analyst Approval	nkephart	03/31/2022 08:56:20 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25626**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1349-12 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JOHNSON CONTROLS INC Contractor Name: JOHNSON CONTROLS INC Address: 1545 Pama Lane City/State/Zip: Las Vegas, NV 89119 Contact/Phone: Marques Thompson 702-334-4751 Vendor No.: T10346500A NV Business ID: NV19571000769
--	--

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/16/2026**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Department of Motor Vehicles - Decatur.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,132.14**

Other basis for payment: \$2,440.00 for the first year, \$2,501.00 for the second year, \$2,563.53 for the third year, \$2,627.61 for the fourth year

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance of the chillers extends the life of the equipment, the operational efficiency and reduces equipment failures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Emcor Services
Johnson Controls
Acco Engineered Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Noel Lopez, Program Officer 1 Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/22/2022 10:45:41 AM
Division Approval	ssands	02/23/2022 16:04:12 PM
Department Approval	ssands	03/22/2022 11:59:48 AM
Contract Manager Approval	kterr1	03/24/2022 08:15:19 AM
Budget Analyst Approval	nkephart	03/31/2022 10:35:49 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: **25627**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JOHNSON CONTROLS INC
Agency Code: 082	Contractor Name: JOHNSON CONTROLS INC
Appropriation Unit: 1349-12	Address: 1545 Pama Lane
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Marques Thompson 702-334-4751
	Vendor No.: T10346500A
	NV Business ID: NV19571000769

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/16/2026**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Campos building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,264.28**

Other basis for payment: \$4,880.00 for the first year, \$5,002.00 for the second year, \$5,127.05 for the third year, \$5,255.23 for the fourth year

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance of the chillers extends the life of the equipment, the operational efficiency and reduces equipment failures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Emcor Services
Johnson Controls
Acco Engineered Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Noel Lopez, Program Officer 1 Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/16/2022 14:55:32 PM
Division Approval	ssands	02/23/2022 16:02:52 PM
Department Approval	ssands	03/22/2022 11:51:05 AM
Contract Manager Approval	kterr1	03/22/2022 13:54:40 PM
Budget Analyst Approval	nkephart	03/31/2022 10:18:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25628**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	MESA ENERGY SYSTEMS INC DBA EMCOR SERVICES MESA ENERGY INC
Agency Code:	082	Contractor Name:	MESA ENERGY SYSTEMS INC DBA EMCOR SERVICES MESA ENERGY INC
Appropriation Unit:	1349-12	Address:	6295 S PEARL ST STE 1400
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89120-6280
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff Budzinski 702-597-0314
		Vendor No.:	T27027115A
		NV Business ID:	NV20071267110

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/16/2026**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation and air conditioning annual chiller preventative maintenance located at the Grant Sawyer Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,160.00**

Payment for services will be made at the rate of \$5,540.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to the chillers extends the life of the equipment, the operational efficiency and reduces equipment failures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Acco Engineered Systems
Emcor Services
Johnson Controls

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: _____ Anticipated re-bid date: _____

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Noel Lopez, Program Officer 1 Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/16/2022 14:54:53 PM
Division Approval	ssands	02/23/2022 16:03:39 PM
Department Approval	ssands	03/22/2022 11:52:25 AM
Contract Manager Approval	kterr1	03/22/2022 14:19:30 PM
Budget Analyst Approval	nkephart	03/31/2022 11:26:52 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: **25160** Amendment Number: **1**
 Legal Entity Name: **PGAL, LLC**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **PGAL, LLC**
 Agency Code: **082** Address: **7373 PEAK DR., STE. 170**
 Appropriation Unit: **1510-77** City/State/Zip: **LAS VEGAS, NV 89129**
 Is budget authority available?: **Yes** Contact/Phone: **702-730-4911**
 If "No" please explain: **Not Applicable** Vendor No.: **T29003284**
 NV Business ID: **NV20021118384**
 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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Agency Funds

Agency Reference #: 114501

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**
 Anticipated BOE meeting date **05/2022**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**
 Contract term: **3 years and 198 days**

4. Type of contract: **Contract**
 Contract description: **Arch/Eng**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering construction administration services for the University of Nevada, Las Vegas Engineering Academic and Research Building CIP project: CIP Project No. 21-C05; SPWD Contract No. 114501. This amendment increases the maximum amount from \$760,789 to \$782,789 due to additional civil engineering and fire/ADA services added to scope.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$760,789.00	\$760,789.00	\$760,789.00	Yes - Action
2. Amount of current amendment (#1):	\$22,000.00	\$22,000.00	\$22,000.00	Yes - Info
3. New maximum contract amount:	\$782,789.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/29/2022 11:49:29 AM
Division Approval	nmann	03/29/2022 11:49:35 AM
Department Approval	nmann	03/29/2022 11:49:43 AM
Contract Manager Approval	lwildes	03/29/2022 11:52:12 AM
Budget Analyst Approval	nkephart	04/14/2022 14:02:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25047** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **IMEG CORP.**

Agency Code: **082** Contractor Name: **IMEG CORP.**

Appropriation Unit: **1535-53** Address: **4599 LONGLEY LANE**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **775-828-4889**

Vendor No.: **T29044530A**

NV Business ID: **20171192966**

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114498

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Buildings 1, 2, & 5 Boiler Plant Renovations CIP project: CIP Project No. 21-M02-19; SPWD Contract No. 114498. This amendment increases the maximum amount from \$112,300 to \$123,100 due to additional engineering services needed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$112,300.00	\$112,300.00	\$112,300.00	Yes - Action
2. Amount of current amendment (#1):	\$10,800.00	\$10,800.00	\$10,800.00	Yes - Info
3. New maximum contract amount:	\$123,100.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	nmann	04/07/2022 11:32:29 AM
Division Approval	nmann	04/07/2022 11:32:36 AM
Department Approval	nmann	04/07/2022 11:32:46 AM
Contract Manager Approval	lwildes	04/07/2022 11:48:34 AM
Budget Analyst Approval	nkephart	04/14/2022 14:14:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 25192	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VAN WOERT BIGOTTI ARCHITECTS
Agency Code: 082	Contractor Name: VAN WOERT BIGOTTI ARCHITECTS
Appropriation Unit: 1558-13	Address: 1400 S VIRGINIA ST. STE., C
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2836
If "No" please explain: Not Applicable	Contact/Phone: 775-328-1010
	Vendor No.: T60080600
	NV Business ID: 19781005709

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	67.00 %
X Highway Funds	33.00 %	Other funding	0.00 %

Agency Reference #: 114536

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**
Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 198 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Department of Public Safety Headquarters Building Advance Planning CIP Project: CIP Project No. 21-P04; SPWD Contract No. 114536. This amendment increases the maximum amount from \$456,600 to \$507,600 due to adding Net Zero Energy programming.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$456,600.00	\$456,600.00	\$456,600.00	Yes - Action
2. Amount of current amendment (#1):	\$51,000.00	\$51,000.00	\$51,000.00	Yes - Info
3. New maximum contract amount:	\$507,600.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/07/2022 14:09:04 PM
Division Approval	nmann	03/07/2022 14:14:52 PM
Department Approval	nmann	03/07/2022 14:15:08 PM
Contract Manager Approval	lwildes	03/07/2022 14:19:11 PM
Budget Analyst Approval	nkephart	03/22/2022 11:23:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25974**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CURTAINWALL DESIGN & CONSULTING INC
Agency Code: 082	Contractor Name: CURTAINWALL DESIGN & CONSULTING INC
Appropriation Unit: 1585-65	Address: 2400 S. CIMARRON RD. STE. 125
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117-7936
If "No" please explain: Not Applicable	Contact/Phone: 702-222-9349
	Vendor No.: T29032419
	NV Business ID: NV20051436120

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114728

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **3 years and 78 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 Statewide Roofing Program - Spring Mountain Ranch Park Roofing Replacement CIP project, to include construction documents, bidding, and pre-installation services, and construction administration for the roof replacement: CIP Project No. 21-S01-6; SPWD Contract No. 114728.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architecture/Engineering 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. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/07/2022 11:53:20 AM
Division Approval	nmann	04/07/2022 11:53:24 AM
Department Approval	nmann	04/07/2022 11:53:29 AM
Contract Manager Approval	lwildes	04/07/2022 11:55:59 AM
Budget Analyst Approval	nkephart	04/14/2022 14:59:03 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: 24913	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DINTER ENGINEERING COMPANY
Agency Code: 082	Contractor Name: DINTER ENGINEERING COMPANY
Appropriation Unit: 1585-72	Address: 385 GENTRY WAY
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-4608
If "No" please explain: Not Applicable	Contact/Phone: 775-826-4044
	Vendor No.: T41734800
	NV Business ID: NV19861016365

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114320

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2021**
 Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 262 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Nevada Youth Training Center Access Control Systems and Interior Lighting Replacement CIP project: CIP Project No. 21-M02-14 & 21-S08-6; SPWD Contract No. 114320. This amendment increases the maximum amount from \$211,585 to \$223,085 due to additional architectural, structural and electrical services for the inclusion of a new exterior egress door.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$211,585.00	\$211,585.00	\$211,585.00	Yes - Action
2. Amount of current amendment (#1):	\$11,500.00	\$11,500.00	\$11,500.00	Yes - Info
3. New maximum contract amount:	\$223,085.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/25/2022 15:56:36 PM
Division Approval	nmann	03/25/2022 15:56:44 PM
Department Approval	nmann	03/25/2022 15:56:54 PM
Contract Manager Approval	lwildes	03/28/2022 07:16:14 AM
Budget Analyst Approval	nkephart	03/28/2022 16:14:29 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: 19774	Amendment Number: 2
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PAUL CAVIN ARCHITECT, LLC
Agency Code: 082	Contractor Name: PAUL CAVIN ARCHITECT, LLC
Appropriation Unit: 1585-48	Address: 1575 DELUCCHI LN. STE. 120
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775-284-7083
	Vendor No.: T29033842
	NV Business ID: NV20131182382

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111868

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**
 Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **5 years and 82 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Warm Springs Correctional Center - Unit 1 and Unit 2 Americans with Disabilities Act (ADA) Upgrades CIP project; CIP Project No. 17-S02-4: SPWD Contract No. 111868. This amendment increases the maximum amount from 67,300 to \$74,200 due to the additional architectural, mechanical and electrical design services needed for the Warm Springs Correctional Center ADA upgrades. This amendment also requests to extend the original term date of the contract to June 30, 2023 from June 30, 2022.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$57,400.00	\$57,400.00	\$57,400.00	Yes - Action
a. Amendment 1:	\$9,900.00	\$9,900.00	\$9,900.00	No
2. Amount of current amendment (#2):	\$6,900.00	\$16,800.00	\$16,800.00	Yes - Info
3. New maximum contract amount:	\$74,200.00			
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?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	nmann	04/07/2022 13:28:30 PM
Division Approval	nmann	04/07/2022 13:28:40 PM
Department Approval	nmann	04/07/2022 13:29:11 PM
Contract Manager Approval	lwildes	04/07/2022 13:41:48 PM
Budget Analyst Approval	nkephart	04/14/2022 14:27:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 19772	Amendment Number: 2
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JENSEN ENGINEERING, INC.
Agency Code: 082	Contractor Name: JENSEN ENGINEERING, INC.
Appropriation Unit: 1590-77	Address: 9655 GATEWAY DR. SUITE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2968
If "No" please explain: Not Applicable	Contact/Phone: 775-852-2288
	Vendor No.: T27007578
	NV Business ID: 19921070456

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111812

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2018**
 Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **4 years and 117 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility Electrical Power Upgrade CIP project: CIP Project No. 17-M23: SPWD Contract No. 111812. This amendment decreases the maximum amount from \$60,000 to \$49,622 due to a reduction for the remaining NV Energy allowance and to provide additional engineering design services. This amendment also extends the term date from June 30, 2022 to June 30, 2023.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$29,500.00	\$29,500.00	\$29,500.00	Yes - Info
a. Amendment 1:	\$30,500.00	\$30,500.00	\$60,000.00	Yes - Action
2. Amount of current amendment (#2):	-\$10,378.00	-\$10,378.00	-\$10,378.00	Yes - Info
3. New maximum contract amount:	\$49,622.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/17/2022 15:44:52 PM
Division Approval	nmann	02/17/2022 15:45:11 PM
Department Approval	nmann	03/23/2022 15:11:53 PM
Contract Manager Approval	lwildes	03/29/2022 09:06:20 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25704**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SHAW ENGINEERING LTD
Agency Code: 082	Contractor Name: SHAW ENGINEERING LTD
Appropriation Unit: 1591-34	Address: 20 VINE ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-5520
If "No" please explain: Not Applicable	Contact/Phone: 775-329-5559
	Vendor No.: T29002238
	NV Business ID: NV19951060977

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114685

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 93 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 Department of Wildlife, Various Fish Hatchery Sites, HVAC Systems Renovation CIP project, to include preliminary and final investigations, drawings and specifications, construction administration services, and electrical, structural, and mechanical engineering design services related to the HVAC systems renovation: CIP Project No. 19-M39; SPWD Contact No. 114687.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,350.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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: Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/24/2022 12:01:54 PM
Division Approval	nmann	03/24/2022 12:01:59 PM
Department Approval	nmann	03/24/2022 12:02:06 PM
Contract Manager Approval	lwildes	03/24/2022 13:27:26 PM
Budget Analyst Approval	nkephart	03/29/2022 09:39:11 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: **25705**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SHAW ENGINEERING LTD
Agency Code: 082	Contractor Name: SHAW ENGINEERING LTD
Appropriation Unit: 1591-33	Address: 20 VINE ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-5520
If "No" please explain: Not Applicable	Contact/Phone: 775-329-5559
	Vendor No.: T29002238
	NV Business ID: NV19951060977

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	30.00 %
Highway Funds	0.00 %	X Other funding	70.00 % Agency funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 93 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 Department of Wildlife, Various Fish Hatchery Sites HVAC Systems Renovation CIP project, to include a preliminary and final investigation, drawings and specifications, construction administration, electrical, structural and mechanical engineering services, and final construction cost estimates related to the HVAC systems renovation: CIP Project No. 19-M38; SPWD Contact No. 114686

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,950.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/25/2022 15:22:33 PM
Division Approval	nmann	03/25/2022 15:22:39 PM
Department Approval	nmann	03/25/2022 15:22:43 PM
Contract Manager Approval	lwildes	03/28/2022 07:20:19 AM
Budget Analyst Approval	nkephart	03/29/2022 10:27:03 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: 24402	Amendment Number: 1	
	Legal Entity Name:	GEORGE M ROGERS, ARCHITECT DBA GEORGE M ROGERS ARCHITECT
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Contractor Name:	GEORGE M ROGERS, ARCHITECT DBA GEORGE M ROGERS ARCHITECT
Agency Code: 082	Address:	6325 S JONES BLVD., STE. 100
Appropriation Unit: 1592-32	City/State/Zip	LAS VEGAS, NV 89118-3332
Is budget authority available?: Yes	Contact/Phone:	702-894-5027
If "No" please explain: Not Applicable	Vendor No.:	T32009325
	NV Business ID:	NV19971103296

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114114

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2021**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Lost City Museum -Sanitary Sewer Replacement and Upgraded Restrooms CIP project: CIP Project No. 19-M33; SPWD Contract No. 114114. This amendment increases the maximum amount from \$67,998 to \$80,498 to provide architectural and engineering services for the addition of a water softener enclosure building.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$67,998.00	\$67,998.00	\$67,998.00	Yes - Action
2. Amount of current amendment (#1):	\$12,500.00	\$12,500.00	\$12,500.00	Yes - Info
3. New maximum contract amount:	\$80,498.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. approved CIP's

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Consultants are selected based on their ability to provide design and 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. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/25/2022 16:36:26 PM
Division Approval	nmann	03/25/2022 16:36:33 PM
Department Approval	nmann	03/25/2022 16:36:39 PM
Contract Manager Approval	lwildes	03/28/2022 07:17:35 AM
Budget Analyst Approval	nkephart	04/14/2022 15:49:06 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25194** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS DEL GATTO**

Agency Code: **082** Contractor Name: **CARPENTER SELLERS DEL GATTO**

Appropriation Unit: **All Appropriations** Address: **8882 SPANISH RIDGE AVE.**

Is budget authority available?: **No** City/State/Zip: **LAS VEGAS, NV 89148-1303**

Contact/Phone: **702-251-8896**

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 3161, expenditure category 95, deferred maintenance.

Vendor No.: **T80997582**
NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP

Agency Reference #: **114550**

2. Contract start date:
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **1 year and 197 days**

4. Type of contract: **Contract**
Contract description: **Arch/Eng**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Nevada Adult Mental Health Services Stein Hospital - Buildings 1,2,3A and 6 Window and Floor Replacements Agency CIP project: CIP Project No. 22-A008; SPWD Contract No. 114550. This amendment increases the maximum amount from \$124,100 to \$147,665 due to additional architecture and cost estimating services for exterior finish repairs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$124,100.00	\$124,100.00	\$124,100.00	Yes - Action
2. Amount of current amendment (#1):	\$23,565.00	\$23,565.00	\$23,565.00	Yes - Info
3. New maximum contract amount:	\$147,665.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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

03/28/2022 11:33:20 AM

Division Approval	nmann	03/28/2022 11:33:28 AM
Department Approval	nmann	03/28/2022 11:33:38 AM
Contract Manager Approval	lwildes	03/28/2022 11:54:56 AM
Budget Analyst Approval	nkephart	04/14/2022 15:45:48 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: **25673**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE
Agency Code:	082	Contractor Name:	KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE
Appropriation Unit:	All Appropriations	Address:	9075 W. DIABLO DR. FL. 3
Is budget authority available?:	No	City/State/Zip	LAS VEGAS, NV 89148-7604
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 3161, expenditure category 95, deferred maintenance.		Contact/Phone:	702-367-6900
		Vendor No.:	T80931708
		NV Business ID:	NV19771007004

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded

Agency Reference #: 114633

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 100 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 Stein Hospital Elevator Upgrade CIP Project, to include construction documents, architectural & electrical engineering, bid documents, plan checking, and construction administration for the elevator upgrade: CIP Project No. 22-A013; SPWD Contract No. 114633

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,800.00**

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"

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. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/07/2022 10:22:13 AM
Division Approval	nmann	03/07/2022 10:22:20 AM
Department Approval	nmann	03/07/2022 10:22:27 AM
Contract Manager Approval	lwildes	03/07/2022 10:30:06 AM
Budget Analyst Approval	nkephart	03/22/2022 10:28:26 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: **25680**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TSK
Agency Code: 082	Contractor Name: TSK
Appropriation Unit: All Appropriations	Address: 314 S. WATER ST.
Is budget authority available?: No	City/State/Zip: HENDERSON, NV 89015-7311
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 3646, expenditure category 48,	Contact/Phone: 702-456-3000
	Vendor No.: T80883470
	NV Business ID: NV20212004081

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP

Agency Reference #: 114634

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2022**

Anticipated BOE meeting date 03/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 78 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 Desert Willow Treatment Center Ceiling Hardening CIP project to include bidding services, construction documents, and construction services needed for the ceiling hardening: CIP Project No. 22-A012; SPWD Contract No. 114634

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,500.00**

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"

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. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/04/2022 15:52:02 PM
Division Approval	nmann	03/04/2022 15:52:08 PM
Department Approval	nmann	03/04/2022 15:52:12 PM
Contract Manager Approval	lwildes	03/07/2022 07:52:13 AM
Budget Analyst Approval	nkephart	04/13/2022 13:16:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25809**

Agency Name: INDIGENT DEFENSE	Legal Entity Name: Plaza Hotel and Casino, LLC
Agency Code: 111	Contractor Name: Plaza Hotel and Casino, LLC
Appropriation Unit: 1008-31	Address: 1 S. Main Street
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: 702-386-2320
	Vendor No.:
	NV Business ID: T29042731
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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **93 days**

4. Type of contract: **Contract**

Contract description: **Conference Rental**

5. Purpose of contract:

Purpose of the conference is to reserve Meeting space at the Plaza in Las Vegas, NV to hold the Second Annual Indigent Defense Conference and to reserve a block of rooms for participants at a particular rate.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,458.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 180.430(2) and the Stipulated Consent Judgment in the Davis v. State case, the Department must develop continuing legal education programs for attorneys who provide indigent defense services. The second annual conference will allow the department to provide a continuing legal education program for indigent defense providers in-person.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our office is not large enough to provide a location for over 100 attorneys to obtain an in-person training.

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):

Orleans
The D, Las Vegas, NV
Golden Nugget, Las Vegas, NV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The location of the conference center was in close relation to the Las Vegas Courts and Public Defender Offices, so it was given priority. An internal review of the proposals was completed by the Department of Indigent Defense Services and this vendor was selected.

d. Last bid date: 01/17/2022 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Handy, Peter, Deputy Director Ph: 775-687-8490

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mryba	03/29/2022 14:50:11 PM
Division Approval	mryba	03/29/2022 14:50:14 PM
Department Approval	mryba	03/29/2022 14:50:17 PM
Contract Manager Approval	mryba	03/29/2022 14:50:19 PM
Budget Analyst Approval	myoun3	03/29/2022 16:20:39 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25475**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Lauren Abela
Agency Code: 240	Contractor Name: Lauren Abela
Appropriation Unit: 2561-13	Address: 2269 Candlestick Ave
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89052
If "No" please explain: Not Applicable	Contact/Phone: 702-767-1042
	Vendor No.: T32011857
	NV Business ID: NV20001396722

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.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **Yes**

If "Yes", please explain

With holidays and illnesses the contract process took longer to complete.

3. Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Physicians Assistant**

5. Purpose of contract:

This is a new contract to provide Physician Assistant healthcare services for residents at the Southern Nevada Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$2,000.00 per month

Other basis for payment: upon receipt of an approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 449.74521(1) A facility for skilled nursing shall employ full time, part time, or as consultants such health care professionals as are necessary to provide adequate care for each patient in the facility and to carry out the provisions of NAC 449.774 to NAC 449.74549, inclusive.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency nor the state has the manpower to provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mildred Martinez
Lauren Abela
Sandra Hill

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most qualified to perform the services required.

d. Last bid date: 12/08/2021 Anticipated re-bid date: 11/02/2021

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/04/2022 14:16:19 PM
Division Approval	jtheil1	02/04/2022 14:16:22 PM
Department Approval	jtheil1	02/04/2022 14:16:27 PM
Contract Manager Approval	cbenham	03/22/2022 11:38:23 AM
Budget Analyst Approval	kanders2	03/24/2022 15:05:38 PM

STEVE SISOLAK
Governor



STATE OF NEVADA

NEVADA DEPARTMENT OF VETERANS SERVICES

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Kelli Anderson, Executive Branch Budget Officer

FROM: Christopher Benham, Management Analyst II

DATE: November 2, 2021

SUBJECT: Request for Retroactive Approval –West Edna Associates DBA Mojave
CETS: 25147

NDVS respectfully requests this contract be made retroactive to January 1st, 2022. This contract allows the Physician Assistant to perform services for residents at the Southern Nevada Veterans Home. There were several delays on getting documents signed, which pushed the contract out further than anticipated.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.



Chris Benham
Management Analyst II
Nevada Department of
Veterans Services
work: (775)825-9758
benhamc@veterans.nv.gov
"Serving Nevada's Heroes"
[Connect on Social Media](#)

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25863**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	Behavior Health Solutions LLC
Agency Code:	240	Contractor Name:	Behavior Health Solutions LLC
Appropriation Unit:	2561-13	Address:	2831 SAINT ROSE PKWY STE 227
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89052
If "No" please explain:	Not Applicable	Contact/Phone:	Bill Treese 805-807-4140
		Vendor No.:	T32009788
		NV Business ID:	NV20171816384

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/30/2024**

Contract term: **2 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Health Services**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatric and therapy telehealth services to residents of the Southern Nevada Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$0.00 per SOW per Invoice

Other basis for payment: monthly, upon approve submitted invoices per scope of work

II. JUSTIFICATION

7. What conditions require that this work be done?

Residents require mental health services and such services are required for licensing, and for Medicare and Medicaid compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency and the state do not have the staffing to preform these duties.

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):

Summit Mental Health
Behavior Health Solutions LLC
Sana Behavior Health

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price

d. Last bid date: 03/01/2022 Anticipated re-bid date: 05/01/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 company has been under contract with The Nevada Department of Veterans Services for the past two years and their 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:

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	jtheil1	04/01/2022 14:58:35 PM
Division Approval	jtheil1	04/01/2022 14:58:39 PM
Department Approval	jtheil1	04/01/2022 14:58:49 PM
Contract Manager Approval	cbenham	04/01/2022 15:12:51 PM
Budget Analyst Approval	kanders2	04/06/2022 11:18:21 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25723**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: THE FACTORY, LLC
Agency Code: 240	Contractor Name: THE FACTORY, LLC
Appropriation Unit: 2563-10	Address: 201 W LIBERTY ST STE 312
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501-2017
If "No" please explain: Not Applicable	Contact/Phone: 775/846-0522
	Vendor No.: T32004634
	NV Business ID: NV20091222446

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Gift Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/16/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/15/2023**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Annual Report**

5. Purpose of contract:

This is a new contract to produce the Fiscal Year 2022 annual report to include web design, graphic design, capture photographs and videos.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,480.00**

Payment for services will be made at the rate of \$2,040.00 per month

Other basis for payment: 17 hours per month and \$2,040 per month not to exceed \$24,480.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The annual report is used as a communication tool with agencies, community partners, and state and federal agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDVS does not have the staff available with the skills and equipment necessary to complete project.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

KPS3 Marketing
Design on edge
The Factory

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor Presented with the skills to perform the job as required at a fair price.

d. Last bid date: 02/22/2022 Anticipated re-bid date: 03/01/2023

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 factory has been more recently under contract for monthly videos. The contract was awarded in February 2022 and has been satisfactory.

The Factory is also under contract for the Annual Report with a contract starting in June 2021. The work also has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	03/24/2022 14:46:18 PM
Division Approval	jtheil1	03/24/2022 14:46:25 PM
Department Approval	jtheil1	03/24/2022 14:46:32 PM
Contract Manager Approval	cbenham	03/24/2022 15:53:24 PM
Budget Analyst Approval	kanders2	04/12/2022 07:48:44 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: **25866**

Agency Name: NDE - DEPARTMENT OF EDUCATION Agency Code: 300 Appropriation Unit: 2710-20 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Board of Regents NSHE UNLV Contractor Name: Board of Regents NSHE UNLV Address: 4505 S Maryland Parkway Box 453014 City/State/Zip: Las Vegas, NV 89154-3014 Contact/Phone: Christina Reyman 702-895-4922 Vendor No.: D35000815 NV Business ID: Board of Regents - UNLV
--	--

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/25/2022**
 Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **281 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Student Achievement**

5. Purpose of contract:

This is a new interlocal agreement between Nevada Department of Education Office of Student and the Board of Regents Nevada System of Higher Education on behalf of University of Nevada Las Vegas Center for Research, Evaluation, and Assessment to conduct a study to identify means to support Black Student Achievement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In Nevada the public education system currently educates 56,903 students identified as Black, which is 11% of the state's student population (Nevada Report Cared, 2021).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This study allows researchers to focus specifically on the Black Student achievement gaps with a team at CREA who are experts in the research study process, analysis, interpretation and reporting with specified knowledge and experience on the content.

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. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	03/22/2022 10:32:56 AM
Division Approval	carnol1	03/22/2022 10:33:00 AM
Department Approval	carnol1	03/22/2022 10:33:07 AM
Contract Manager Approval	mwadsw01	03/22/2022 13:21:59 PM
Budget Analyst Approval	mranki1	03/25/2022 09:14:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25793**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	CDW GOVERNMENT LLC
Agency Code:	402	Contractor Name:	CDW GOVERNMENT LLC
Appropriation Unit:	3151-04	Address:	230 N. Milwaukee Ave.
Is budget authority available?:	Yes	City/State/Zip:	Vernon Hills, IL 60061
If "No" please explain:	Not Applicable	Contact/Phone:	Mitchell Funk 877-800-3219
		Vendor No.:	PUR0000186A
		NV Business ID:	NV20101017707

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	20.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	80.00 % Cost Allocation

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2022**
Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2022**

Contract term: **203 days**

4. Type of contract: **Other (include description): Work Plan**

Contract description: **CDW/Tenable**

5. Purpose of contract:

This is a new contract to provide risk mitigation to the telecommuting workforce.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,996.25**

Other basis for payment: As Invoiced per Attachment CC

II. JUSTIFICATION

7. What conditions require that this work be done?

The majority of ADSD's workforce is currently mobile due to the COVID-19 pandemic. Implementation of this managed detection and response system that will allow ADSD to monitor activities, identify risks and enable centralized blockage of services to mobile devices. Detect and respond to attacks during and after occurrence, perform analysis, remediation and threat hunting in real time correlation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools 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):

Tenable
CDW Government LLC
Arctic Wolf
SHI International Corp

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 07/01/2021 Anticipated re-bid date: 07/01/2022

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

CDW holds an Master Service Agreement dated 04/22/2021, with the State of Nevada, with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	amanocha	03/15/2022 09:12:06 AM
Division Approval	amanocha	03/15/2022 09:12:11 AM
Department Approval	dschmid5	03/15/2022 13:58:41 PM
Contract Manager Approval	maceved1	03/17/2022 13:36:52 PM
EITS Approval	daxtel1	03/17/2022 22:03:49 PM
Budget Analyst Approval	bmacke1	04/11/2022 16:33:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25222**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: DC GROUP, INC.
Agency Code: 407	Contractor Name: DC GROUP, INC.
Appropriation Unit: 3228-26	Address: 1977 W RIVER RD N
Is budget authority available?: Yes	City/State/Zip: MINNEAPOLIS, MN 55411-3434
If "No" please explain: Not Applicable	Contact/Phone: 800/838-7927
	Vendor No.: T229045275
	NV Business ID: NV20201820105

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that 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	30.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	70.00 %	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? **No** or b. other effective date **05/01/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **UPS Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance of the Mitsubishi 1100A Uninterruptible Power Supply system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,250.00**

Other basis for payment: **Actual per Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

Ensure the DWSS technical Uninterrupted Power Supply (UPS) system remains fully functional with semi-annual and annual maintenance requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mission Critical Specialist
Cashman Equipment
Gruber Technical Inc
Weissco Power Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Overall best value and complete proposal demonstrating necessary expertise.

d. Last bid date: 09/30/2021 Anticipated re-bid date: 09/30/2025

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

John Taft, IT Manager III Ph: 775-684-0576

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/13/2022 12:45:36 PM
Division Approval	cbuscay	04/13/2022 12:45:40 PM
Department Approval	mchappel	04/13/2022 13:02:53 PM
Contract Manager Approval	mpomerle	04/13/2022 13:20:15 PM
EITS Approval	daxtel1	04/13/2022 14:51:31 PM
Budget Analyst Approval	afrantz	04/18/2022 10:12:20 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24900**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: DOUGLAS COUNTY
Agency Code: 407	Contractor Name: DOUGLAS COUNTY
Appropriation Unit: 3238-10	Address: DISTRICT COURT CLERK PO BOX 218
Is budget authority available?: Yes	City/State/Zip: MINDEN, NV 89423
If "No" please explain: Not Applicable	Contact/Phone: 775/782-9965
	Vendor No.: T40174400D
	NV Business ID: Gov't Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**
Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,201.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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?

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division 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 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:

Cathy Kaplan, Chief, Child Support Enforcement Program Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbusay	03/08/2022 12:39:01 PM
Division Approval	bberry	03/09/2022 12:19:14 PM
Department Approval	mchappel	03/09/2022 13:55:31 PM
Contract Manager Approval	mpomerle	03/09/2022 13:57:28 PM
Budget Analyst Approval	afrantz	04/04/2022 15:37:29 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: **24897**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: WHITE PINE COUNTY
Agency Code: 407	Contractor Name: WHITE PINE COUNTY
Appropriation Unit: 3238-10	Address: SEVENTH JUDICIAL COURT/DEPT 1 801 CLARK ST STE 7
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301
If "No" please explain: Not Applicable	Contact/Phone: 775/289-4813
	Vendor No.: T80971176D
	NV Business ID: Gov't Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Fees

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Hearing Masters**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Hearing Master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,261.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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?

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division 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 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:

Cathy Kaplan, Chief, Child Support Enforcement Program Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbusay	03/08/2022 12:39:34 PM
Division Approval	bberry	03/09/2022 12:21:56 PM
Department Approval	mchappel	03/09/2022 13:56:40 PM
Contract Manager Approval	mpomerle	03/17/2022 16:54:16 PM
Budget Analyst Approval	afrantz	04/04/2022 15:35:07 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: 19696	Amendment Number: 2
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: MULTI HEALTH SYSTEMS, INC.
Agency Code: 409	Contractor Name: MULTI HEALTH SYSTEMS, INC.
Appropriation Unit: 1383-19	Address: PO BOX 950
Is budget authority available?: Yes	City/State/Zip: NORTH TONAWANDA, NY 14120-0950
If "No" please explain: Not Applicable	Contact/Phone: Tammy Holwell 647-480-6161
	Vendor No.: PUR0003408A
	NV Business ID: NV20181191672

To what State Fiscal Year(s) will the contract be charged? **2018-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **04/30/2022**

Termination Date:

Contract term: **5 years and 359 days**

4. Type of contract: **Contract**

Contract description: **Risk Assessment**

5. Purpose of contract:

This is the second amendment to the original contract to provide unlimited use and training for the Youth Level of Service/Case Management Inventory risk and needs assessment tool. This amendment extends the termination date from April 30, 2022 to April 30, 2024 and increases the maximum amount from \$558,500 to \$638,500 due to the increases in the annual licensing fees to remain in compliance with NRS 62B.615.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$488,500.00	\$488,500.00	\$488,500.00	Yes - Action
a. Amendment 1:	\$70,000.00	\$70,000.00	\$70,000.00	Yes - Action
2. Amount of current amendment (#2):	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Info
3. New maximum contract amount:	\$638,500.00			
and/or the termination date of the original contract has changed to:	04/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fulfill the requirement in NRS 62A (AB 472) to implement a juvenile justice risk needs and assessment tool.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an evidence based tool. MHS is the developer and only company that sells this tool. This particular tool was chosen due to its validity and reliability, as well as eight (8) other counties throughout the State use the tool in the juvenile justice population.

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 #: 180105

Approval Date: 01/30/2018

c. Why was this contractor chosen in preference to other?

Solicitation Waiver approved by the Purchasing Division.

d. Last bid date: 01/23/2018 Anticipated re-bid date: 03/02/2020

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Pending

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

Pending

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	02/14/2022 16:00:49 PM
Division Approval	knielsen	03/17/2022 16:56:49 PM
Department Approval	cpitlock	03/21/2022 12:43:11 PM
Contract Manager Approval	sknigge	03/30/2022 15:57:18 PM
EITS Approval	daxtel1	04/04/2022 11:10:47 AM
Budget Analyst Approval	bmacke1	04/14/2022 16:06:51 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval #:	#4310

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	DHHS-DCFS	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Sharon Knigge	775-684-7952	contracts@dcfs.nv.gov
	Leslie Bittleston	775-684-4448	lbittleston@dcfs.nv.gov

2	Contractor Information:	
	Contractor Name:	Multi Health Systems
	Contact Name:	Dominic Guay
	Complete Address: City, State and Zip Code	3770 Victoria Park Ave Toronto, ON M2H 3M6 Canada
	Phone Number:	647-534-3986
	Email Address:	Dominic.guay@mhs.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	Solicitation Waiver	#:	SW180105
	Enter CETS Number:	#19696		
	Contract Amount:	\$558,500		
	Contract Term:	Start Date:	03/27/2018	End Date:

Rec'd 12/29/21
Auto ✓

Purchasing Use Only:	
Approval #:	#43

Current Contract Information:					
Solicitation Type, if applicable:		<i>Solicitation Waiver</i>		#:	<i>SW180105</i>
4	Enter CETS Number:	#19696			
	Initial Contract Amount:	\$558,500			
	Contract Term:	Start Date:	<i>03/27/2018</i>	End Date:	<i>04/30/2022</i>

Amendment Information – List <u>all previously</u> approved amendments:			
<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	<i>1</i>	<i>Added ongoing license fees for use of Youth Level of Service/Case Management Inventory 2.0 system</i>	<i>\$488,500 to \$558,500</i>
			<i>9/30/18 to 4/30/22</i>

<u>Proposed</u> Amendment Information:			
<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	<i>2</i>	<i>Add 2 more years of license fees for use of YLS/CMI system at vendors current rate.</i>	<i>\$558,500 to \$638,500</i> <i>+\$80,000.00</i>
			<i>4/30/22 to 4/30/24</i>

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?	
7	<i>YLS/CMI is a proprietary risk/needs tool that reliably and accurately classifies and predicts re-offending within male and female juvenile populations. This tool was chosen by the Juvenile Justice Oversight Commission pursuant to NRS.62B.615.3(a) and has been implemented statewide by DCFS and Nevada counties. A solicitation waiver was approved with the current contract and there are no other vendors who could perform this service. The scope of work of the contract extension would not change, only the dates and dollar amounts. Please see the link for further information.</i> <i>https://storefront.mhs.com/collections/yls-cmi-2-0</i>

What are the potential consequences to the State if the contract extension request is denied?	
8	<i>DCFS and Nevada counties would lose access to this tool that is crucial for streamlining services for youth in the criminal justice system. DCFS and the counties would not be in compliant with NRS.62B.615.3(a), which requires this tool be completed prior to disposition so the courts can assess the risk and need level of the youth.</i>

#431②

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Purchasing Use Only:	
Approval #:	#4310

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

Brian Dahlberg

11/09/2021

Signature of Agency Representative Initiating Request

Brian Dahlberg

11/09/2021

Print Name of Agency Representative Initiating Request

Date

Cindy Pitlock

Signature of Agency Head Authorizing Request

Cindy Pitlock

12/28/2021

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

Kevin D. Doty

1/4/22

Administrator, Purchasing Division or Designee

Date



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Cindy Pitlock, Administrator, DCFS
Jennifer Ouellette, Deputy Administrator, DCFS
Srinivas Bokka, IT Manager II, DCFS
Brian Dahlberg, Management Analyst III, DCFS

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, Business Process Analyst III, EITS, DOA

SUBJECT: TIN Completion Memo – DCFS – 344 – *Juvenile Justice Oversight Commission-Risk Needs and Assessment* – BA1383

DATE: March 10, 2022

We have completed our review of the Division of Child and Family Services (DCFS) – *Juvenile Justice Oversight Commission-Risk needs and Assessment*, TIN 344.

The submitted TIN, for an estimated value of \$80,000 this biennium (42.5% General Fund and 57.5% County Funds) is for a contract extension with Multi-Health Systems Inc. to continue using their risk need and assessment tool. Multi-Health Systems Inc. will provide an additional two-year license for unlimited use of their Youth Level of Service/Case Management Inventory (YLS/CMI) assessment tool to evaluate youth in Nevada's Juvenile Justice system. This tool helps probation officers, youth workers, psychologists, and social workers to select the most appropriate goals for a youth and to develop an effective case management plan. The Multi-Health Systems Inc. risk assessment tool is integrated with the cloud-based Tyler Supervision case management system and is already in use statewide.

Per Section 5(3) of AB 472, approved by the 2017 Legislature, the Juvenile Justice Oversight Commission was required to select a validated risk assessment tool that uses a currently accepted standard of assessment to assist the juvenile court, the Division of Child and Family Services, and departments of juvenile services in determining the appropriate actions to take for each child subject to the jurisdiction of

the juvenile court, on or before January 1, 2018. The Multi-Health Systems Inc. risk assessment tool fulfills this requirement. Ongoing licensing is needed to continue use of this tool.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25796**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	THOMSON, JAMES F JR DBA
Agency Code:	409	Contractor Name:	THOMSON, JAMES F JR DBA
Appropriation Unit:	3148-07	Address:	AMERICAN SOUTHWEST ELECTRIC 4485 RIVIERA RIDGE AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89115-1877
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Rutherford 702/643-2900
		Vendor No.:	T29035625
		NV Business ID:	NV20071096997

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**
Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Electrician Services**

5. Purpose of contract:

This is a new contract for ongoing electrical repair and maintenance at the Summit View Youth Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,840.00**

Payment for services will be made at the rate of \$6,960.00 per Year

Other basis for payment: Rate is NTE \$27,840 for four years at an estimated rate of \$6,960 per year (\$580/mo.). Individual service rates are included in the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for ongoing electrical repair and maintenance that may need to be done on an as needed basis including, but not limited to, moving outlets, adding new outlets, replacing light fixtures, wiring additional circuits to the emergency generator, adding data lines, and responding to emergency electrical failures at the Summit View Youth Center.

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 complete 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):

Penny Electric
Mojave Electric
American Southwest Electric, James F. Thomson, Jr.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to submit a bid.

d. Last bid date: 03/01/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor was previously contracted by the Summit View Youth Center. 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:

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:

Van Dishong, Group Supervisor Ph: 702-668-4752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/24/2022 10:57:18 AM
Division Approval	knielsen	03/28/2022 18:06:34 PM
Department Approval	cpitlock	03/30/2022 10:21:33 AM
Contract Manager Approval	kathr55	03/30/2022 10:38:07 AM
Budget Analyst Approval	bmacke1	04/11/2022 14:16:16 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: **25797**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	THOMSON, JAMES F JR DBA
Agency Code:	409	Contractor Name:	THOMSON, JAMES F JR DBA
Appropriation Unit:	3148-07	Address:	AMERICAN SOUTHWEST ELECTRIC 4485 RIVIERA RIDGE AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89115-1877
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Rutherford 702/643-2900
		Vendor No.:	T29035625
		NV Business ID:	NV20071096997

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Gate/Fence Service**

5. Purpose of contract:

This is a new contract for ongoing fencing and gate maintenance and repair at the Summit View Youth Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,120.00**

Payment for services will be made at the rate of \$3,780.00 per Year

Other basis for payment: Rate is \$15,120 for four years at an estimated rate of \$3,780 per year (\$75/mo. standard maintenance/inspection & \$480 emergency repairs X 6 mos./year). Individual service rates are included in the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for ongoing fencing and gate repair including but not limited to chain link, barbed wire, razor wire, and expanded metal anti-climbing fencing, gates, openers, barriers, locks, and security devices.

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 complete 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):

American Southwest Electric, James F. Thomson, Jr.
Fencing Specialists
Red Star Fence
Budget Fence

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor submitted the lowest cost bid.

d. Last bid date: 02/01/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor was previously contracted by the Summit View Youth Center. 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:

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:

Van Dishong, Group Supervisor Ph: 702-668-4752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/24/2022 10:59:36 AM
Division Approval	knielsen	03/28/2022 18:29:37 PM
Department Approval	cpitlock	03/30/2022 07:32:34 AM
Contract Manager Approval	kathr55	03/30/2022 09:35:11 AM
Budget Analyst Approval	bmacke1	04/11/2022 14:17:45 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: **25807**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	THOMSON, JAMES F JR DBA
Agency Code:	409	Contractor Name:	THOMSON, JAMES F JR DBA
Appropriation Unit:	3148-07	Address:	AMERICAN SOUTHWEST ELECTRIC 4485 RIVIERA RIDGE AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89115-1877
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Rutherford 702/643-2900
		Vendor No.:	T29035625
		NV Business ID:	NV20071096997

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC Service**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair of heating, ventilation, and air conditioning units at the Summit View Youth Center.

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 \$6,250.00 per Year

Other basis for payment: Rate is NTE \$25,000 for four years at an estimated rate of \$6,250 per year (\$80/hr. X 50 regular hours = \$4,000 + \$90/hr. X 25 emergency hours = \$2,250). Individual service rates are outlined in the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for any maintenance, repair, or replacement of HVAC units as needed.

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 complete 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):

American Southwest Electric, James F. Thomson, Jr.
Silver State Refrigeration & A/C
Chill Rite

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor submitted the lowest bid.

d. Last bid date: 03/01/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor was previously contracted by the Summit View Youth Center. 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:
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:

Van Dishong, Facility Supervisor Ph: 702-668-4752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/24/2022 11:02:07 AM
Division Approval	knielsen	03/28/2022 18:53:49 PM
Department Approval	cpitlock	03/30/2022 07:32:15 AM
Contract Manager Approval	kathr55	03/30/2022 09:34:38 AM
Budget Analyst Approval	bmacke1	04/11/2022 08:06:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25615**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: CHANGE COMPANIES, THE
Agency Code: 409	Contractor Name: CHANGE COMPANIES, THE
Appropriation Unit: 3259-30	Address: 5221 SIGSTROM DR
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706-0470
If "No" please explain: Not Applicable	Contact/Phone: 775/885-2610
	Vendor No.: PUR0002234
	NV Business ID: NV20212269064

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **3 years and 78 days**

4. Type of contract: **Contract**

Contract description: **Juvenile Programming**

5. Purpose of contract:

This is a new contract to provide onsite training to key personnel in the Nevada Youth Training Center to be certified as Forward Thinking Instructors.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,473.10**

Other basis for payment: Base cost plus 5% annual increase are based upon Attachment BB: Vendor Proposal

II. JUSTIFICATION

7. What conditions require that this work be done?

Forward Thinking is a proprietary system that is used as a core party of the youths' treatment plan at the Nevada Youth Training Center. The staff at the facility are not authorized to use the materials until trained by a Change Company trainer.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State staff are not able to train on this proprietary curriculum.

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):

Correctional Counseling, Inc.
National Institute of Corrections
The Change Companies

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected not only due to being the best priced for a closed session training, but also for the overall value.

d. Last bid date: 01/20/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 Change Companies contract with DCFS in SFY 2021. 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:
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:

Chester George, Assistant Superintendent Ph: 775-748-6228

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/07/2022 21:12:24 PM
Division Approval	knielsen	03/17/2022 20:25:09 PM
Department Approval	cpitlock	03/26/2022 14:29:11 PM
Contract Manager Approval	kathr55	03/28/2022 09:00:12 AM
Budget Analyst Approval	bmacke1	04/14/2022 16:22:21 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: **25633**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	DIRECT MOBILE IMAGING LLC
Agency Code:	409	Contractor Name:	DIRECT MOBILE IMAGING LLC
Appropriation Unit:	3646-04	Address:	2921 N TENAYA WAY
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128-1409
If "No" please explain:	Not Applicable	Contact/Phone:	702/586-3005
		Vendor No.:	T32006181
		NV Business ID:	NV20141496906

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that 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	76.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	24.00 %	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 **04/14/2022**
Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2026**
Contract term: **3 years and 321 days**

4. Type of contract: **Contract**
Contract description: **Medical Imaging**

5. Purpose of contract:
This is a new contract to provide ongoing mobile medical imaging services at the Desert Willow Treatment Center.

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 \$10,000.00 per Year
Other basis for payment: Rate is NTE \$40,000 for four years at an estimated rate of \$10,000 per year. Individual service rates are: X-Ray - \$38.50, Ultrasound - \$95.00, EKG/ECG - \$38.50, Trip Charge - \$75.00

II. JUSTIFICATION

7. What conditions require that this work be done?
Imaging services are necessary when requested by the attending physician for the health and well-being of the youth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no state employees with this expertise.

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
**Direct Mobile Imaging
Quality Medical Imaging
Mantro Mobile Imaging**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost bid.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previous contract with DCFS for mobile imaging. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Jacqueline Wade, Clinical Program Manager Ph: 702-486-8900

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	02/24/2022 14:04:37 PM
Division Approval	knielsen	03/13/2022 14:08:57 PM
Department Approval	cpitlock	03/16/2022 12:30:35 PM
Contract Manager Approval	kathr55	03/16/2022 13:06:45 PM
Budget Analyst Approval	bmacke1	04/14/2022 16:16:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25962**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: ACHA CONSTRUCTION, LLC
Agency Code: 431	Contractor Name: ACHA CONSTRUCTION, LLC
Appropriation Unit: 3650-07	Address: PO BOX 2744
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89803-2744
If "No" please explain: Not Applicable	Contact/Phone: TODD SCHWANDT 775-777-3575
	Vendor No.: T29025336A
	NV Business ID: NV20091375725

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/15/2026**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Concrete Service**

5. Purpose of contract:

This is a new contract to provide ongoing concrete services for the Elko and Carlin facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,005.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Concrete service work to be done at the Elko and Carlin 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 skills or tools to perform the work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

High Mark Construction
Acha Construction
Concrete Construction Supply

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor supplied the best bid.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/31/2022 09:28:11 AM
Division Approval	ctyle1	03/31/2022 09:28:15 AM
Department Approval	ctyle1	03/31/2022 09:28:18 AM
Contract Manager Approval	csnido1	04/01/2022 16:05:08 PM
Budget Analyst Approval	vmilazz1	04/14/2022 08:02:44 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: **25952**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: CAPITAL GLASS, INC.
Agency Code: 431	Contractor Name: CAPITAL GLASS, INC.
Appropriation Unit: 3650-07	Address: 2951 N DEER RUN ROAD
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: CRAIG SMITH 775-883-6401
	Vendor No.: T80316580
	NV Business ID: NV19671000768

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/15/2026**

Contract term: **4 years and 5 days**

4. Type of contract: **Contract**

Contract description: **Glass Service**

5. Purpose of contract:

This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in the northern Nevada region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$97,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to replace broken glass and mirrors for facilities in the northern Nevada region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform glass and mirror replacement and repair.

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):

Desert Glass
Capital Glass
Silver State Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor supplied a price sheet and a signed contract.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	csnido1	03/30/2022 14:01:08 PM
Division Approval	csnido1	03/30/2022 14:01:10 PM
Department Approval	csnido1	03/30/2022 14:01:12 PM
Contract Manager Approval	csnido1	04/01/2022 15:04:28 PM
Budget Analyst Approval	vmilazz1	04/11/2022 07:57:06 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: **25568**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	CHARLES H CHESTER PLUMBING & HEATING, INC.
Agency Code:	431	Contractor Name:	CHARLES H CHESTER PLUMBING & HEATING, INC.
Appropriation Unit:	3650-07	Address:	2950 MOUNTAIN CITY HWY
Is budget authority available?:	Yes	City/State/Zip:	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	CHRIS JOHNSON 775-738-6125
		Vendor No.:	PUR0001625
		NV Business ID:	NV19731002896

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/15/2026**

Contract term: **3 years and 345 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance, repair and inspection services of the Heating, Ventilation, and Air Conditioning systems for facilities in Carlin and Elko.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$67,050.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for inspections, updates, repairs and service work on the HVAC controls on an "as needed" basis for the Nevada National Guard for the northern Nevada facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the equipment or the certifications for this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

High Temp Air
RHP Mechanical
Chester Plumbing
Snyder Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor responded to our request of quotes for the term of the four year contract.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/09/2022 17:31:39 PM
Division Approval	ctyle1	02/09/2022 17:31:41 PM
Department Approval	ctyle1	02/09/2022 17:31:43 PM
Contract Manager Approval	csnido1	03/30/2022 12:54:27 PM
Budget Analyst Approval	pokeefe	04/05/2022 14:49:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25946**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: CONTROLWORKS, INC.
Agency Code: 431	Contractor Name: CONTROLWORKS, INC.
Appropriation Unit: 3650-07	Address: 6207 DEAN MARTIN DRIVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: GAVIN LASTRAPES 702-803-4848
	Vendor No.: T29043350A
	NV Business ID: NV20041616736

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2026**

Contract term: **3 years and 280 days**

4. Type of contract: **Contract**

Contract description: **Lighting Controls**

5. Purpose of contract:

This is a new contract to provide ongoing inspections, updates, repairs and service work on systems as needed to maintain Tridium Niagara Controls and Acuity nLight Controls in the southern Nevada region for the Nevada National Guard.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,015.31**

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintain Tridium Niagara Controls and Acuity nLight Controls in the in the southern Nevada region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of skill and certifications.

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):

ControlWorks
Have Lights Will Travel
Southwest Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Provided a price sheet with signed contract.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	csnido1	03/30/2022 13:07:26 PM
Division Approval	csnido1	03/30/2022 13:07:28 PM
Department Approval	csnido1	03/30/2022 13:07:30 PM
Contract Manager Approval	csnido1	04/01/2022 15:06:53 PM
Budget Analyst Approval	vmilazz1	04/11/2022 08:31:48 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25947**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: CRANETECH, INC.
Agency Code: 431	Contractor Name: CRANETECH, INC.
Appropriation Unit: 3650-07	Address: PO BOX 30790
Is budget authority available?: Yes	City/State/Zip: STOCKTON, CA 95213
If "No" please explain: Not Applicable	Contact/Phone: DAVE SPEARS 866-994-6478
	Vendor No.: T27044513A
	NV Business ID: NV20171409408
To what State Fiscal Year(s) will the contract be charged?	2022-2026
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
<input checked="" type="checkbox"/> General Funds 50.00 %	Fees 0.00 %
<input checked="" type="checkbox"/> Federal Funds 50.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 431	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**
Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/15/2026**
Contract term: **4 years and 2 days**

4. Type of contract: **Contract**
Contract description: **Crane Services**

5. Purpose of contract:
This is a new contract to provide ongoing crane repair, maintenance, and inspection services for crane equipment used at facilities in northern Nevada.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$96,550.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
Services range from repair, service work, annual inspections and certifications, maintenance work, load or system testing, and all other services associated with cranes for all of the northern Nevada National Guard facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Agency personnel do not have the equipment or the requisite skills and certifications to perform 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?

Vendor supplied a price sheet and signed contract.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	csnido1	03/30/2022 13:20:19 PM
Division Approval	csnido1	03/30/2022 13:20:22 PM
Department Approval	csnido1	03/30/2022 13:20:24 PM
Contract Manager Approval	csnido1	04/01/2022 15:05:47 PM
Budget Analyst Approval	vmilazz1	04/14/2022 07:56:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25948**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: DESERT GLASS CONTRACTING CO., INC.
Agency Code: 431	Contractor Name: DESERT GLASS CONTRACTING CO., INC.
Appropriation Unit: 3650-07	Address: PO BOX 831
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89504
If "No" please explain: Not Applicable	Contact/Phone: MARK MEICH 775-322-0695
	Vendor No.: T10259700A
	NV Business ID: NV19621000616

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/15/2026**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Glass Service**

5. Purpose of contract:

This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in the northern Nevada region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,060.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to replace broken glass and mirrors for facilities in the northern Nevada region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform glass and mirror replacement and repair.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Custom Glass
Diamond Glass
Desert Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor supplied a price sheet and signed contract.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	csnido1	03/30/2022 13:39:29 PM
Division Approval	csnido1	03/30/2022 13:39:31 PM
Department Approval	csnido1	03/30/2022 13:39:34 PM
Contract Manager Approval	csnido1	04/01/2022 15:04:47 PM
Budget Analyst Approval	vmilazz1	04/14/2022 07:58:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25752**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: HIGH TEMP AIR CONDITIONING, INC.
Agency Code: 431	Contractor Name: HIGH TEMP AIR CONDITIONING, INC.
Appropriation Unit: 3650-07	Address: 5620 MADRE MESA DRIVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89109
If "No" please explain: Not Applicable	Contact/Phone: ZACH CRUTCHMAN 702-850-7577
	Vendor No.: T27044700
	NV Business ID: NV20151150871

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/15/2026**

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance, repair and inspection services of the heating, ventilation, and air conditioning systems for all facilities in the state of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,820.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for inspections, updates, repairs and service work on the HVAC controls on an "as needed" basis for the Nevada National Guard facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the equipment or the certifications for this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

High Temp Air
RHP Mechanical
Ruby Mountain HVAC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor responded to our request of quotes for the term of the four year contract.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 16:07:29 PM
Division Approval	ctyle1	03/14/2022 16:07:32 PM
Department Approval	ctyle1	03/14/2022 16:07:36 PM
Contract Manager Approval	csnido1	03/17/2022 14:25:13 PM
Budget Analyst Approval	vmilazz1	04/11/2022 07:39:36 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25950**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: SILVER STATE GLASS & MIRROR CO., INC.
Agency Code: 431	Contractor Name: SILVER STATE GLASS & MIRROR CO., INC.
Appropriation Unit: 3650-07	Address: 2825 FREMONT STREET
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104
If "No" please explain: Not Applicable	Contact/Phone: AMBER MENDONCA 702-382-1400
	Vendor No.: PUR0005419
	NV Business ID: NV19551000141

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/15/2026**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Glass Service**

5. Purpose of contract:

This is a new contract to provide ongoing services to replace broken glass and mirrors for facilities in the southern Nevada region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$94,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to replace broken glass and mirrors for facilities in the southern Nevada region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform glass and mirror replacement and repair.

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):

Desert Glass
Silver State Glass
Diamond Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor supplied a price sheet and signed contract.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	csnido1	03/30/2022 13:50:56 PM
Division Approval	csnido1	03/30/2022 13:50:58 PM
Department Approval	csnido1	03/30/2022 13:51:00 PM
Contract Manager Approval	csnido1	04/01/2022 15:05:24 PM
Budget Analyst Approval	vmilazz1	04/14/2022 09:21:50 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: **25798**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: SNYDER SERVICES DBA
Agency Code: 431	Contractor Name: SNYDER SERVICES DBA
Appropriation Unit: 3650-07	Address: SNYDER MECHANICAL PO BOX 2775
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89803-2775
If "No" please explain: Not Applicable	Contact/Phone: SCOTT OXBORROW 775-738-5616
	Vendor No.: T80925991
	NV Business ID: NV20011319542

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/08/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/24/2026**

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance, repair and inspection services of the heating, ventilation, and air conditioning systems for facilities in Carlin and Elko.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$86,720.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for inspections, updates, repairs and service work on the HVAC controls on an "as needed" basis for the Nevada National Guard for the northern Nevada facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the equipment or the certifications for this type of work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Ruby Mountain HVAC
Plumline Mechanical
Snyder Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor responded to our request of quotes for the term of the four year contract.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	03/14/2022 16:08:24 PM
Division Approval	ctyle1	03/14/2022 16:08:27 PM
Department Approval	ctyle1	03/14/2022 16:08:30 PM
Contract Manager Approval	csnido1	03/17/2022 14:41:15 PM
Budget Analyst Approval	pokeefe	04/08/2022 11:34:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25074**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: AJ INDUSTRIES WEST
Agency Code: 440	Contractor Name: AJ INDUSTRIES WEST
Appropriation Unit: 3762-04	Address: 3095 E PATRICK LN STE 5
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89120-3480
If "No" please explain: Not Applicable	Contact/Phone: JACKIE DAVEY 702-879-6660
	Vendor No.: T32009854
	NV Business ID: NV20111105513
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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	440		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2022**

Anticipated BOE meeting date 02/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **79 days**

4. Type of contract: **Contract**

Contract description: **Dryer Repair**

5. Purpose of contract:

This is a new contract to provide labor and materials to replace the steam coil in the dryers at High Desert State Prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,408.44**

Other basis for payment: FY22: 3762-04

II. JUSTIFICATION

7. What conditions require that this work be done?

Two dryer steam coils are leaking, causing damage to unit control cards and loss of operating pressure. If not repaired, the dryers will fail and may cause additional safety issues, as well.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC employees do not have the expertise to perform 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):

Laundry Systems of Nevada
GA Braun
Alliance Laundry Equipment
AJ Industries West

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. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 #23567 since October 13, 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:
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	12/20/2021 09:33:32 AM
Division Approval	amonro1	12/21/2021 08:59:33 AM
Department Approval	amonro1	12/21/2021 08:59:37 AM
Contract Manager Approval	kreynol3	03/10/2022 08:58:57 AM
Budget Analyst Approval	pokeefe	04/12/2022 17:02:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25751**

Agency Name: COMMISSION ON MINERAL RESOURCE	Legal Entity Name: Nevada Division of Forestry
Agency Code: 500	Contractor Name: Nevada Division of Forestry
Appropriation Unit: 4219-39	Address: 2478 Fairview Dr.
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Dori Chelini 7756842500
	Vendor No.:
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Mining Claims
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 **03/22/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **2 years and 101 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **AML Heli Survey**

5. Purpose of contract:

This is a new interlocal agreement for the Nevada Division of Forestry (NDF) to provide transportation of Nevada Division of Minerals (DOM) staff, via NDF helicopters and personnel, to pre-determined locations across the state of Nevada to conduct aerial and ground-based surveys of Abandoned Mine Lands (AML) hazards.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Other basis for payment: Per NDF invoice to NDOM

II. JUSTIFICATION

7. What conditions require that this work be done?

Under NRS 513 The Division of Minerals (DOM) is required to inventory and secure AML hazards throughout the State of Nevada. DOM has identified areas throughout Nevada where helicopter surveys will increase the efficiency of the AML program resulting in an overall cost savings to the program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Minerals does not have the equipment and personnel to compete helicopter surveys of Abandoned Mine Lands hazardous areas

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?

An Interlocal agreement between NDOM and NDF was suggested by Purchasing.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	dvisher	03/08/2022 16:04:53 PM
Division Approval	dvisher	03/08/2022 16:04:56 PM
Department Approval	dvisher	03/08/2022 16:05:00 PM
Contract Manager Approval	rghiglie	03/08/2022 16:10:45 PM
Budget Analyst Approval	dspeed1	03/22/2022 16:50:07 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: **25547**

Agency Name: DPS-DIRECTOR'S OFFICE	Legal Entity Name: Dr. Trudy Gilbert-Eliot, PhD.
Agency Code: 650	Contractor Name: Dr. Trudy Gilbert-Eliot, PhD.
Appropriation Unit: 4706-04	Address: 8766 S. Maryland Pkwy Suite 10
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89123
If "No" please explain: Not Applicable	Contact/Phone: Trudy Gilbert-Eliot 775-772-9017
	Vendor No.: T32007788
	NV Business ID: NV20101753985
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that 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	37.70 %	<input checked="" type="checkbox"/> Fees	6.30 %	.76% Plan Review, 2.06% Brady, 3.46% Court Assessment Fees
Federal Funds	0.00 %	Bonds	0.00 %	
<input checked="" type="checkbox"/> Highway Funds	53.70 %	<input checked="" type="checkbox"/> Other funding	2.30 %	Internal Service Fund (CP)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2022**
Anticipated BOE meeting date **02/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**
Contract term: **3 years and 290 days**

4. Type of contract: **Contract**
Contract description: **Psychology/Wellness**

5. Purpose of contract:
This is a new contract to provide psychotherapy counseling, evaluation, and therapy services, as needed, to sworn and/or civilian employees

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**
Other basis for payment: \$375.00 per employee for initial evaluation (billing code 90791); \$125.00 per 50 minute follow-up session (billing code 90834)

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? **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?

Pursuant to NAC 333.150(2)(b)(6), Department employees have chosen Dr. Gilbert-Eliot's professional services.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	lgallow1	04/01/2022 16:37:54 PM
Division Approval	lgallow1	04/01/2022 16:38:00 PM
Department Approval	mcosenti	04/01/2022 16:44:07 PM
Contract Manager Approval	mcosenti	04/01/2022 16:44:13 PM
Budget Analyst Approval	jrodrig9	04/17/2022 22:10:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25959**

Agency Name: **DPS-HIGHWAY PATROL**
Agency Code: **651**
Appropriation Unit: **4713-08**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **WHITE PINE, COUNTY OF**
Contractor Name: **WHITE PINE, COUNTY OF**
Address: **WHITE PINE CO SHERIFFS DEPT
1785 GREAT BASIN BLVD
ELY, NV 89301**
City/State/Zip: **ELY, NV 89301**
Contact/Phone: **Sheriff Scott Henriod 775/289-8808**
Vendor No.: **T80971176E**
NV Business ID: **Government**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %
Agency Reference #:	651		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Blood Draw Services**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing blood draw services for the Nevada Highway Patrol for evidentiary purposes when a person is arrested on suspicion of driving under the influence of drugs and/or alcohol.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$105.00 per Blood Draw

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Highway Patrol Officers must have a nearby medical facility available at all times that can do evidentiary blood draws. These draws must be done within two hours of a subject being arrested on suspicion of driving under the influence of drugs and/or alcohol.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 facility has been utilized by other State agencies and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Kathleen Henrie, Fiscal/Business Trainee Contract Manager Ph: 775-684-4467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdefe1	04/01/2022 13:11:28 PM
Division Approval	twollan1	04/06/2022 15:33:55 PM
Department Approval	jdekoekk	04/08/2022 09:43:11 AM
Contract Manager Approval	jdekoekk	04/08/2022 09:43:15 AM
Budget Analyst Approval	jrodrig9	04/17/2022 23:05:20 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: **25572**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4460-07**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Francisco Bengochea**
Contractor Name: **Bengochea's Quality Floors & Paints**
Address: **620 Sheehan Street**
City/State/Zip: **Winnemucca, NV 89445**
Contact/Phone: **Pachi Bengochea 775-623-5107**
Vendor No.: **T32011557**
NV Business ID: **NV20091540386**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Sportsmens Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **22-52**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2023**

Contract term: **335 days**

4. Type of contract: **Contract**

Contract description: **Carpet Installation**

5. Purpose of contract:

This is a new contract to provide new carpet and baseboards as well as installation services in the Elko Field Office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,212.76**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Elko office's current carpet is aged and worn out.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work that state employees do not have the expertise or materials to complete.

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):

**Quality Floors
Carpet One
Floors by Ortiz**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only responsive bidder.

d. Last bid date: 02/04/2022 Anticipated re-bid date: 03/15/2023

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, Transportation in 2005, work was satisfactory

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Francisco Bengochea does business as Bengochea's Quality Floors & Paints.

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable

- 19. Agency Field Contract Monitor:

Nick Collin, Construction Coordinator Ph: 775-688-1583

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/09/2022 10:45:21 AM
Division Approval	jneubau2	02/14/2022 12:16:12 PM
Department Approval	bvale1	03/01/2022 14:52:00 PM
Contract Manager Approval	cprasa1	03/28/2022 11:52:28 AM
Budget Analyst Approval	dspeed1	03/30/2022 16:49:50 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: **25616**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Frontier Civil, LLC
Agency Code: 702	Contractor Name: Frontier Civil, LLC
Appropriation Unit: 4460-07	Address: 301 Poplar Drive
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Boyd Ratliff 775-299-8992
	Vendor No.: T29044978
	NV Business ID: NV20212033717
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to 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 % Sportsmens Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 22-55

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2026**

Contract term: **3 years and 331 days**

4. Type of contract: **Contract**

Contract description: **Prof. Engineering**

5. Purpose of contract:

This is a new contract to provide professional civil engineering and construction inspection services on an as-needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Future civil design projects and currently permitted work require inspection in order to be in compliance with the State Public Works building permit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Special expertise is required to perform this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:
Rodd Lighthouse, Supervising P.E. Ph: 775-688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/24/2022 16:54:27 PM
Division Approval	jneubau2	02/28/2022 13:02:02 PM
Department Approval	bvale1	03/03/2022 11:07:30 AM
Contract Manager Approval	cprasa1	03/09/2022 09:44:05 AM
Budget Analyst Approval	dspeed1	04/04/2022 13:56:44 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: **25441**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Nevada Department of Agriculture
Agency Code: 702	Contractor Name: Nevada Department of Agriculture
Appropriation Unit: 4464-13	Address: 405 South 21st Street
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Julia Miller-Ketcham 775-353-3755
	Vendor No.: D55000070
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 22-46

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 316 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Lab Services**

5. Purpose of contract:

This is a new interlocal agreement to provide veterinary services including diagnostic testing, laboratory space, incineration services, and other laboratory services as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Agriculture provides laboratory space for the wildlife health program, maintains an incinerator, and provides laboratory testing that the Nevada Department of Wildlife does not have the capability for.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have access to the lab materials needed to complete these tests.

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?

Interlocal agreement.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Nate LaHue, Wildlife Health Staff Specialist Ph: 775-688-1813

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	01/28/2022 16:03:56 PM
Division Approval	jneubau2	02/03/2022 13:26:15 PM
Department Approval	bvale1	02/07/2022 14:46:19 PM
Contract Manager Approval	cprasa1	02/15/2022 09:41:20 AM
Budget Analyst Approval	dspeed1	03/22/2022 17:04:50 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: **21340** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Washington Animal Disease Diagnostic Lab**

Agency Code: **702** Contractor Name: **Washington Animal Disease Diagnostic Lab**

Appropriation Unit: **4464-13** Address: **Washington State University
P.O. Box 647034**

Is budget authority available?: **Yes** City/State/Zip: **Pullman, WA 99164-7034**

If "No" please explain: **Not Applicable** Contact/Phone: **Kathleen Hagen 509-335-2232**

Vendor No.: **T11361100C**

NV Business ID: **GOVERNMENTAL ENTITY**

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 19-22

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2019**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2024**

Contract term: **5 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Lab Testing Game**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides ongoing testing services for pathogens, wildlife diseases, and other wildlife health factors from samples collected from wildlife. This amendment increases the maximum amount from \$350,000 to \$360,800 due to the addition fish disease testing.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$350,000.00	\$350,000.00	\$350,000.00	Yes - Action
2. Amount of current amendment (#1):	\$6,600.00	\$6,600.00	\$6,600.00	No
3. New maximum contract amount:	\$356,600.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

As a state resources agency, we are mandated to test fish annually per the American Fisheries Society's Blue Book. Testing will be on a yearly basis for 180 rainbow trout to maintain the State's obligation for yearly disease testing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have a disease testing facility.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):
 Not Applicable

b. Solicitation Waiver: **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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
 Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:
 NDA in 2022, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/18/2022 16:45:05 PM
Division Approval	jneubau2	02/28/2022 12:58:06 PM
Department Approval	bvale1	03/31/2022 16:45:51 PM
Contract Manager Approval	cprasa1	04/06/2022 09:02:04 AM
Budget Analyst Approval	dspeed1	04/22/2022 16:15:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25570**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: University of Nevada Reno
Agency Code: 702	Contractor Name: University of Nevada Reno
Appropriation Unit: 4467-14	Address: Mailstop 0124
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: Kevin Shoemaker 775-422-9092
	Vendor No.: D35000816
	NV Business ID: GOVERNMENTAL ENTITY
To what State Fiscal Year(s) will the contract be charged?	2022-2024

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Habitat Conservation Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 22-50

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2022**

Anticipated BOE meeting date 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **2 years and 88 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Spring Restorations**

5. Purpose of contract:

This is a new interlocal agreement to provide research and insight into the ecological impacts of regularly conducted spring restoration activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This research will give NDOW insight into the ecological impacts of regularly conducted spring restoration activities. Previous measure of impact has solely been conducted through photo monitoring and simple vegetation assessment. This research project will provide in-depth information, allowing project planners to understand the full effects of spring restoration projects on soils, vegetation, game species, and non-game species.

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 work hours available to dedicate solely to this project, nor do they have access to the data analysis program or baseline dataset which is required to analyze these portions of data.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOW, 2021, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Victoria Cernoch, Biologist III Ph: 775-688-1444

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/08/2022 15:50:14 PM
Division Approval	jneubau2	02/28/2022 13:06:44 PM
Department Approval	bvale1	03/08/2022 12:51:50 PM
Contract Manager Approval	cprasa1	03/10/2022 09:34:13 AM
Budget Analyst Approval	dspeed1	04/04/2022 13:37:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25078**

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: **Washoe Storey Conservation District**
 Contractor Name: **Washoe Storey Conservation District**
 Address: **1365 Corporate Boulevard**
 City/State/Zip: **Reno, NV 89502**
 Contact/Phone: **Bret Tyler 775-232-1571**
 Vendor No.: **T80994836**
 NV Business ID: **GOVERNMENTAL ENTITY**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to 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 Fee
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 22-35

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2025**

Contract term: **3 years and 224 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat Improvement**

5. Purpose of contract:

This is a new interlocal agreement that provides for habitat improvement projects on private and public lands where the Washoe Storey Conservation District (WSCD) has the technical knowledge, expertise, and experienced staff to accomplish the work that NDOW employees do not have the ability to conduct.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department has a need to address habitat degradation within the jurisdiction of the WSCD.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the knowledge or certifications for much of the work such as herbicide application, use of chainsaws for PJ treatments, stream bank restorations, and relationships with private landowners where habitat degradation has occurred. NDOW also does not have the capacity to conduct the habitat improvements projects.

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. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOW, FY21, all work was satisfactory and met all requirements and deadlines.

14. Is the contractor currently involved in litigation with the State 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:

Jasmine Kleiber, Wildlife Staff Specialist Ph: 775-688-1561

Katie Andrle, Biologist IV Ph: 775-688-1145

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/08/2021 16:12:22 PM
Division Approval	jneubau2	10/13/2021 09:17:44 AM
Department Approval	bvale1	02/28/2022 08:43:58 AM
Contract Manager Approval	cprasa1	03/01/2022 11:32:20 AM
Budget Analyst Approval	dspeed1	03/22/2022 17:12:33 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: **25940**

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: 5 Star Grand Canyon Helicopter Tours LLC Contractor Name: 5 Star Grand Canyon Helicopter Tours LLC Address: 5596 Haven Street City/State/Zip: Las Vegas, NV 89119 Contact/Phone: John Power 702.885.7827 Vendor No.: NV Business ID: NV20111739544
--	---

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/15/2024**

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue contract**

5. Purpose of contract:

This is a new contract to provide wedding ceremonies and group events at authorized landing sites within Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting wedding ceremonies and group events at authorized landing sites within the Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the expertise to perform this task.

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?

Revenue contract

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks; has a current SCUP; work has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Randy Denter, Park Supervisor Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/30/2022 11:05:44 AM
Division Approval	kcopelan	03/30/2022 11:05:47 AM
Department Approval	kcopelan	03/30/2022 11:05:50 AM
Contract Manager Approval	kcopelan	03/30/2022 11:05:53 AM
Budget Analyst Approval	rjacob3	04/15/2022 11:07:50 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: **25943**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Cactus and Lace Weddings
Agency Code: 704	Contractor Name: Cactus and Lace Weddings
Appropriation Unit: 4162-00	Address: PO Box 554
Is budget authority available?: Yes	City/State/Zip: Logandale, NV 89021
If "No" please explain: Not Applicable	Contact/Phone: Lory Fabbi 702.378.9597
	Vendor No.:
	NV Business ID: NV20141370529
To what State Fiscal Year(s) will the contract be charged?	2022-2024

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/15/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2024**

Contract term: **2 years and 16 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide commercial wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting wedding ceremonies within the Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the expertise to perform this task.

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?

Revenue contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks; November 2015 to present; complied 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:
 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:
 Randy Denter, Park Supervisor Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/30/2022 11:51:37 AM
Division Approval	kcopelan	03/30/2022 11:51:42 AM
Department Approval	kcopelan	03/30/2022 11:51:45 AM
Contract Manager Approval	kcopelan	03/30/2022 11:51:48 AM
Budget Analyst Approval	rjacob3	04/15/2022 11:15:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23598	Amendment Number: 1
Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Dulles Technology Partners Inc
Agency Code: 704	Contractor Name: Dulles Technology Partners Inc
Appropriation Unit: 4162-12	Address: 817 Larch Valley Ct
Is budget authority available?: Yes	City/State/Zip: Leesburg, VA 20176
If "No" please explain: Not Applicable	Contact/Phone: Tom Nyilasi 703-623-2128
	Vendor No.: T27043815
	NV Business ID: NV20201856471

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/27/2020**
Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **3 years and 247 days**

4. Type of contract: **Contract**

Contract description: **Implement WebGrants**

5. Purpose of contract:

This is the 1st amendment to the original contract. This contract is to provide implementation of the WebGrants software for Nevada Division of State Parks - Division Office. Dulles Technology Partners will assist NDSP grants section with tracking and monitoring of grants and sub-grants. This amendment will extend the contract from 06/30/22 to 06/30/24 and increase the contract amount from \$30,350 to \$44,100.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,350.00	\$30,350.00	\$30,350.00	Yes - Info
2. Amount of current amendment (#1):	\$13,750.00	\$13,750.00	\$44,100.00	Yes - Info
3. New maximum contract amount:	\$44,100.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will assist the Grants Section of Nevada State Parks in tracking the grants and sub-grants they oversee.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks employees do not have the expertise to complete this project

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	kcopelan	04/01/2022 13:58:52 PM
Division Approval	kcopelan	04/01/2022 13:58:56 PM
Department Approval	kcopelan	04/01/2022 13:59:02 PM
Contract Manager Approval	kcopelan	04/01/2022 13:59:06 PM
Budget Analyst Approval	rjacob3	04/15/2022 11:21:19 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: **25854**

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: **Maverick Activities**
Contractor Name: **Maverick Activities**
Address: **PO Box 301**
City/State/Zip: **Zephyr Cove, NV 89448**
Contact/Phone: **Andrew Lubrano 775.588.4102**
Vendor No.:
NV Business ID: **NV20171197719**
To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2023**

Contract term: **1 year and 29 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue contract**

5. Purpose of contract:

This is a new revenue contract to provide fishing charters at Lake Tahoe Nevada State Parks - Cave Rock unit.

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?

Vendor request to provide fishing charters from LTNSP - Cave Rock.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks employees do not have the expertise or the time to provide this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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, Ranger III Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/21/2022 11:55:14 AM
Division Approval	kcopelan	03/21/2022 11:55:52 AM
Department Approval	kcopelan	03/21/2022 11:55:57 AM
Contract Manager Approval	kcopelan	03/21/2022 11:56:02 AM
Budget Analyst Approval	rjacob3	04/01/2022 09:35:26 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: **25936**

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: Papillon Airways, Inc
Contractor Name: **Papillon Airways, Inc**
Address: **1265 Airport Road**
City/State/Zip: **Boulder City, NV 89005**
Contact/Phone: Eric Filipcic 702.286.5757
Vendor No.:
NV Business ID: NV19981140269

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/15/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2024**

Contract term: **2 years and 16 days**

4. Type of contract: **Revenue Contract**

Contract description: **revenue contract**

5. Purpose of contract:

This is a new revenue contract to provide for helicopter wedding ceremonies and group events at Valley of Fire State Park.

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?

The vendor will be conducting wedding ceremonies and group events at authorized landing sites within the Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the expertise to perform this task.

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?

Revenue contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks; 1/1/21 - 1/15/22; work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 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:

Randy Denter, Park Supervisor Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/30/2022 10:34:01 AM
Division Approval	kcopelan	03/30/2022 10:34:05 AM
Department Approval	kcopelan	03/30/2022 10:34:08 AM
Contract Manager Approval	kcopelan	03/30/2022 10:34:11 AM
Budget Analyst Approval	rjacob3	04/15/2022 11:10:50 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: **25899**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Tahoe Tony LLC
Agency Code: 704	Contractor Name: Tahoe Tony LLC
Appropriation Unit: 4162-00	Address: PO Box 2014
Is budget authority available?: Yes	City/State/Zip: Stateline, NV 89449
If "No" please explain: Not Applicable	Contact/Phone: Anthony Spatucci 775.450.4757
	Vendor No.:
	NV Business ID: NV20201807343
To what State Fiscal Year(s) will the contract be charged?	2022-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/15/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2023**

Contract term: **1 year and 46 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, Spooner Lake, and Sand Harbor.

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:

Nevada State Park employees do not have the expertise or time to provide this type of event.

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?

Revenue Contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks in 2019, 2020, and 2021. 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:

Brett Hartley, Ranger III Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/24/2022 15:55:13 PM
Division Approval	kcopelan	03/24/2022 15:55:20 PM
Department Approval	kcopelan	03/24/2022 15:55:26 PM
Contract Manager Approval	kcopelan	03/24/2022 15:55:32 PM
Budget Analyst Approval	rjacob3	04/15/2022 11:32:51 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: **25734**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Ambient Edge
Agency Code: 704	Contractor Name: Ambient Edge
Appropriation Unit: 4605-15	Address: 110 Corporate Park Drive Suite 111
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89074
If "No" please explain: Not Applicable	Contact/Phone: Amy Johnson 928.718.1017
	Vendor No.: T27044345
	NV Business ID: NV20212036735
To what State Fiscal Year(s) will the contract be charged?	2022-2026

What is the source of funds that will be used to pay the contractor? 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 % Utility Surcharge

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/25/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/01/2026**

Contract term: **4 years and 8 days**

4. Type of contract: **Contract**

Contract description: **Service contract**

5. Purpose of contract:

This is a new contract to provide on call-service to include, maintenance and repair of the HVAC system at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,864.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State Parks has many HVAC units requiring maintenance and repair.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the time or the expertise to perform this 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):

Ambient Edge
The AC Company
The Cooling Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only Ambient Edge provided a quote.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Ambient Edge is our current on-call contractor. Their work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Rett Smith, Facilities Manager Ph: 702.486.5126

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/04/2022 13:23:54 PM
Division Approval	kcopelan	03/04/2022 13:24:00 PM
Department Approval	kcopelan	03/04/2022 13:24:03 PM
Contract Manager Approval	kcopelan	03/04/2022 13:24:05 PM
Budget Analyst Approval	rjacob3	03/25/2022 08:26:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25810**

Agency Name: **DCNR - PARKS DIVISION**
 Agency Code: **704**
 Appropriation Unit: **4605-11**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **SUMMIT PLUMBING CO LLC DBA**
 Contractor Name: **SUMMIT PLUMBING CO LLC DBA**
 Address: **SUMMIT SEPTIC SEWER/DRAIN SVC
 1749 Timber Court
 GARDNERVILLE, NV 89410**
 City/State/Zip: **GARDNERVILLE, NV 89410**
 Contact/Phone: **775/267-9987**
 Vendor No.: **T29008376**
 NV Business ID: **nv19991021762**

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Utilities Surcharge

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/25/2025**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **On-call contract**

5. Purpose of contract:

This is a new contract to provide ongoing on call plumbing, pumping, and portable toilet rentals for Lake Tahoe Nevada State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,700.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to health and safety concerns it is imperative that a contract is in place in case there is a plumbing and pumping problem within the park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks does not have the time or the expertise to perform this duty

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):

**Roto Rooter
 Summit Plumbing
 Savage and Sons**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Summit Plumbing was the only vendor to submit a bid.

d. Last bid date: 01/19/2022 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks has had a contract with Summit Plumbing since 2013. They have provided Satisfactory work.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Joe Fontaine, Facility Supervisor Ph: 775.831.0494 ext 227

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	03/16/2022 12:49:39 PM
Division Approval	kcopelan	03/16/2022 12:49:50 PM
Department Approval	kcopelan	03/16/2022 12:50:24 PM
Contract Manager Approval	kcopelan	03/30/2022 09:18:42 AM
Budget Analyst Approval	rjacob3	03/31/2022 08:13:01 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: **25982**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4195-07**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **AM SMITH ELECTRIC INC**
 Contractor Name: **AM SMITH ELECTRIC INC**
 Address: **3370 EXECUTIVE POINTE WAY
 STE 43**
 City/State/Zip: **CARSON CITY, NV 89706-7975**
 Contact/Phone: **Melissa Maguire 775/885-0333**
 Vendor No.: **PUR0002678**
 NV Business ID: **NV19801010061**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF22-007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical repairs/services on an as needed contractual basis for emergency and non-emergency repairs, and parts specifically to building electrical systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$95.00 per Normal Business Hours 7:00 am. - 3:30 pm Mon. - Fri., \$76.00 per Remodel/Project Rate greater than 4 hours; \$190.00 per Overtime Labor Rate per hour; Materials billed at cost plus 18%

II. JUSTIFICATION

7. What conditions require that this work be done?

Facility related emergency and non-emergency conditions may require immediate attention to address safety and health related liabilities. This contract will allow the division to address these situations expeditiously.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Creekside Electric
AM Smith Electric
Complete Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as the best value to the division and State and has a history of satisfactory performance with the division.

d. Last bid date: 03/24/2022 Anticipated re-bid date: 03/23/2026

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract with the division for since SFY17 and service has been deemed 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:

Rick Morse, Program Manager Ph: 775-684-2513

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	04/15/2022 15:23:33 PM
Division Approval	dsorensen	04/15/2022 15:23:35 PM
Department Approval	dsorensen	04/15/2022 15:23:38 PM
Contract Manager Approval	rmorse	04/15/2022 15:25:02 PM
Budget Analyst Approval	rjacob3	04/18/2022 14:30:11 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: **25938**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: DON M LAZORKO CONSTRUCTION INC
Agency Code: 706	Contractor Name: DON M LAZORKO CONSTRUCTION INC
Appropriation Unit: 4195-07	Address: PO BOX 728
Is budget authority available?: Yes	City/State/Zip: VERDI, NV 89439-7320
If "No" please explain: Not Applicable	Contact/Phone: Don Lazorko 775/345-7320
	Vendor No.: T27035934
	NV Business ID: NV20041421345

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF22-006**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **General Contractor**

5. Purpose of contract:

This is a new contract to provide ongoing general contractor services for the division's facilities in Minden, Carson City and Winnemucca on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Payment for services will be made at the rate of \$125.00 per hour, Monday-Friday 8 am-5 pm

Other basis for payment: \$185/hour overtime labor rate; \$225/hour after hours/emergency rate; \$75/hour travel time rate; material billed at cost plus 25%; upon receipt/approval of contractor's invoice and verification of work completed in satisfactory manner.

II. JUSTIFICATION

7. What conditions require that this work be done?

Facility related emergency and non-emergency conditions may require immediate attention to address safety and health related liabilities. This contract will allow the division to address these situations expeditiously.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Murphy Built Construction
Don M. Lazorko Construction
Moody Weiske

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as the best value to the division and State and has a history of satisfactory performance with the division.

d. Last bid date: 03/22/2022 Anticipated re-bid date: 03/16/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract with the division for since SFY17 and service has been deemed 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	dsorens	04/15/2022 15:23:13 PM
Division Approval	dsorens	04/15/2022 15:23:16 PM
Department Approval	dsorens	04/15/2022 15:23:17 PM
Contract Manager Approval	rmorse	04/15/2022 15:25:48 PM
Budget Analyst Approval	rjacob3	04/18/2022 14:22:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22340	Amendment Number: 1
Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Douglas County School District
Agency Code: 901	Contractor Name: Douglas County School District
Appropriation Unit: 3265-09	Address: 1638 Mono Ave.
Is budget authority available?: Yes	City/State/Zip: Minden, NV 89423-4212
If "No" please explain: Not Applicable	Contact/Phone: Jeanette Dwyer 775-782-5134
	Vendor No.: T40231900
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3342-22-REHAB**

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 **04/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **DCSD Transition**

5. Purpose of contract:

This is the first amendment to the interlocal agreement which provides 50% funding for a Transition Coordinator position for the Douglas County School District. This amendment extends the termination date from June 30, 2022 to June 30, 2024 and increases the maximum amount from \$87,017 to \$175,173 due to the continued needs for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$87,017.00	\$87,017.00	\$87,017.00	Yes - Action
2. Amount of current amendment (#1):	\$88,156.00	\$88,156.00	\$88,156.00	Yes - Info
3. New maximum contract amount:	\$175,173.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts need a transition coordinator who can support transition efforts across all schools in the district to ensure that students and young adults with disabilities progress in school and graduate with the knowledge, skills and tools to succeed in post-secondary education or employment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the time or the ability to provide the services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to various state agencies since 1999.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rhernan3	02/28/2022 12:40:11 PM
Division Approval	cedlefse	02/28/2022 13:37:16 PM
Department Approval	cedlefse	02/28/2022 13:37:22 PM
Contract Manager Approval	llarki1	03/23/2022 08:14:19 AM
Budget Analyst Approval	vfajota	03/23/2022 08:48:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21208** Amendment Number: **4**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **NEVADAWORKS DBA**

Agency Code: **902** Contractor Name: **NEVADAWORKS DBA**

Appropriation Unit: **4770-00** Address: **639 ISBELL RD STE 420**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-4967**

If "No" please explain: Not Applicable Contact/Phone: John Thurman, CEO 775/284-1338

Vendor No.: T27003177

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

Agency Reference #: 3276-20-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/17/2018**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 195 days**

4. Type of contract: **Revenue Contract**

Contract description: **NVWks Revenue**

5. Purpose of contract:

This is the fourth amendment to the original revenue contract for Nevadaworks. This amendment extends the termination date from June 30, 2021 to June 30, 2022, and increases the maximum amount from \$60,000 to \$84,000 due to the continue need to provide these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$24,000.00	No
b. Amendment 2:	\$24,000.00	\$24,000.00	\$48,000.00	Yes - Info
c. Amendment 3:	\$12,000.00	\$12,000.00	\$60,000.00	Yes - Action
2. Amount of current amendment (#4):	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
3. New maximum contract amount:	\$84,000.00			
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?

Local board will use FutureWorks Systems application to project, review and correct data for required WIOA/PIRL/ Federal reporting performance outcomes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Resources of manpower and expertise are not available to provide service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NevadaWorks is currently under contract with DETR for WIOA services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	02/22/2021 11:24:17 AM
Division Approval	kdesoci1	03/18/2021 17:16:40 PM
Department Approval	kdesoci1	03/18/2021 17:16:44 PM
Contract Manager Approval	kdesoci1	04/02/2021 16:29:48 PM
Budget Analyst Approval	vfajota	04/15/2022 16:19:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25578**

Agency Name: SILVER STATE HEALTH INSURANCE EXCHANGE	Legal Entity Name: Division of Welfare and Supportive Services
Agency Code: 960	Contractor Name: Division of Welfare and Supportive Services
Appropriation Unit: 1400-75	Address: 1470 College Pkwy.
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89706-7924
If "No" please explain: Not Applicable	Contact/Phone: Certified Contract Manager 775-684-0500
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Carrier Premium Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/18/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 73 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Appeals Hearings**

5. Purpose of contract:

This is a new interlocal agreement to provide appeal hearings and expedited appeal hearings for health insurance consumers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,388.00**

Payment for services will be made at the rate of \$48.85 per hour

Other basis for payment: FY22 - \$3,078 or not to exceed 63 hours FY23 - \$12,310 or not to exceed 252 hours

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals hearings are required under the Affordable Care Act, 45 CFR 155.310, 45 CFR 155.330(e)(1)(ii), 45 CFR 155.335(h)(1)(ii), 45 CFR 155.500-155.555, 45 CFR 155.610(i), 45 CFR 155.7159(e) and (f), or 45 CFR 155.716(e) for State Based Exchanges. Previously, this service was provided to the SSHIX by the Centers for Medicare and Medicaid Services (CMS), but with the transition away from Healthcare.gov, the SSHIX is required to provide this service for consumers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Appeals hearings are required to be conducted by a third party under 45 CFR 155.310, 45 CFR 155.330(e)(1)(ii), 45 CFR 155.335(h)(1)(ii), 45 CFR 155.500-155.555, 45 CFR 155.610(i), 45 CFR 155.7159(e) and (f), or 45 CFR 155.716(e) to ensure a fair hearing process.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jlop18	04/05/2022 11:38:12 AM
Division Approval	jlop18	04/05/2022 11:38:15 AM
Department Approval	rhigh	04/06/2022 09:38:35 AM
Contract Manager Approval	jlop18	04/06/2022 09:48:14 AM
Budget Analyst Approval	kanders2	04/18/2022 09:14:07 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: **25799**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	GREINER, JILL DBA LAW OFFICE OF JILL GREINER
Agency Code:	BDC	Contractor Name:	GREINER, JILL DBA LAW OFFICE OF JILL GREINER
Appropriation Unit:	B015 - All Categories	Address:	2915 Sagittarius Drive
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Jill Greiner 775/332-8443
		Vendor No.:	T29010968A
		NV Business ID:	NV20222392621

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/24/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **1 year and 282 days**

4. Type of contract: **Contract**

Contract description: **Greiner**

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: **\$30,000.00**

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?

[Empty text box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	03/14/2022 15:00:36 PM
Division Approval	5522	03/14/2022 15:00:39 PM
Department Approval	5522	03/14/2022 15:00:42 PM
Contract Manager Approval	5522	03/14/2022 15:00:46 PM
Budget Analyst Approval	hfield	03/24/2022 10:24:44 AM

DEPARTMENT OF ADMINISTRATION

RISK MANAGEMENT

AFFIDAVIT OF REJECTION OF INDUSTRIAL INSURANCE COVERAGE

STATE OF Nevada)
Washoe COUNTY) ss.

I, Jill Greiner, being first duly sworn, depose and state as follows under penalty of perjury, and by my initials on each paragraph, I certify that I have read and understand each paragraph.

1. I make this affidavit for the purpose of rejecting industrial insurance coverage, pursuant to NRS 616B.627 and NRS 617.210, in connection with entering into a Contract with the State of Nevada or political subdivision of the State of Nevada. After reviewing those statutes and the definitions of "sole proprietor" in NRS 616A.310 and NRS 617.145, I believe I qualify to reject industrial insurance coverage, and I covenant that I will not knowingly do anything that would disqualify me from rejecting industrial insurance under those statutes, without first withdrawing this Affidavit of Rejection and obtaining all statutorily required industrial insurance coverage. JG

2. I am a sole proprietor, as defined by NRS 616A.310 and NRS 617.145, who will not use the services of any employees, subcontractors, or independent contractors in the performance of this Contract with the State of Nevada. JG

3. In accordance with the provisions of NRS 616B.659, I have elected to reject the industrial insurance terms, conditions, and provisions of NRS Chapters 616A to 616D inclusive. By doing so I acknowledge that if I incur an industrial injury or occupational disease in the performance of this Contract that I waive and will be disqualified to receive any workers' compensation coverage pursuant to Nevada law or the laws of any other state where I have waived coverage. JG

4. In accordance with the provisions of NRS 617.225, I have elected to reject the workers' compensation terms, conditions, and the provisions of NRS Chapter 617 as it relates to occupational diseases. By doing so, I acknowledge that if I incur an industrial injury or occupational disease in the performance of this Contract that I waive and will be disqualified to receive any workers' compensation or occupational disease benefits pursuant to Nevada law or the laws of any other state where I have waived coverage. JG

5. I acknowledge that the State of Nevada will not be considered to be my employer or the employer of my employees, subcontractors or independent contractors, if any; and that the State of Nevada is not liable as a principal contractor to me or my employees, subcontractors or independent contractors for any compensation or other damages as a result of an industrial injury or occupational disease incurred.

in the performance of this Contract. JB

6. I acknowledge that by signing this waiver I am not eligible for any workers' compensation or occupational disease benefits that I may be otherwise eligible, in the performance of this Contract. I acknowledge that should I incur any industrial injury or occupational disease in the performance of this Contract that I will be responsible for any costs, including medical, disability and rehabilitation benefits that I may incur. JB

7. Prior to executing this affidavit, I have had a full and fair opportunity to answer any questions I may have had regarding industrial insurance or occupational disease benefits and liabilities under Nevada law, including the opportunity to consult with counsel of my choice, and this Waiver is made with full knowledge of any liabilities that may incur. JB

8. I have read the provisions of NRS Chapters 616A to 616D, inclusive, and NRS Chapter 617 and I am otherwise in compliance with the terms, conditions and provisions thereof. JB

9. I, Jill Greiner, do hereby swear under penalty of perjury that the assertions of this affidavit are true. JB

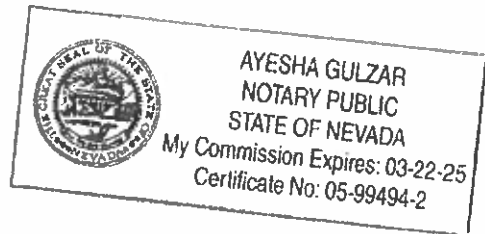
NAME Jill Greiner

SUBSCRIBED and SWORN to before me

by Jill Greiner

this 8th day of March ~~2014~~ 2022 AL

Ayesha Gulzar
Notary Public, in and for said
County and State



Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

Melanie Young
Administrator

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: April 14, 2022

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Natasha Kephart, Executive Branch Budget Officer *nk*
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 3rd quarter of State Fiscal Year 2022 (FY22) report for the period beginning January 1, 2022, and ending March 31, 2022.

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 3rd quarter, the DMV collected a total of \$103,584.00 voluntary contributions for the Complete Streets Program. The following tables demonstrate the percentage contributed by county alongside the 2nd quarter of fiscal year 22 and the same quarter last fiscal year:

REVIEWED:	<i>SK</i>
INFO ITEM:	_____

Contributions

3rd Quarter			2nd Quarter			3rd Quarter		
FY 2022	Total Collected 3rd		FY 2022	Total 2nd Quarter		FY 2021	Total Collected 2nd	
By County	3rd Quarter	% of Total	By County	2nd Quarter	% of Total	By County	3rd Quarter	% of Total
Carson City	\$ 3,070.00	2.96%	Carson City	\$2,906.00	2.99%	Carson City	\$ 3,508.00	3.01%
Clark	\$ 81,442.00	78.62%	Clark	\$ 76,318.00	78.46%	Clark	\$ 83,436.00	78.63%
Douglas	\$ 3,132.00	3.02%	Douglas	\$ 3,252.00	3.34%	Douglas	\$ 3,140.99	2.63%
Washoe	\$ 15,940.00	15.39%	Washoe	\$ 14,792.00	15.21%	Washoe	\$ 16,694.00	15.73%
Total	\$103,584.00	100.00%	Total	\$ 97,268.00	100.00%	Total	\$106,778.99	100%

NRS 482.1825, subsection 3, authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$1,035.84 for the 1% costs for DMV to administer the program, Clark County received \$80,627.58; Washoe County received \$15,780.60; Carson City received \$3,039.30; and Douglas County received \$3,100.68. The following tables demonstrate the percent of the DMV 1% commission by county alongside the previous 2nd quarter of this fiscal year and the same quarter last year:

DMV Commission (1%)

3rd Quarter			2nd Quarter			3rd Quarter		
FY 2022	Total DMV 1% 3rd		FY 2022	Total 2nd Quarter		FY 2021	1% DMV	
By County	3rd Quarter	% of Total	By County	2nd Quarter	% of Total	By County	3rd Quarter	% of Total
Carson City	\$ 30.70	2.96%	Carson City	\$ 29.06	2.99%	Carson City	\$ 35.08	3.01%
Clark	\$ 814.42	78.62%	Clark	\$ 763.18	78.46%	Clark	\$ 834.36	78.63%
Douglas	\$ 31.32	3.02%	Douglas	\$ 32.52	3.34%	Douglas	\$ 31.41	2.63%
Washoe	\$ 159.40	15.39%	Washoe	\$ 147.92	15.21%	Washoe	\$ 166.94	15.73%
Total	\$ 1,035.84	100.00%	Total	\$ 972.68	100.00%	Total	\$ 1,067.79	100%

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning January 1, 2022, and ending March 31, 2022.

FY22 Total	Carson City	Clark	Douglas	Washoe	FY22 Total	Total FY22
Donations	4,714	120,649	4,867	23,632	Donations	153,862
Registrations	37,228	720,859	41,818	198,471	Registrations	998,376
% of Registrations that Donate	12.66%	16.74%	11.64%	11.91%	Average %	13.24%

For FY22 3rd quarter, Clark County received on average 16.74% where Carson City received on average 12.66% of vehicle registrations donating.

The following table demonstrates the percentage of registrations donated by quarter for fiscal year 2021:

FY21 Total	Carson City	Clark	Douglas	Washoe	FY21 Total	Total FY21
Donations	6,615	161,765	6,494	34,565	Donations	209,440
Registrations	51,714	992,028	56,976	276,799	Registrations	1,377,517
% of Registrations that Donate	12.79%	16.31%	11.40%	12.49%	Average %	13.25%

Statutory Authority:

NRS 482.1825