

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: June 27, 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=skkEIKDzPs0>

Phone Conference Line: 775-321-6111 or 702-329-3435

Phone Conference ID: 694 185 390#

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 or 702-329-3435. When prompted to provide the meeting ID, please enter 694 185 390#. 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 Proposed Master Service Agreements](#) (For possible action)

- 4. 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 or 702-329-3435. When prompted to provide the meeting ID, please enter 694 185 390#. 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.

5. **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>

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A SIMPLE SOLUTION, LLC DBA DYNAMIC CAREGIVERS	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26096		
2.		VARIOUS STATE AGENCIES	A VICTORIOUSCARE	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 # 26017		
3.		VARIOUS STATE AGENCIES	ABBIE STEVENSON	OTHER: VARIOUS AGENCIES	\$2,100,000	
	Contract Description:	This is a new contract to provide ongoing audiology, early intervention and medical services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26270		
4.		VARIOUS STATE AGENCIES	ABLE ABILITIES GROUP	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing case management, supportive living arrangements and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26371		
5.		VARIOUS STATE AGENCIES	ACCESSIBLE SPACE, INC. DBA NEVADA COMMUNITY ENRICHMENT PROGRAM	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for acute medical, assisted living, case management, dietician-nutrition, medical, occupational therapy, physical therapy, rehabilitation, respite care, speed pathology therapy and counseling, adult daycare, group home, job development, residential provider, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26254		
6.		VARIOUS STATE AGENCIES	ALEXIES ASSISTED LIVING, INC. DBA MEADOWS CARE HOME	OTHER: VARIOUS AGENCIES	\$3,800,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, group home and residential provider services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26103		
7.		VARIOUS STATE AGENCIES	ALOHA BEHAVIORIAL CENTER, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and early intervention services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26287		

MASTER SERVICE AGREEMENT SUMMARY

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8.		VARIOUS STATE AGENCIES	AMALIA ORTIZ MAGNO DBA ST. FRANCIS GROUP HOME CARE V	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26080		
9.		VARIOUS STATE AGENCIES	AMERICAN COMPREHENSIVE COUNSELING SERVICES	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy, mental health and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26309		
10.		VARIOUS STATE AGENCIES	AMI HEALTHCARE SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26293		
11.		VARIOUS STATE AGENCIES	APPLIED BEHAVIOR ANALYSIS SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26255		
12.		VARIOUS STATE AGENCIES	ASHLEY BLAKE	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 - 06/30/2026	Contract # 26268		
13.		VARIOUS STATE AGENCIES	AT HOME SOLUTIONS	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and related services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 26350		
14.		VARIOUS STATE AGENCIES	AT NIGHTINGALES, LLC	OTHER: VARIOUS AGENCIES	\$3,800,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, group home and residential provider services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26105		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.		VARIOUS STATE AGENCIES	BERNADETTE COOPER & LARRY LEE COOPER DBA BREATH OF LIFE	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, community based living arrangements, disabilities support, group home, supportive living arrangements, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26397		
16.		VARIOUS STATE AGENCIES	BLINDCONNECT, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assistive technology, supportive services for the blind and visually impaired, community based living arrangements, counseling, disabilities support, pre-employment, rehabilitation, residential provider, senior care, and social worker.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26019		
17.		VARIOUS STATE AGENCIES	BORDGES TIMBER, INC.	OTHER: VARIOUS AGENCIES	\$14,326,000	
	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 # 26064		
18.		VARIOUS STATE AGENCIES	BOYS & GIRLS CLUBS OF SOUTHERN NEVADA	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 - 04/30/2026	Contract # 26082		
19.		VARIOUS STATE AGENCIES	CARING HANDS ADULT DAY SERVICE	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare and disabilities support services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26291		
20.		VARIOUS STATE AGENCIES	CARMELA HOMES	OTHER: VARIOUS AGENCIES	\$3,800,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, group home and residential provider services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26104		
21.		VARIOUS STATE AGENCIES	CARSON CITY COMMUNITY COUNSELING CENTER	OTHER: VARIOUS AGENCIES	\$4,900,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, mental health, counseling, and marriage and family therapy.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26304		

MASTER SERVICE AGREEMENT SUMMARY

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22.		VARIOUS STATE AGENCIES	COLON AND ALLEMAN, LTD DBA TOTAL EYECARE	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing optometry services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26317		
23.		VARIOUS STATE AGENCIES	CONFIDENCE HEALTH RESOURCES, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26125		
24.		VARIOUS STATE AGENCIES	CONSUMER DIRECT SERVICES FOR NEVADA, LLC DBA CONSUMER DIRECT CARE NETWORK NEVADA	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care, respite care and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26377		
25.		VARIOUS STATE AGENCIES	CYBT, INCORPORATED DBA A CARING HAND HOME CARE	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and related services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25348		
26.		VARIOUS STATE AGENCIES	CINDY JOHNSON	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26245		
27.		VARIOUS STATE AGENCIES	DANNY CERVAS & TERESITA CERVAS DBA PRINCESS II GROUP HOME	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26288		
28.		VARIOUS STATE AGENCIES	DEIDRE HAMMON	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing job development and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26301		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.		VARIOUS STATE AGENCIES	DENHAM ORTHOTIC AND FITNESS DBA EVOLVE PROSTHETICS AND ORTHOTICS	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing prosthetics and orthotics services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26290		
30.		VARIOUS STATE AGENCIES	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing acute medical and mental health services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26098		
31.		VARIOUS STATE AGENCIES	DIANE C. MILLER	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing audiology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26097		
32.		VARIOUS STATE AGENCIES	DR. BETHANY SCHLINGER PSYD, PC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing psychology and mental health services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26238		
33.		VARIOUS STATE AGENCIES	DR. PINOCCHIO OTD, INC. A PROFESSIONAL CORPORATION DBA DR. PINOCCHIO PEDIATRIC WELLNESS CENTER	OTHER: VARIOUS AGENCIES	\$3,200,000	
	Contract Description:	This is a new contract to provide ongoing occupational therapy, pediatric, and speech pathology therapy and counseling services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26315		
34.		VARIOUS STATE AGENCIES	DRS. MATHIS, VAN DUYN, ZAMBONI, KILLEEN & MEIER, NEVADA ENT & HEARING ASSOCIATES, PLLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing audiology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26073		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.		VARIOUS STATE AGENCIES	DANIELLE SCOTT, LLC	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, mental health, social worker, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26282		
36.		VARIOUS STATE AGENCIES	EAGLE QUEST	OTHER: VARIOUS AGENCIES	\$4,400,000	
	Contract Description:	This is a new contract to provide ongoing counseling, foster care, group home, marriage and family therapy, mental health, respite care, social worker, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26365		
37.		VARIOUS STATE AGENCIES	EBL, INC. DBA THE HEALTHY FOUNDATIONS CENTER	OTHER: VARIOUS AGENCIES	\$9,300,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, mental health, psychiatry, rehabilitation, speech pathology, therapy, and counseling, behavioral support, counseling, marriage and family therapy, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26039		
38.		VARIOUS STATE AGENCIES	ESMERALDA ARIAS	OTHER: VARIOUS AGENCIES	\$700,000	
	Contract Description:	This is a new contract to provide ongoing home health care and personal care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26020		
39.		VARIOUS STATE AGENCIES	EVANS HEALTH SERVICES, LLC DBA EVANS HOME	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 # 26106		
40.		VARIOUS STATE AGENCIES	EVERYDAY MIRACLES, LLC DBA EVERYDAY MIRACLES HOME CARE	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing personal care, respite care and senior care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26124		
41.		VARIOUS STATE AGENCIES	FDB ENTERPRISES, INC.	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 # 26041		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.		VARIOUS STATE AGENCIES	GERI LYNN GROSSAN DBA NUTRITION MOVES!	OTHER: VARIOUS AGENCIES	\$100,000	
	Contract Description:	This is a new contract to provide ongoing dietician-nutrition services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26111		
43.		VARIOUS STATE AGENCIES	GLASS HOUSE COUNSELING AGENCY, LLC	OTHER: VARIOUS AGENCIES	\$4,800,000	
	Contract Description:	This is a new contract to provide ongoing services for community based living arrangements, counseling, mental health, social worker services, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26037		
44.		VARIOUS STATE AGENCIES	GRACEFUL HEART, LLC	OTHER: VARIOUS AGENCIES	\$4,500,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangements and residential care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26253		
45.		VARIOUS STATE AGENCIES	GRANT A GIFT AUTISM FOUNDATION	OTHER: VARIOUS AGENCIES	\$3,800,000	
	Contract Description:	This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, community work experience programs, job development, and psychology.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26286		
46.		VARIOUS STATE AGENCIES	GROUNDING ROOTS THERAPY, LLC	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 - 04/30/2026	Contract # 26084		
47.		VARIOUS STATE AGENCIES	HEALING HOOVES, LLC	OTHER: VARIOUS AGENCIES	\$2,400,000	
	Contract Description:	This is a new contract to provide ongoing services for autism treatment assistance programs, counseling, marriage and family therapy, mental health, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26119		
48.		VARIOUS STATE AGENCIES	HEALTH AND HAPPINESS SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assistive technology, behavioral support, case management, community work experience programs, counseling, customized employment, disabilities support, educational tutoring and support, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26162		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.		VARIOUS STATE AGENCIES	HELEN KELLER SERVICES	OTHER: VARIOUS AGENCIES	\$7,200,000	
	Contract Description:	This is a new contract to provide ongoing services for rehabilitation, assistive technology, support for the blind and visually impaired, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26264		
50.		VARIOUS STATE AGENCIES	HELP OF SOUTHERN NEVADA	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, counseling, emergency shelter care, employment support, host home and homeless youth, job development, mental health, pre-employment, and substance abuse.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26250		
51.		VARIOUS STATE AGENCIES	HLN PHYSICIANS, INC.	OTHER: VARIOUS AGENCIES	\$1,700,000	
	Contract Description:	This is a new contract to provide ongoing services for mental health, psychiatry, marriage and family therapy, psychology, and social work.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26299		
52.		VARIOUS STATE AGENCIES	HAILEY CORTHELL, M.S., CCC-SLP, 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 - 04/30/2026	Contract # 26099		
53.		VARIOUS STATE AGENCIES	HEAVENLY ANGELS HOME CARE SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$2,700,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care and respite care services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26277		
54.		VARIOUS STATE AGENCIES	INSPIRE CAREER SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, disabilities support, rehabilitation, behavioral support, community work experience programs, customized employment, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26092		
55.		VARIOUS STATE AGENCIES	INSTITUTE FOR CHILD & ADOLESCENT PSYCHIATRY, SC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing psychiatry, mental health and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25544		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
56.		VARIOUS STATE AGENCIES	J. TAN, LLC	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 - 06/30/2026	Contract # 26280		
57.		VARIOUS STATE AGENCIES	JACQUELINE S. BORGES DBA SIERRA STAR RANCH	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26370		
58.		VARIOUS STATE AGENCIES	JADELLE, 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 # 26283		
59.		VARIOUS STATE AGENCIES	JENNIFER R. HIGHSMITH, PHD, LLC DBA SIERRA PSYCHOLOGICAL TESTING & ASSESSMENTS	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26126		
60.		VARIOUS STATE AGENCIES	JOREN, 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 # 26030		
61.		VARIOUS STATE AGENCIES	JOSEPHINE FERRER AGUILAR DBA HAND-IN-HAND HEALTH CARE SERVICES	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26297		
62.		VARIOUS STATE AGENCIES	JAMES PETER LARocca & DEBORAH LOUISE LARocca	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 # 26095		

MASTER SERVICE AGREEMENT SUMMARY

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63.		VARIOUS STATE AGENCIES	JOHN H. KROGH, PH.D., PLLC	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 - 06/30/2026	Contract # 26215		
64.		VARIOUS STATE AGENCIES	KAREN REYNOLDS	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement and related services.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 25600		
65.		VARIOUS STATE AGENCIES	KATHI LYNN AVAMPATO	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26349		
66.		VARIOUS STATE AGENCIES	KATHLEEN S. MAYERS, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26368		
67.		VARIOUS STATE AGENCIES	KEIL, LLC (DEBORAH E. KEIL, PHD, MT (ASCP), DABT, NRCC)	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing medical related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26391		
68.		VARIOUS STATE AGENCIES	KENNETH HOUCHIN DBA ELKO EYE CENTER, VEGAS VALLEY EYE CENTER	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing ophthalmology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26289		
69.		VARIOUS STATE AGENCIES	KENNETH MCKAY, LTD	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support, mental health, employment support, psychology, rehabilitation, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26236		
70.		VARIOUS STATE AGENCIES	KENT WAGNER JR., DDS, PC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing dental and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26376		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.		VARIOUS STATE AGENCIES	KEY LEARNING CONCEPTS, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		VARIOUS STATE AGENCIES	KRATU, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
72.	Contract Description:	This is a new contract to provide ongoing services for assistive technology, blind and visually impaired support, disabilities support, educational tutoring and education support, employment support, home modifications, job development, and rehabilitation.				
	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26308			
73.		VARIOUS STATE AGENCIES	KEY'S WORKPLACE READINESS TRAINING, LLC	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing community work experience, employment support, job development, pre-employment, and related services.				
		VARIOUS STATE AGENCIES	LARA MCKNIGHT OD & ASSOCIATES, LTD DBA EYES ON CARSON	OTHER: VARIOUS AGENCIES	\$200,000	
74.	Contract Description:	This is a new contract to provide ongoing optometry services.				
	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26266			
75.		VARIOUS STATE AGENCIES	LEGACY COUNSELING AND WORKFORCE CONNECTIONS	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, general medicine, mental health, psychiatry, behavioral support, counseling, employment support, psychology, social worker services, and related services.				
		VARIOUS STATE AGENCIES	LOVE'S HOME HEALTH CARE, LLC	OTHER: VARIOUS AGENCIES	\$3,200,000	
76.	Contract Description:	This is a new contract to provide ongoing personal care, personal emergency response systems, respite care, senior care, and related services.				
	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26398			
77.		VARIOUS STATE AGENCIES	LOVING CARE ADULT DAY HEALTHCARE, LLC	OTHER: VARIOUS AGENCIES	\$700,000	
	Contract Description:	This is a new contract to provide ongoing adult day care and related services.				
			Upon Approval - 06/30/2026	Contract # 25614		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
78.		VARIOUS STATE AGENCIES	LOVING GRACE, 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 # 26081		
79.		VARIOUS STATE AGENCIES	LYNN DALE LARSON DBA LD LARSON, PHD	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 - 06/30/2026	Contract # 26292		
80.		VARIOUS STATE AGENCIES	LAS VEGAS AUTISM CENTER, LLC	OTHER: VARIOUS AGENCIES	\$4,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs and behavioral support services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26063		
81.		VARIOUS STATE AGENCIES	LION'S DEN CONSULTING, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing blind and visually impaired support, case management, community work experience programs, customized employment, early intervention, educational tutoring and education support, employment support, job development, pre-employment, and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26235		
82.		VARIOUS STATE AGENCIES	MD DEVELOPMENTAL AGENCY, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, disabilities support, dietician-nutrition, early intervention, occupational therapy, physical therapy, and speech pathology therapy and counseling.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26018		
83.		VARIOUS STATE AGENCIES	MERLEEN GROVER, APRN, CNM, LC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing medical services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26347		
84.		VARIOUS STATE AGENCIES	MIRACLE HANDS PERSONAL HOME CARE, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26379		
85.		VARIOUS STATE AGENCIES	MML PHYSICAL THERAPY GROUP, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing physical therapy and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26298		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
86.		VARIOUS STATE AGENCIES	MOONLIGHT EXAMINATIONS, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing medical services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26089		
87.		VARIOUS STATE AGENCIES	MT FEELINGS, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy, mental health and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26248		
88.		VARIOUS STATE AGENCIES	MT. OLIVE CARE, LLC	OTHER: VARIOUS AGENCIES	\$8,500,000	
	Contract Description:	This is a new contract to provide ongoing case management, counseling and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26036		
89.		VARIOUS STATE AGENCIES	MUSIC 4 LIFE, INC.	OTHER: VARIOUS AGENICES	\$1,800,000	
	Contract Description:	This is a new contract to provide ongoing speech pathology, therapy, counseling, mental health, substance abuse counseling, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26367		
90.		VARIOUS STATE AGENCIES	MITIO, INC.	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, in-person, captioning, communication access real-time translation, and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26151		
91.		VARIOUS STATE AGENCIES	NADER ROUHANI, D.O., P.C.	OTHER: VARIOUS AGENCIES	\$1,100,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, general medicine and mental health services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26027		
92.		VARIOUS STATE AGENCIES	NADHC AT THE ACSC, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and adult daycare.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26088		
93.		VARIOUS STATE AGENCIES	NEVADA ADULT DAY HEALTHCARE CENTERS, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and adult daycare services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26091		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
94.		VARIOUS STATE AGENCIES	NEVADA HEART CONSULTANTS, ZEV LAGSTEIN, MD, LTD	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, general medicine and medical services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26112		
95.		VARIOUS STATE AGENCIES	NEVADA HOMES FOR YOUTH	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assisted living, behavioral support, community based living arrangements, counseling, educational tutoring and education support, group home, mental health, rehabilitation, residential provider, social work, substance abuse counseling, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26305		
96.		VARIOUS STATE AGENCIES	NEVADA YOUTH EMPOWERMENT PROJECT	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing host home and homeless youth services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26121		
97.		VARIOUS STATE AGENCIES	NEW VISTA RANCH, INC.	OTHER: VARIOUS AGENCIES	\$22,000,000	
	Contract Description:	This is a new contract to provide ongoing services for community based living arrangements, foster care, job development, pre-employment, residential provider, respite care, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26033		
98.		VARIOUS STATE AGENCIES	NEVADA ADULT DAY HEALTHCARE CENTERS, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and adult daycare services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26085		
99.		VARIOUS STATE AGENCIES	ODYSSEY HOUSE, INC. (UTAH)	OTHER: VARIOUS AGENCIES	\$1,800,000	
	Contract Description:	This is a new contract to provide ongoing residential provider and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26296		
100.		VARIOUS STATE AGENCIES	OPHELIA F. JAVIER DBA ANGEL GABRIEL GROUP HOME	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26109		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
101.		VARIOUS STATE AGENCIES	P6 FAMILY SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangement and supportive living arrangements services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26265		
102.		VARIOUS STATE AGENCIES	PARADISE HEALTHCARE SERVICES, INC. DBA PARADISE HOME CARE	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing personal care, respite care and senior care services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25970		
103.		VARIOUS STATE AGENCIES	PHILLIP S. BAIER LCSW, INC. DBA BAIER COUNSELING & CONSULTING	OTHER: VARIOUS AGENCIES	\$4,200,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, counseling and social worker services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26303		
104.		VARIOUS STATE AGENCIES	POSITIVE BEHAVIOR CHANGES, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, behavioral support, disabilities support, and early intervention.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26132		
105.		VARIOUS STATE AGENCIES	PRIDE INDUSTRIES	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing community work experience programs, employment support, job development, pre-employment, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26393		
106.		VARIOUS STATE AGENCIES	PROGRESSIVE PATHWAYS GROUP, INC.	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 - 06/30/2026	Contract # 26318		
107.		VARIOUS STATE AGENCIES	PALEOWEST, LLC	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 # 26060		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
108.		VARIOUS STATE AGENCIES	QUEST COUNSELING AND CONSULTING, INCORPORATED	OTHER: VARIOUS AGENCIES	\$2,700,000	
	Contract Description:	This is a new contract to provide services for case management, group home, mental health, psychology, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 01/31/2026	Contract # 26090		
109.		VARIOUS STATE AGENCIES	R. KIRBY REED, M.D., LTD	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing medical services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 25964		
110.		VARIOUS STATE AGENCIES	RENO CENTER FOR CHILDREN, 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 # 26311		
111.		VARIOUS STATE AGENCIES	RESOURCE FAMILY SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$3,300,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support and marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26252		
112.		VARIOUS STATE AGENCIES	RESTINA ANGAT & AMADO ANGAT DBA LIBERTY RESIDENTIAL CARE	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26022		
113.		VARIOUS STATE AGENCIES	RICHARD A CESTKOWSKI, D.O., LTD	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing general medicine and medical services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26113		
114.		VARIOUS STATE AGENCIES	RIDGE HOUSE, INC.	OTHER: VARIOUS AGENCIES	\$8,400,000	
	Contract Description:	This is a new contract to provide ongoing services for case management, counseling, educational tutoring and education support, employment support, mental health, rehabilitation, and substance abuse counseling.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26259		
115.		VARIOUS STATE AGENCIES	RISE WELLNESS, LLC	OTHER: VARIOUS AGENCIES	\$1,600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and counseling related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26373		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
116.		VARIOUS STATE AGENCIES	RISING STAR, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26217		
117.		VARIOUS STATE AGENCIES	RITE OF WAYZ BEHAVIORAL HEALTH, 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 # 26021		
118.		VARIOUS STATE AGENCIES	RK CONTRACTORS, INC.	OTHER: VARIOUS AGENCIES	\$3,250,000	
	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 # 26061		
119.		VARIOUS STATE AGENCIES	RON WOOD FAMILY RESOURCE CENTER	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, behavioral support, counseling, customized employment, educational tutoring, education support, foster care, job development, marriage and family therapy, pre-employment, psychology, social worker, substance abuse counseling, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26400		
120.		VARIOUS STATE AGENCIES	SACRED HEART RESIDENCE, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community based living arrangements and supportive living arrangements services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26295		
121.		VARIOUS STATE AGENCIES	SARAH'S INTUITIVE HEALING, PLLC	OTHER: VARIOUS AGENCIES	\$1,900,000	
	Contract Description:	This is a new contract to provide ongoing counseling, mental health, psychology, substance abuse counseling, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26396		
122.		VARIOUS STATE AGENCIES	SEAN MARCINIK	OTHER: VARIOUS AGENCIES	\$5,300,000	
	Contract Description:	This is a new contract to provide ongoing services for community work experience programs, employment support, job development, and rehabilitation.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26110		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
123.		VARIOUS STATE AGENCIES	SIERRA HOME HEALTH CARE	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 # 26100		
124.		VARIOUS STATE AGENCIES	SIERRA NEVADA CHILD & ADOLESCENT PSYCHIATRY, INC.	OTHER: VARIOUS AGENCIES	\$2,100,000	
	Contract Description:	This is a new contract to provide ongoing medical, mental health and pediatric services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26029		
125.		VARIOUS STATE AGENCIES	SIERRA SERENITY PROVIDERS	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26429		
126.		VARIOUS STATE AGENCIES	SPECIAL EDUCATION SUPPORT STAFF, LLC	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing pre-employment services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26164		
127.		VARIOUS STATE AGENCIES	SPECIAL EMPLOYMENT SERVICES	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assistive technology, case management, counseling, customized employment, disabilities support, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26300		
128.		VARIOUS STATE AGENCIES	SPECIAL RECREATION SERVICES, INC. DBA AMPLIFY LIFE	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for community work experience programs, disabilities support, educational tutoring and support, employment support, pre-employment, and respite care.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26028		
129.		VARIOUS STATE AGENCIES	STACI R. ROSS, PH.D.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26246		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
130.		VARIOUS STATE AGENCIES	STEPHANIE SCHOEN	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for disabilities support, home health care, behavioral support, early intervention, home modification, occupational therapy, personal care, rehabilitation, and supportive living arrangements.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26258		
131.		VARIOUS STATE AGENCIES	STEVEN W. KLOMP, DMD DBA FAMILY DENTISTRY OF NEVADA	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing dental services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26260		
132.		VARIOUS STATE AGENCIES	SAFE ZONE	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, emergency shelter care and safe-housing provider services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26038		
133.		VARIOUS STATE AGENCIES	SHERYLL MCMAHAN DBA STEPPING STONES TO	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26281		
134.		VARIOUS STATE AGENCIES	ST. FRANCIS GROUP HOME 2	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26077		
135.		VARIOUS STATE AGENCIES	SUNRISE HEALTH CLINICS, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing autism treatment assistance program, disabilities support services and psychology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26216		
136.		VARIOUS STATE AGENCIES	T.A.L.K.S.PECIALISTS, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing speech pathology, therapy, counseling, and related services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26218		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
137.		VARIOUS STATE AGENCIES	TAKING ACTION (A COMMITMENT TO IMPACT OUR NEIGHBORHOODS), LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing services for assistive technology, disabilities support, early intervention, home health care, personal care, respite care, case management, community work experience, customized employment, educational tutoring and education support, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26276		
138.		VARIOUS STATE AGENCIES	TIFFANY BUSALACCHI DBA RESPECTABILITY	OTHER: VARIOUS AGENCIES	\$6,500,000	
	Contract Description:	This is a new contract to provide ongoing employment support, job development and pre-employment services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26016		
139.		VARIOUS STATE AGENCIES	TRANSITION SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing services for community work experience programs, customized employment, employment support, job development, and pre-employment.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26093		
140.		VARIOUS STATE AGENCIES	THE WILLIAMS GROUP, 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 # 25961		
141.		VARIOUS STATE AGENCIES	THERESA FOGAL DBA EAGLES NEST	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangements and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26389		
142.		VARIOUS STATE AGENCIES	UNITED LANGUAGE GROUP, INC.	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, in-person, captioning, communication access real-time translation, and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26150		
143.		VARIOUS STATE AGENCIES	UNIVERSAL LANGUAGE SERVICE, INC.	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 and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26149		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
144.		VARIOUS STATE AGENCIES	WAGNER DENTAL, PLLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing dental and related services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26374		
145.		VARIOUS STATE AGENCIES	WILLIAMS AKO ENOH DBA ENOH HOME	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 # 26087		
146.		VARIOUS STATE AGENCIES	YOUR CHOICE HOME HEALTH CARE, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26310		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26096**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: A SIMPLE SOLUTION, LLC
Agency Code: MSA	Contractor Name: A SIMPLE SOLUTION, LLC DBA DYNAMIC CAREGIVERS
Appropriation Unit: 9999 - All Categories	Address: 2865 S JONES BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-5307
If "No" please explain: Not Applicable	Contact/Phone: Dillon Lutz 661-400-0451
	Vendor No.: T81093765
	NV Business ID: NV20001044794

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care 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 vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client 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:

Vendor provides services under both names.

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:40:37 PM
Division Approval	gdavi6	04/28/2022 13:40:39 PM
Department Approval	ldeloach	05/05/2022 12:35:51 PM
Contract Manager Approval	rvradenb	05/06/2022 10:03:07 AM
Budget Analyst Approval	dspeed1	05/16/2022 13:05:58 PM
BOE Agenda Approval	laaron	05/28/2022 09:21:29 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: **26017**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: A VICTORIOUSCARE
Agency Code: MSA	Contractor Name: A VICTORIOUSCARE
Appropriation Unit: 9999 - All Categories	Address: 7318 WARHOL DR
Is budget authority available?: Yes	City/State/Zip: SUN VALLEY, NV 89433-6663
If "No" please explain: Not Applicable	Contact/Phone: Victoria Olaegbe 775-674-0442
	Vendor No.: T29025825
	NV Business ID: NV20101241512

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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:
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	04/28/2022 13:12:19 PM
Division Approval	gdavi6	04/28/2022 13:12:21 PM
Department Approval	ldeloch	05/04/2022 16:43:22 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:06 PM
Budget Analyst Approval	dspeed1	05/09/2022 17:37:42 PM
BOE Agenda Approval	laaron	05/28/2022 09:06:56 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: **26270**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ABBIE STEVENSON
Agency Code: MSA	Contractor Name: ABBIE STEVENSON
Appropriation Unit: 9999 - All Categories	Address: 2155 YUMA LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Abbie Stevenson 775/830-5811
	Vendor No.: T27021415
	NV Business ID: NV20131418686

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing audiology, early intervention and medical 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 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	05/10/2022 13:34:13 PM
Division Approval	gdavi6	05/10/2022 13:34:16 PM
Department Approval	ldeloach	05/11/2022 14:36:45 PM
Contract Manager Approval	rvradenb	05/16/2022 10:16:43 AM
Budget Analyst Approval	nhovden	05/26/2022 16:47:42 PM
BOE Agenda Approval	nhovden	05/26/2022 16:47:44 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: **26371**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ABLE ABILITIES GROUP
Agency Code: MSA	Contractor Name: ABLE ABILITIES GROUP
Appropriation Unit: 9999 - All Categories	Address: 806 Ryland Street
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-1602
If "No" please explain: Not Applicable	Contact/Phone: Beatrice Ogundimu 775/972-9191
	Vendor No.: T29000861
	NV Business ID: NV20041480876

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, supportive living arrangements and related 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:

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	06/03/2022 09:25:30 AM
Division Approval	gdavi6	06/03/2022 09:25:33 AM
Department Approval	ldeloch	06/03/2022 14:09:35 PM
Contract Manager Approval	rvradenb	06/03/2022 15:52:25 PM
Budget Analyst Approval	hfield	06/06/2022 09:30:28 AM
BOE Agenda Approval	hfield	06/06/2022 09:30:31 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26254**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ACCESSIBLE SPACE, INC.
Agency Code: MSA	Contractor Name: ACCESSIBLE SPACE, INC. DBA NEVADA COMMUNITY ENRICHMENT PROGRAM
Appropriation Unit: 9999 - All Categories	Address: 6375 W CHARLESTON BLVD L200
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-1139
If "No" please explain: Not Applicable	Contact/Phone: JULIE PETERSON 702/259-1903
	Vendor No.: T80953552C
	NV Business ID: NV19911053742

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 acute medical, assisted living, case management, dietician-nutrition, medical, occupational therapy, physical therapy, rehabilitation, respite care, speed pathology therapy and counseling, adult daycare, group home, job development, 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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?

No b. If "No", please explain:

VENDOR PROVIDES SERVICES USING 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:30:57 PM
Division Approval	gdavi6	05/10/2022 13:31:00 PM
Department Approval	ldeloach	05/11/2022 12:20:29 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:54 AM
Budget Analyst Approval	nhovden	05/26/2022 09:11:51 AM
BOE Agenda Approval	nhovden	05/26/2022 09:11:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26103**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	ALEXIES ASSISTED LIVING, INC.
Agency Code:	MSA	Contractor Name:	ALEXIES ASSISTED LIVING, INC. DBA MEADOWS CARE HOME
Appropriation Unit:	9999 - All Categories	Address:	5125 MEADOWS LILLY AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89108-4082
If "No" please explain:	Not Applicable	Contact/Phone:	Belma Dizon 702-324-5099
		Vendor No.:	T27027280
		NV Business ID:	NV20031492694

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, group home and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,800,000.00**

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?

No b. If "No", please explain:

Vendor provides services under both names.

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

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:43:35 PM
Division Approval	gdavi6	04/28/2022 13:43:38 PM
Department Approval	ldeloch	05/05/2022 14:08:52 PM
Contract Manager Approval	rvradenb	05/06/2022 10:04:47 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:38:25 AM
BOE Agenda Approval	laaron	05/28/2022 09:08:09 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: **26287**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ALOHA BEHAVIORIAL CENTER, LLC
Agency Code: MSA	Contractor Name: ALOHA BEHAVIORIAL CENTER, LLC
Appropriation Unit: 9999 - All Categories	Address: 8988 VISTA PINES ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89178
If "No" please explain: Not Applicable	Contact/Phone: Emma Siy 702/848-6070
	Vendor No.: T27044688
	NV Business ID: NV20212250365

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 early intervention 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?

Yes If "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	05/10/2022 13:36:52 PM
Division Approval	gdavi6	05/10/2022 13:36:54 PM
Department Approval	ldeloch	05/11/2022 15:08:00 PM
Contract Manager Approval	rvradenb	05/16/2022 10:20:27 AM
Budget Analyst Approval	nhovden	05/26/2022 13:02:24 PM
BOE Agenda Approval	nhovden	05/26/2022 13:02:27 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: **26080**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AMALIA ORTIZ MAGNO
Agency Code: MSA	Contractor Name: AMALIA ORTIZ MAGNO DBA ST. FRANCIS GROUP HOME CARE V
Appropriation Unit: 9999 - All Categories	Address: 4245 E BALTIMORE AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104-5301
If "No" please explain: Not Applicable	Contact/Phone: AMALIA O. MAGNO 702-431-4792
	Vendor No.: T81071195
	NV Business ID: NV20141354463

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing group home 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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?

No b. If "No", please explain:

VENDOR PROVIDES SERVICES USING A DBA

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	04/28/2022 13:35:06 PM
Division Approval	gdavi6	04/28/2022 13:35:09 PM
Department Approval	ldeloch	05/06/2022 11:52:51 AM
Contract Manager Approval	rvradenb	05/09/2022 13:50:58 PM
Budget Analyst Approval	dspeed1	05/09/2022 16:59:06 PM
BOE Agenda Approval	laaron	05/26/2022 16:24:27 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: **26309**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AMERICAN COMPREHENSIVE COUNSELING SERVICES
Agency Code: MSA	Contractor Name: AMERICAN COMPREHENSIVE COUNSELING SERVICES
Appropriation Unit: 9999 - All Categories	Address: 860 TYLER WAY
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-2172
If "No" please explain: Not Applicable	Contact/Phone: WALTER DIMITROFF 775/287-5704
	Vendor No.: T27030528
	NV Business ID: NV20031286271

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 **06/2022**

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: **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 substance abuse counseling 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:42:50 PM
Division Approval	gdavi6	05/10/2022 13:42:53 PM
Department Approval	ldeloach	05/11/2022 16:13:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:54:20 AM
Budget Analyst Approval	nhovden	05/26/2022 15:20:07 PM
BOE Agenda Approval	nhovden	05/26/2022 15:20:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26293**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AMI HEALTHCARE SERVICES, LLC
Agency Code: MSA	Contractor Name: AMI HEALTHCARE SERVICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 2069 S MACKENZIE CIR
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: 775/219-7096
	Vendor No.: T27019728
	NV Business ID: NV20081013439

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements 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: 06/01/2021

- 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?

Yes If "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	05/10/2022 13:38:41 PM
Division Approval	gdavi6	05/10/2022 13:38:44 PM
Department Approval	ldeloch	05/11/2022 15:32:49 PM
Contract Manager Approval	rvradenb	05/16/2022 10:23:32 AM
Budget Analyst Approval	nhovden	05/26/2022 11:35:48 AM
BOE Agenda Approval	nhovden	05/26/2022 11:35:51 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: **26255**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	APPLIED BEHAVIOR ANALYSIS SERVICES, LLC
Agency Code:	MSA	Contractor Name:	APPLIED BEHAVIOR ANALYSIS SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	2601 SO PAVILION CTR DR 2102
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, N 89135
If "No" please explain:	Not Applicable		
		Contact/Phone:	TIM SINNOTT 702/523-5059
		Vendor No.:	T29045151
		NV Business ID:	NV20141496437

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:31:26 PM
Division Approval	gdavi6	05/10/2022 13:31:29 PM
Department Approval	ldeloch	05/11/2022 12:25:33 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:23 AM
Budget Analyst Approval	nhovden	05/26/2022 12:38:01 PM
BOE Agenda Approval	nhovden	05/26/2022 12:38:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26268**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ASHLEY BLAKE
Agency Code: MSA	Contractor Name: ASHLEY BLAKE
Appropriation Unit: 9999 - All Categories	Address: 10433 CHANDRA AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89129
If "No" please explain: Not Applicable	Contact/Phone: ASHLEY BLAKE LCSW 72-960-6407
	Vendor No.: T32012204
	NV Business ID: NV20212155027

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 **06/2022**

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: **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 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 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	05/10/2022 13:33:34 PM
Division Approval	gdavi6	05/10/2022 13:33:37 PM
Department Approval	ldeloach	05/11/2022 14:32:25 PM
Contract Manager Approval	rvradenb	05/16/2022 10:16:06 AM
Budget Analyst Approval	dspeed1	06/06/2022 11:08:01 AM
BOE Agenda Approval	hfield	06/06/2022 11:18:44 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: **26350**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AT HOME SOLUTIONS
Agency Code: MSA	Contractor Name: AT HOME SOLUTIONS
Appropriation Unit: 9999 - All Categories	Address: 2961 E SERENE AVE
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89074-6507
If "No" please explain: Not Applicable	Contact/Phone: GIOVANNI MARGAROLI 702/948-4848
	Vendor No.: T27039042
	NV Business ID: NV20061123253

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 245 days**

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 related 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:

Vendor provides services using a DBA.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	06/03/2022 09:24:09 AM
Division Approval	gdavi6	06/03/2022 09:24:11 AM
Department Approval	ldeloach	06/03/2022 13:56:25 PM
Contract Manager Approval	rvradenb	06/09/2022 12:58:25 PM
Budget Analyst Approval	hfield	06/09/2022 16:03:12 PM
BOE Agenda Approval	hfield	06/09/2022 16:03:15 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: **26105**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AT NIGHTINGALES, LLC
Agency Code: MSA	Contractor Name: AT NIGHTINGALES, LLC
Appropriation Unit: 9999 - All Categories	Address: 813 FAIRWAY DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-2012
If "No" please explain: Not Applicable	Contact/Phone: Anne Espinueva 702-334-5518
	Vendor No.: T32008879
	NV Business ID: NV20181813444

To what State Fiscal Year(s) will the contract be charged? **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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, group home and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,800,000.00**

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	04/28/2022 13:44:16 PM
Division Approval	gdavi6	04/28/2022 13:44:18 PM
Department Approval	ldeloch	05/05/2022 14:15:09 PM
Contract Manager Approval	rvradenb	05/06/2022 10:06:02 AM
Budget Analyst Approval	dspeed1	05/09/2022 12:58:24 PM
BOE Agenda Approval	laaron	05/26/2022 15:56:20 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: **26397**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BERNADETTE COOPER & LARRY LEE COOPER
Agency Code:	MSA	Contractor Name:	BERNADETTE COOPER & LARRY LEE COOPER DBA BREATH OF LIFE
Appropriation Unit:	9999 - All Categories	Address:	4944 DIANA CT
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89436-8634
If "No" please explain:	Not Applicable	Contact/Phone:	Bernadette Cooper 775/354-0707
		Vendor No.:	T29022398
		NV Business ID:	NV20111404144

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, community based living arrangements, disabilities support, group home, supportive living arrangements, and related 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:

DHHS, 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?

No b. If "No", please explain:

Vendor provides services using a DBA.

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	06/03/2022 09:28:37 AM
Division Approval	gdavi6	06/03/2022 09:28:39 AM
Department Approval	ldeloach	06/03/2022 14:46:25 PM
Contract Manager Approval	rvradenb	06/03/2022 15:55:25 PM
Budget Analyst Approval	hfield	06/06/2022 10:06:14 AM
BOE Agenda Approval	hfield	06/06/2022 10:06:17 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: **26019**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: BLINDCONNECT, INC.
Agency Code: MSA	Contractor Name: BLINDCONNECT, INC.
Appropriation Unit: 9999 - All Categories	Address: 5165 W SUNSET RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-4384
If "No" please explain: Not Applicable	Contact/Phone: Raquel O'Neill 702-292-9496
	Vendor No.: T27033361
	NV Business ID: NV19971361986

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, supportive services for the blind and visually impaired, community based living arrangements, counseling, disabilities support, pre-employment, rehabilitation, residential provider, senior care, and social worker.

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	04/28/2022 13:13:32 PM
Division Approval	gdavi6	04/28/2022 13:13:36 PM
Department Approval	ldeloch	05/04/2022 15:29:17 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:00 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:34:25 PM
BOE Agenda Approval	laaron	05/25/2022 07:59:32 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: **26064**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: BORDGES TIMBER, INC.
Agency Code: MSA	Contractor Name: BORDGES TIMBER, INC.
Appropriation Unit: 9999 - All Categories	Address: 4940 OLD FRENCHTOWN RD
Is budget authority available?: Yes	City/State/Zip: SHINGLE SPRINGS, CA 95682
If "No" please explain: Not Applicable	Contact/Phone: Tim Bordges 530-919-3711
	Vendor No.: T29043867
	NV Business ID: NV20101680787

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**

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: **06/07/2025**

Contract term: **3 years and 7 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: **\$14,326,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 3.1 Forest Management Hand Crew Services, 3.2 Large Tree Removal, 3.3 Forestry Equipment Specifications, 3.6 Seed Drills/Application, 3.7 Hauling Services, and 3.11 Road Construction/Maintenance/Rehabilitation.

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? **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):

Paleo West
Sierra Peaks
RF Contractors

b. Solicitation Waiver: **Not Applicable**

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

This RFQ has been awarded to 28 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 Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:28:23 PM
Division Approval	gdavi6	04/28/2022 13:28:26 PM
Department Approval	ldeloach	05/03/2022 15:39:21 PM
Contract Manager Approval	nfese1	05/03/2022 15:42:56 PM
Budget Analyst Approval	laaron	05/26/2022 16:53:28 PM
BOE Agenda Approval	laaron	05/26/2022 16:53:30 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: **26082**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: BOYS & GIRLS CLUBS OF SOUTHERN NEVADA
Agency Code: MSA	Contractor Name: BOYS & GIRLS CLUBS OF SOUTHERN NEVADA
Appropriation Unit: 9999 - All Categories	Address: 2850 S LINDELL RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: CORY LOZENSKY 702-368-0317
	Vendor No.: T80947631
	NV Business ID: NV19611001462

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:35:50 PM
Division Approval	gdavi6	04/28/2022 13:35:52 PM
Department Approval	ldeloach	05/05/2022 11:59:10 AM
Contract Manager Approval	rvradenb	05/06/2022 09:57:40 AM
Budget Analyst Approval	dspeed1	05/06/2022 17:18:36 PM
BOE Agenda Approval	laaron	05/26/2022 15:21:04 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: **26291**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CARING HANDS ADULT DAY SERVICE
Agency Code: MSA	Contractor Name: CARING HANDS ADULT DAY SERVICE
Appropriation Unit: 9999 - All Categories	Address: LLC
Is budget authority available?: Yes	2580 N RANCHO
If "No" please explain: Not Applicable	City/State/Zip: NORTH LAS VEGAS, NV 89032
	Contact/Phone: 702/301-3006
	Vendor No.: T32009323A
	NV Business ID: NV20181743075

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing adult daycare and disabilities support 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:

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	05/10/2022 13:38:12 PM
Division Approval	gdavi6	05/10/2022 13:38:14 PM
Department Approval	ldeloch	05/11/2022 15:29:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:23:05 AM
Budget Analyst Approval	nhovden	05/26/2022 10:58:47 AM
BOE Agenda Approval	nhovden	05/26/2022 10:58:50 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: **26104**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CARMELA HOMES
Agency Code: MSA	Contractor Name: CARMELA HOMES
Appropriation Unit: 9999 - All Categories	Address: 5500 CLEARY CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89108
If "No" please explain: Not Applicable	Contact/Phone: Belma Dizon 702-324-5099
	Vendor No.: T32008614
	NV Business ID: NV20041611820

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, group home and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,800,000.00**

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	04/28/2022 13:43:53 PM
Division Approval	gdavi6	04/28/2022 13:43:56 PM
Department Approval	ldeloch	05/05/2022 14:13:19 PM
Contract Manager Approval	rvradenb	05/06/2022 10:05:42 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:51:21 AM
BOE Agenda Approval	laaron	05/28/2022 09:15:09 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: **26304**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CARSON CITY COMMUNITY COUNSELING CENTER
Agency Code:	MSA	Contractor Name:	CARSON CITY COMMUNITY COUNSELING CENTER
Appropriation Unit:	9999 - All Categories	Address:	205 SOUTH PRATT AVE
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89701-4730
If "No" please explain:	Not Applicable	Contact/Phone:	775/882-3945
		Vendor No.:	T80964191
		NV Business ID:	NV19851008900

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, mental health, counseling, and marriage and family therapy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,900,000.00**

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	05/10/2022 13:42:06 PM
Division Approval	gdavi6	05/10/2022 13:42:08 PM
Department Approval	ldeloach	05/11/2022 16:06:41 PM
Contract Manager Approval	rvradenb	05/16/2022 10:49:01 AM
Budget Analyst Approval	nhovden	05/26/2022 12:28:04 PM
BOE Agenda Approval	nhovden	05/26/2022 12:28:06 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: **26317**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: COLON AND ALLEMAN, LTD
Agency Code: MSA	Contractor Name: COLON AND ALLEMAN, LTD DBA TOTAL EYECARE
Appropriation Unit: 9999 - All Categories	Address: TOTAL EYECARE 2209 N 5TH STREET ELKO, NV 89801-2458
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801-2458
If "No" please explain: Not Applicable	Contact/Phone: ANGELA CRAWFORD 775/738-8491
	Vendor No.: T80814380
	NV Business ID: NV19801012719

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contact to provide ongoing optometry 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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:

VENDOR PROVIDES SERVICES USING 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	gdavi6	05/10/2022 13:46:05 PM
Division Approval	gdavi6	05/10/2022 13:46:07 PM
Department Approval	ldeloach	05/11/2022 16:33:27 PM
Contract Manager Approval	rvradenb	05/16/2022 11:06:15 AM
Budget Analyst Approval	nhovden	05/26/2022 16:16:28 PM
BOE Agenda Approval	nhovden	05/26/2022 16:16:30 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: **26125**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CONFIDENCE HEALTH RESOURCES, LLC
Agency Code:	MSA	Contractor Name:	CONFIDENCE HEALTH RESOURCES, LLC
Appropriation Unit:	9999 - All Categories	Address:	885 TAYLOR WAY
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89431
If "No" please explain:	Not Applicable	Contact/Phone:	CAMELLA STEPHENS 775/332-2116
		Vendor No.:	T29019572
		NV Business ID:	NV20071653239

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:53:03 PM
Division Approval	gdavi6	04/28/2022 13:53:05 PM
Department Approval	ldeloch	05/05/2022 15:01:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:13:16 AM
Budget Analyst Approval	dspeed1	06/02/2022 09:58:22 AM
BOE Agenda Approval	hfield	06/02/2022 13:52:01 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: **26377**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CONSUMER DIRECT SERVICES FOR NEVADA, LLC
Agency Code:	MSA	Contractor Name:	CONSUMER DIRECT SERVICES FOR NEVADA, LLC DBA CONSUMER DIRECT CARE
Appropriation Unit:	9999 - All Categories	Address:	1005 TERMINAL WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-2179
If "No" please explain:	Not Applicable	Contact/Phone:	EVELYN ORTIZ 775-398-8409
		Vendor No.:	T27008157
		NV Business ID:	NV20021134616

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **4 years and 30 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and related 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?

Yes If "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 using a DBA.

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	06/03/2022 09:26:36 AM
Division Approval	gdavi6	06/03/2022 09:26:38 AM
Department Approval	ldeloach	06/03/2022 14:17:33 PM
Contract Manager Approval	rvradenb	06/03/2022 15:53:45 PM
Budget Analyst Approval	tsmorra	06/03/2022 16:22:18 PM
BOE Agenda Approval	hfield	06/06/2022 10:28:09 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: **25348**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CYBT, INCORPORATED
Agency Code:	MSA	Contractor Name:	CYBT, INCORPORATED DBA A CARING HAND HOME CARE
Appropriation Unit:	9999 - All Categories	Address:	7320 Smoke Ranch Rd. STE H
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89128
If "No" please explain:	Not Applicable	Contact/Phone:	Katherine Moran 702-380-0600
		Vendor No.:	T27007495
		NV Business ID:	NV20031266904

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 245 days**

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 related 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: 06/01/2026

- 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:

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:

Vendor provides services using a DBA.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/04/2022 11:37:49 AM
Division Approval	gdavi6	03/04/2022 11:37:52 AM
Department Approval	ldeloach	03/07/2022 10:13:23 AM
Contract Manager Approval	rvradenb	05/23/2022 13:48:44 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:28:35 PM
BOE Agenda Approval	hfield	06/02/2022 15:13:08 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: **26245**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Cindy Johnson
Agency Code: MSA	Contractor Name: Cindy Johnson
Appropriation Unit: 9999 - All Categories	Address: 6045 Barrett Ct.
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89406
If "No" please explain: Not Applicable	Contact/Phone: Cindy Johnson 775/250-4765
	Vendor No.: T81082187
	NV Business ID: NV20161551869

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related 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 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	05/10/2022 13:29:22 PM
Division Approval	gdavi6	05/10/2022 13:29:24 PM
Department Approval	ldeloach	05/11/2022 12:00:33 PM
Contract Manager Approval	rvradenb	05/16/2022 10:11:28 AM
Budget Analyst Approval	dspeed1	06/02/2022 14:26:29 PM
BOE Agenda Approval	hfield	06/02/2022 15:13:27 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: **26288**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DANNY CERVAS & TERESITA CERVAS
Agency Code:	MSA	Contractor Name:	DANNY CERVAS & TERESITA CERVAS DBA PRINCESS II GROUP HOME
Appropriation Unit:	9999 - All Categories	Address:	PRINCESS II GROUP HOME
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89183-6283
If "No" please explain:	Not Applicable	Contact/Phone:	Danny Cervas 702/385-5588
		Vendor No.:	T81089701
		NV Business ID:	NV20141223734

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 04/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
 Contract term: **4 years and 91 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 marriage and family therapy 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 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:

Vendor provides services using a DBA.

- 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	05/10/2022 13:37:20 PM
Division Approval	gdavi6	05/10/2022 13:37:22 PM
Department Approval	ldeloch	05/11/2022 15:12:49 PM
Contract Manager Approval	rvradenb	05/16/2022 10:21:46 AM
Budget Analyst Approval	nhovden	05/26/2022 13:07:28 PM
BOE Agenda Approval	nhovden	05/26/2022 13:07:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26301**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: DEIDRE HAMMON
Agency Code: MSA	Contractor Name: DEIDRE HAMMON
Appropriation Unit: 9999 - All Categories	Address: 4465 BOCA WAY SPC 212
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-6440
If "No" please explain: Not Applicable	Contact/Phone: Deidre Hamon 775-544-9338
	Vendor No.: T81104377
	NV Business ID: NV20171554929

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing job development 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 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	05/10/2022 13:41:29 PM
Division Approval	gdavi6	05/10/2022 13:41:32 PM
Department Approval	ldeloach	05/11/2022 16:02:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:39:44 AM
Budget Analyst Approval	laaron	05/31/2022 12:24:33 PM
BOE Agenda Approval	laaron	05/31/2022 12:24:49 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: **26290**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DENHAM ORTHOTIC AND FITNESS
Agency Code:	MSA	Contractor Name:	DENHAM ORTHOTIC AND FITNESS DBA EVOLVE PROSTHETICS AND ORTHOTICS
Appropriation Unit:	9999 - All Categories	Address:	601 Whitney Ranch Dr., STE C-17
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89014
If "No" please explain:	Not Applicable	Contact/Phone:	Kimberly Floth 702-558-7823
		Vendor No.:	T29005860
		NV Business ID:	NV19991451856

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing prosthetics and orthotics 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:
Nevada Corporation

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

No b. If "No", please explain:

Vendor provides services using a DBA.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:37:56 PM
Division Approval	gdavi6	05/10/2022 13:37:58 PM
Department Approval	ldeloach	05/11/2022 15:24:33 PM
Contract Manager Approval	rvradenb	05/16/2022 10:22:33 AM
Budget Analyst Approval	nhovden	05/26/2022 13:49:43 PM
BOE Agenda Approval	nhovden	05/26/2022 13:49:45 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26098**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC
Agency Code:	MSA	Contractor Name:	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC
Appropriation Unit:	9999 - All Categories	Address:	3247 S MARYLAND PKWY
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89109-2412
If "No" please explain:	Not Applicable	Contact/Phone:	Tristan Ivy 702-776-3513
		Vendor No.:	T29035238
		NV Business ID:	NV20121200392

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 and mental health 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?

Yes

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:41:23 PM
Division Approval	gdavi6	04/28/2022 13:41:25 PM
Department Approval	ldeloch	05/05/2022 12:39:43 PM
Contract Manager Approval	rvradenb	05/06/2022 10:03:53 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:56:37 PM
BOE Agenda Approval	laaron	05/28/2022 09:23:32 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: **26097**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: DIANE C. MILLER
Agency Code: MSA	Contractor Name: DIANE C. MILLER
Appropriation Unit: 9999 - All Categories	Address: 2584 COSIMO CT
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89434-2134
If "No" please explain: Not Applicable	Contact/Phone: Diane Miller 775-313-5190
	Vendor No.: T27029642
	NV Business ID: NV20181266580

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing audiology 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? **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 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	04/28/2022 13:41:04 PM
Division Approval	gdavi6	04/28/2022 13:41:07 PM
Department Approval	ldeloach	05/05/2022 12:37:34 PM
Contract Manager Approval	rvradenb	05/06/2022 10:03:22 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:59:47 PM
BOE Agenda Approval	laaron	05/28/2022 09:22:37 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: **26238**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DR. BETHANY SCHLINGER PSYD, PC
Agency Code:	MSA	Contractor Name:	DR. BETHANY SCHLINGER PSYD, PC
Appropriation Unit:	9999 - All Categories	Address:	6941 Willow Warbler St.
Is budget authority available?:	Yes	City/State/Zip:	North Las Vegas, NV 89084
If "No" please explain:	Not Applicable	Contact/Phone:	Bethany Schlinger 702-503-5099
		Vendor No.:	Pending
		NV Business ID:	NV20201741900

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychology 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 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	mstar2	05/05/2022 13:25:45 PM
Division Approval	mstar2	05/05/2022 13:25:49 PM
Department Approval	ldeloach	05/06/2022 14:39:39 PM
Contract Manager Approval	rvradenb	06/02/2022 13:22:05 PM
Budget Analyst Approval	tsmorra	06/02/2022 14:40:17 PM
BOE Agenda Approval	hfield	06/02/2022 15:53:04 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: **26315**

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: **DR. PINOCCHIO OTD, INC. A PROFESSIONAL CORPORATION**

Contractor Name: **DR. PINOCCHIO OTD, INC. A PROFESSIONAL CORPORATION DBA DR. PINOCC**

Address: **3685 Lakeside Drive**

City/State/Zip: **Reno, NV 89509**

Contact/Phone: **Mallory Pinocchio 775-984-4204**

Vendor No.: **PENDING**

NV Business ID: **NV20181045374**

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: **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing occupational therapy, pediatric, and speech pathology therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,000.00**

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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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 provides services using a DBA.

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:45:51 PM
Division Approval	gdavi6	05/10/2022 13:45:53 PM
Department Approval	ldeloach	05/11/2022 16:31:31 PM
Contract Manager Approval	rvradenb	05/16/2022 11:06:35 AM
Budget Analyst Approval	nhovden	05/26/2022 16:54:13 PM
BOE Agenda Approval	nhovden	05/26/2022 16:54:15 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: **26073**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DRS. MATHIS, VAN DUYN, ZAMBONI, KILLEEN & MEIER, NEVADA ENT & HE
Agency Code:	MSA	Contractor Name:	DRS. MATHIS, VAN DUYN, ZAMBONI, KILLEEN & MEIER, NEVADA ENT & HE
Appropriation Unit:	9999 - All Categories	Address:	Hearing Associates, PLLC 9770 S McCarran Blvd
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89523
If "No" please explain:	Not Applicable	Contact/Phone:	Crystal Brownson 775-284-8511
		Vendor No.:	T27032069
		NV Business ID:	NV20011062050

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**
 Contract term: **3 years and 334 days**

4. Type of contract: **MSA**
 Contract description: **Direct Client Srcvs**

5. Purpose of contract:
This is a new contract to provide ongoing audiology 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? **Yes**
 Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:30:43 PM
Division Approval	gdavi6	04/28/2022 13:30:46 PM
Department Approval	ldeloach	05/05/2022 11:30:49 AM
Contract Manager Approval	rvradenb	05/05/2022 16:58:21 PM
Budget Analyst Approval	dspeed1	05/09/2022 10:45:10 AM
BOE Agenda Approval	laaron	05/28/2022 09:12:53 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: **26282**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Danielle Scott, LLC
Agency Code: MSA	Contractor Name: Danielle Scott, LLC
Appropriation Unit: 9999 - All Categories	Address: 4045 Spencer St. STE B-44
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Danielle Scott 702-858-6278
	Vendor No.: T29045141
	NV Business ID: NV20222380495

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, mental health, social worker, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

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	05/10/2022 13:35:42 PM
Division Approval	gdavi6	05/10/2022 13:35:45 PM
Department Approval	ldeloch	05/11/2022 14:54:27 PM
Contract Manager Approval	rvradenb	05/16/2022 10:18:00 AM
Budget Analyst Approval	tsmorra	06/02/2022 14:40:00 PM
BOE Agenda Approval	hfield	06/02/2022 15:49:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26365**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: EAGLE QUEST
Agency Code: MSA	Contractor Name: EAGLE QUEST
Appropriation Unit: 9999 - All Categories	Address: 3680 N. Rancho Dr.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: Jennifer Bevacqua 702/646-5437
	Vendor No.: T29028509
	NV Business ID: NV20101748977

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, foster care, group home, marriage and family therapy, mental health, respite care, social worker, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,400,000.00**

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:
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	06/03/2022 09:24:26 AM
Division Approval	gdavi6	06/03/2022 09:24:28 AM
Department Approval	ldeloach	06/03/2022 14:00:16 PM
Contract Manager Approval	rvradenb	06/03/2022 15:50:58 PM
Budget Analyst Approval	hfield	06/06/2022 09:36:47 AM
BOE Agenda Approval	hfield	06/06/2022 09:36:50 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: **26039**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: EBL, INC.
Agency Code: MSA	Contractor Name: EBL, INC. DBA THE HEALTHY FOUNDATIONS CENTER
Appropriation Unit: 9999 - All Categories	Address: 6871 West Charleston Blvd
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Amia MulHolland 702-489-2117
	Vendor No.: T27040789
	NV Business ID: NV20131702053

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, mental health, psychiatry, rehabilitation, speech pathology, therapy, and counseling, behavioral support, counseling, marriage and family therapy, and substance abuse counseling.

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:
Nevada 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 The Health Foundations Center.

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:26:51 PM
Division Approval	gdavi6	04/28/2022 13:26:54 PM
Department Approval	ldeloach	05/04/2022 16:14:52 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:46 PM
Budget Analyst Approval	dspeed1	05/11/2022 17:37:55 PM
BOE Agenda Approval	laaron	05/25/2022 10:47:46 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: **26020**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ESMERALDA ARIAS
Agency Code: MSA	Contractor Name: ESMERALDA ARIAS
Appropriation Unit: 9999 - All Categories	Address: 525 E GREENBRAE DR
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-3373
If "No" please explain: Not Applicable	Contact/Phone: ESMERALDA ARIAS 775-313-7925
	Vendor No.: T29007494
	NV Business ID: NV20151246414

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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 and personal care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

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:

DHHS, 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	04/28/2022 13:13:52 PM
Division Approval	gdavi6	04/28/2022 13:13:55 PM
Department Approval	ldeloach	05/04/2022 15:54:09 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:21 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:37:50 PM
BOE Agenda Approval	laaron	05/25/2022 07:52:11 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: **26106**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EVANS HEALTH SERVICES, LLC
Agency Code:	MSA	Contractor Name:	EVANS HEALTH SERVICES, LLC DBA EVANS HOME
Appropriation Unit:	9999 - All Categories	Address:	7521 APPLE CIDER ST
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89131-8116
If "No" please explain:	Not Applicable	Contact/Phone:	Sabrina Evans 702-485-7509
		Vendor No.:	T29041731
		NV Business ID:	NV20161572438

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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: 12/01/2025 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:

Vendor provides services under both names.

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:11:55 PM
Division Approval	gdavi6	04/28/2022 13:11:58 PM
Department Approval	ldeloach	05/05/2022 14:17:00 PM
Contract Manager Approval	rvradenb	05/06/2022 10:06:38 AM
Budget Analyst Approval	dspeed1	05/06/2022 13:40:55 PM
BOE Agenda Approval	laaron	05/26/2022 15:12:30 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: **26124**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EVERYDAY MIRACLES, LLC
Agency Code:	MSA	Contractor Name:	EVERYDAY MIRACLES, LLC DBA EVERYDAY MIRACLES HOME CARE
Appropriation Unit:	9999 - All Categories	Address:	3301 N BUFFALO DR UNIT 180
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89129
If "No" please explain:	Not Applicable	Contact/Phone:	Shar Schofield 725-222-1121
		Vendor No.:	T29029391
		NV Business ID:	NV20051491279

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and senior care 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?

No b. If "No", please explain:

Vendor provides services using the DBA Everyday Miracles Home Care

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/28/2022 13:52:37 PM
Division Approval	gdavi6	04/28/2022 13:52:40 PM
Department Approval	ldeloach	05/05/2022 14:59:35 PM
Contract Manager Approval	rvradenb	05/06/2022 10:12:37 AM
Budget Analyst Approval	dspeed1	05/16/2022 11:54:55 AM
BOE Agenda Approval	laaron	05/26/2022 12:20:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26041**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: FDB ENTERPRISES, INC.
Agency Code: MSA	Contractor Name: FDB ENTERPRISES, INC.
Appropriation Unit: 9999 - All Categories	Address: 442 Sunrise Villa Drive
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89110-5037
If "No" please explain: Not Applicable	Contact/Phone: Dolora Badiola 702-839-8775
	Vendor No.: T29034000
	NV Business ID: NV20131340030

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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:
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	04/28/2022 13:27:09 PM
Division Approval	gdavi6	04/28/2022 13:27:11 PM
Department Approval	ldeloch	05/04/2022 16:34:51 PM
Contract Manager Approval	rvradenb	05/05/2022 16:57:04 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:25:45 PM
BOE Agenda Approval	laaron	05/25/2022 08:23:57 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: **26111**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	GERI LYNN GROSSAN
Agency Code:	MSA	Contractor Name:	GERI LYNN GROSSAN DBA NUTRITION MOVES!
Appropriation Unit:	9999 - All Categories	Address:	7721 LEAVORITE DR
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128-4094
If "No" please explain:	Not Applicable	Contact/Phone:	Geri Grossan 702-499-1040
		Vendor No.:	T29030525
		NV Business ID:	NV20111319055

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2026**Contract term: **3 years and 334 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing dietician-nutrition services.

6. NEW CONTRACT

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

Vendor provides services using the DBA Nutrition Moves!

- 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	04/28/2022 13:45:41 PM
Division Approval	gdavi6	04/28/2022 13:45:43 PM
Department Approval	ldeloch	05/05/2022 14:24:02 PM
Contract Manager Approval	rvradenb	05/06/2022 10:09:55 AM
Budget Analyst Approval	dspeed1	05/06/2022 13:43:57 PM
BOE Agenda Approval	laaron	05/26/2022 14:54:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26037**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	GLASS HOUSE COUNSELING AGENCY, LLC
Agency Code:	MSA	Contractor Name:	GLASS HOUSE COUNSELING AGENCY, LLC
Appropriation Unit:	9999 - All Categories	Address:	1850 E SAHARA AVE SUITE 202
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89104-3732
If "No" please explain:	Not Applicable	Contact/Phone:	Kaye Fain 702-586-8693
		Vendor No.:	T27028566
		NV Business ID:	NV20111010215

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 community based living arrangements, counseling, mental health, social worker services, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,800,000.00**

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:

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	04/28/2022 13:25:55 PM
Division Approval	gdavi6	04/28/2022 13:25:58 PM
Department Approval	ldeloach	05/04/2022 15:06:45 PM
Contract Manager Approval	rvradenb	05/04/2022 15:40:32 PM
Budget Analyst Approval	dspeed1	05/12/2022 16:30:36 PM
BOE Agenda Approval	laaron	05/25/2022 13:12:30 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: **26253**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	GRACEFUL HEART, LLC
Agency Code:	MSA	Contractor Name:	GRACEFUL HEART, LLC
Appropriation Unit:	9999 - All Categories	Address:	3650 Geist Ave. D3 and D4
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89115
If "No" please explain:	Not Applicable	Contact/Phone:	Jose Ma. Reginaldo S. Bongala 213/422-4472
		Vendor No.:	T29042240
		NV Business ID:	NV20181469525

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**
 Contract term: **3 years and 334 days**

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 residential care services.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

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	05/10/2022 13:31:10 PM
Division Approval	gdavi6	05/10/2022 13:31:13 PM
Department Approval	ldeloach	05/11/2022 12:23:06 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:10 AM
Budget Analyst Approval	nhovden	05/26/2022 10:41:18 AM
BOE Agenda Approval	nhovden	05/26/2022 10:41:20 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: **26286**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GRANT A GIFT AUTISM FOUNDATION
Agency Code: MSA	Contractor Name: GRANT A GIFT AUTISM FOUNDATION
Appropriation Unit: 9999 - All Categories	Address: 630 S RANCHO DR, STE D
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: Brian Hager 702/844-4579
	Vendor No.: T29031962A
	NV Business ID: NV20091016219

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, job development, and psychology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,800,000.00**

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	05/10/2022 13:36:37 PM
Division Approval	gdavi6	05/10/2022 13:36:39 PM
Department Approval	ldeloach	05/11/2022 15:05:58 PM
Contract Manager Approval	rvradenb	05/16/2022 10:19:49 AM
Budget Analyst Approval	nhovden	05/26/2022 12:49:03 PM
BOE Agenda Approval	nhovden	05/26/2022 12:49:05 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: **26084**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GROUNDING ROOTS THERAPY, LLC
Agency Code: MSA	Contractor Name: GROUNDING ROOTS THERAPY, LLC
Appropriation Unit: 9999 - All Categories	Address: 407 N WALSH ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: VICTORIA SMITH 775-298-6386
	Vendor No.: PENDING
	NV Business ID: NV20211991634

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:36:40 PM
Division Approval	gdavi6	04/28/2022 13:36:43 PM
Department Approval	ldeloch	05/05/2022 12:08:12 PM
Contract Manager Approval	rvradenb	05/06/2022 09:58:45 AM
Budget Analyst Approval	dspeed1	05/09/2022 13:27:23 PM
BOE Agenda Approval	laaron	05/26/2022 16:31:13 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: **26119**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: HEALING HOOVES, LLC
Agency Code: MSA	Contractor Name: HEALING HOOVES, LLC
Appropriation Unit: 9999 - All Categories	Address: 7495 W. AZURE DR. Suite 205
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS , NV 89130
If "No" please explain: Not Applicable	Contact/Phone: KIMBERLY SMITH 702-515-4015
	Vendor No.: T32009774
	NV Business ID: NV20191178979

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, counseling, marriage and family therapy, mental health, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,400,000.00**

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:
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	04/28/2022 13:51:01 PM
Division Approval	gdavi6	04/28/2022 13:51:04 PM
Department Approval	ldeloach	05/05/2022 14:55:22 PM
Contract Manager Approval	rvradenb	05/06/2022 10:11:23 AM
Budget Analyst Approval	dspeed1	05/06/2022 16:08:33 PM
BOE Agenda Approval	laaron	05/26/2022 14:43:24 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: **26162**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HEALTH AND HAPPINESS SERVICES, INC.
Agency Code:	MSA	Contractor Name:	HEALTH AND HAPPINESS SERVICES, INC.
Appropriation Unit:	9999 - All Categories	Address:	1415 S ARVILLE ST SUITE 100-G
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	Virginia Pei 702-321-9495
		Vendor No.:	T27036956
		NV Business ID:	NV20141280279

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, case management, community work experience programs, counseling, customized employment, disabilities support, 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:
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	04/30/2022 20:34:29 PM
Division Approval	gdavi6	04/30/2022 20:34:31 PM
Department Approval	ldeloach	05/05/2022 16:18:45 PM
Contract Manager Approval	rvradenb	05/06/2022 10:23:33 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:14:19 PM
BOE Agenda Approval	laaron	05/26/2022 14:11:25 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: **26264**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: HELEN KELLER SERVICES
Agency Code: MSA	Contractor Name: HELEN KELLER SERVICES
Appropriation Unit: 9999 - All Categories	Address: 141 MIDDLE NECK RD
Is budget authority available?: Yes	City/State/Zip: SANDS POINT, NY 11050-1218
If "No" please explain: Not Applicable	Contact/Phone: RYAN ODLAND 612/999-2612
	Vendor No.: T32011191
	NV Business ID: NV20181183514

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 rehabilitation, assistive technology, support for the blind and visually impaired, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/02/2025

- 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:

Other

Foreign Entities Not Required to Register in Nevada

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

Yes

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

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada 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	05/10/2022 13:32:46 PM
Division Approval	gdavi6	05/10/2022 13:32:49 PM
Department Approval	ldeloach	05/11/2022 14:25:35 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:28 AM
Budget Analyst Approval	nhovden	05/26/2022 09:57:39 AM
BOE Agenda Approval	nhovden	05/26/2022 09:57:42 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: **26250**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: HELP OF SOUTHERN NEVADA
Agency Code: MSA	Contractor Name: HELP OF SOUTHERN NEVADA
Appropriation Unit: 9999 - All Categories	Address: 1640 E FLAMINGO RD #100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: FUILALA RILEY 702/836-2113
	Vendor No.: T80351170
	NV Business ID: NV19701000894

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, counseling, emergency shelter care, employment support, host home and homeless youth, job development, mental health, pre-employment, and substance abuse.

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:30:07 PM
Division Approval	gdavi6	05/10/2022 13:30:10 PM
Department Approval	ldeloch	05/11/2022 12:09:41 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:02 AM
Budget Analyst Approval	nhovden	05/26/2022 09:24:03 AM
BOE Agenda Approval	nhovden	05/26/2022 09:24:06 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26299**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: HLN PHYSICIANS, INC.
Agency Code: MSA	Contractor Name: HLN PHYSICIANS, INC.
Appropriation Unit: 9999 - All Categories	Address: 155 CADILLAC DR STE 110
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95825-5403
If "No" please explain: Not Applicable	Contact/Phone: Nancy Vartanian 916/669-1200
	Vendor No.: T29038799
	NV Business ID: NV20171158747

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, marriage and family therapy, psychology, and social work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,700,000.00**

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	05/10/2022 13:40:53 PM
Division Approval	gdavi6	05/10/2022 13:40:57 PM
Department Approval	ldeloach	05/11/2022 15:58:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:35:34 AM
Budget Analyst Approval	nhovden	05/26/2022 11:58:21 AM
BOE Agenda Approval	nhovden	05/26/2022 11:58:24 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: **26099**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Hailey Corthell, M.S., CCC-SLP, LLC
Agency Code: MSA	Contractor Name: Hailey Corthell, M.S., CCC-SLP, LLC
Appropriation Unit: 9999 - All Categories	Address: 1405 Canyon Creek Rd
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Hailey Corthell 775-964-8557
	Vendor No.: Pending
	NV Business ID: NV20181899686

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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:
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	04/28/2022 13:42:08 PM
Division Approval	gdavi6	04/28/2022 13:42:10 PM
Department Approval	ldeloch	05/05/2022 14:00:55 PM
Contract Manager Approval	rvradenb	05/06/2022 10:05:04 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:51:44 PM
BOE Agenda Approval	laaron	05/28/2022 09:20:22 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: **26277**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Heavenly Angels Home Care Services, LLC
Agency Code:	MSA	Contractor Name:	Heavenly Angels Home Care Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	5609 Pella Pompano Street
Is budget authority available?:	Yes	City/State/Zip:	North Las Vegas, NV 89031
If "No" please explain:	Not Applicable	Contact/Phone:	Lucy Fajardo 702-778-7440
		Vendor No.:	T32012205
		NV Business ID:	NV20171303338

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 06/2022

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: **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: **\$2,700,000.00**

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	05/10/2022 13:34:51 PM
Division Approval	gdavi6	05/10/2022 13:34:53 PM
Department Approval	ldeloch	05/11/2022 14:44:17 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:14 AM
Budget Analyst Approval	laaron	05/31/2022 12:23:16 PM
BOE Agenda Approval	laaron	05/31/2022 12:23:19 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: **26092**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	INSPIRE CAREER SERVICES, LLC
Agency Code:	MSA	Contractor Name:	INSPIRE CAREER SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	9952 Celestial Cliffs Ave
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89166
If "No" please explain:	Not Applicable	Contact/Phone:	Glynn Coleman 702-813-2010
		Vendor No.:	T32010407
		NV Business ID:	NV20201933590

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, rehabilitation, behavioral support, community work experience programs, customized employment, 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	04/28/2022 13:39:27 PM
Division Approval	gdavi6	04/28/2022 13:39:30 PM
Department Approval	ldeloach	05/04/2022 15:58:55 PM
Contract Manager Approval	rvradenb	05/06/2022 10:01:31 AM
Budget Analyst Approval	dspeed1	05/11/2022 17:29:54 PM
BOE Agenda Approval	laaron	05/25/2022 10:38:02 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: **25544**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	INSTITUTE FOR CHILD & ADOLESCENT PSYCHIATRY, SC
Agency Code:	MSA	Contractor Name:	INSTITUTE FOR CHILD & ADOLESCENT PSYCHIATRY, SC
Appropriation Unit:	9999 - All Categories	Address:	ICAP, SC 2777 PARADISE RD #3504
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89109-9125
If "No" please explain:	Not Applicable	Contact/Phone:	Rodrigo Farrales 702/373-4326
		Vendor No.:	T27042583
		NV Business ID:	NV20131619922

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatry, mental health and related 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?

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	02/16/2022 17:00:53 PM
Division Approval	gdavi6	02/16/2022 17:00:56 PM
Department Approval	ldeloch	02/24/2022 17:13:41 PM
Contract Manager Approval	rvradenb	03/01/2022 08:16:47 AM
Budget Analyst Approval	hfield	06/03/2022 10:10:02 AM
BOE Agenda Approval	hfield	06/03/2022 10:10:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26280**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: J. Tan, LLC
Agency Code: MSA	Contractor Name: J. Tan, LLC
Appropriation Unit: 9999 - All Categories	Address: 4775 SUMMIT RIDGE DR APT 2135
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523-7927
If "No" please explain: Not Applicable	Contact/Phone: John Tan 213/453-4507
	Vendor No.: T27041473
	NV Business ID: NV20171268975

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 **06/2022**

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: **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?

Yes If "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	05/10/2022 13:35:12 PM
Division Approval	gdavi6	05/10/2022 13:35:14 PM
Department Approval	ldeloach	05/11/2022 14:47:44 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:29 AM
Budget Analyst Approval	nhovden	05/26/2022 16:03:14 PM
BOE Agenda Approval	nhovden	05/26/2022 16:03:16 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: **26370**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	JACQUELINE BORGES
Agency Code:	MSA	Contractor Name:	JACQUELINE S. BORGES DBA SIERRA STAR RANCH
Appropriation Unit:	9999 - All Categories	Address:	SIERRA STAR RANCH 10350 THOMAS CREEK RD RENO, NV 89511-5449
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-5449
If "No" please explain:	Not Applicable	Contact/Phone:	Jacqueline Borges 775/853-5508
		Vendor No.:	T29021398
		NV Business ID:	NV20201783803

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related 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 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:

Vendor provides services using a DBA.

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	06/03/2022 09:25:10 AM
Division Approval	gdavi6	06/03/2022 09:25:12 AM
Department Approval	ldeloch	06/03/2022 14:07:56 PM
Contract Manager Approval	rvradenb	06/03/2022 15:51:50 PM
Budget Analyst Approval	hfield	06/06/2022 09:36:18 AM
BOE Agenda Approval	hfield	06/06/2022 09:36:20 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: **26283**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: JADELLE, LLC
Agency Code: MSA	Contractor Name: JADELLE, LLC
Appropriation Unit: 9999 - All Categories	Address: 6282 WINDY WATERS CT.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89110
If "No" please explain: Not Applicable	Contact/Phone: MARIA BASILIO 702-793-1104
	Vendor No.: T29041035
	NV Business ID: NV20181132289

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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	05/10/2022 13:36:02 PM
Division Approval	gdavi6	05/10/2022 13:36:04 PM
Department Approval	ldeloch	05/11/2022 15:01:37 PM
Contract Manager Approval	rvradenb	05/16/2022 10:18:17 AM
Budget Analyst Approval	nhovden	05/26/2022 17:15:07 PM
BOE Agenda Approval	nhovden	05/26/2022 17:15:10 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: **26126**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	JENNIFER R. HIGHSMITH, PHD, LLC
Agency Code:	MSA	Contractor Name:	JENNIFER R. HIGHSMITH, PHD, LLC DBA SIERRA PSYCHOLOGICAL TESTING
Appropriation Unit:	9999 - All Categories	Address:	2450 VASSAR ST STE 3A 2450 VASSAR ST STE 3A
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89502-3454
If "No" please explain:	Not Applicable	Contact/Phone:	JENNIFER HIGHSMITH 775/386-2189
		Vendor No.:	T29034366
		NV Business ID:	NV20131695973

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related 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:

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 using a DBA.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:53:28 PM
Division Approval	gdavi6	04/28/2022 13:53:30 PM
Department Approval	ldeloach	05/05/2022 15:03:25 PM
Contract Manager Approval	rvradenb	05/06/2022 10:13:30 AM
Budget Analyst Approval	tsmorra	06/03/2022 08:50:53 AM
BOE Agenda Approval	hfield	06/03/2022 11:18:29 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: **26030**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: JOREN, LLC
Agency Code: MSA	Contractor Name: JOREN, LLC
Appropriation Unit: 9999 - All Categories	Address: 4440 E. St. Louis Ave
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104
If "No" please explain: Not Applicable	Contact/Phone: Thelma Balingit 702-461-6969
	Vendor No.: T29037271
	NV Business ID: NV20121511472

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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	04/28/2022 13:24:39 PM
Division Approval	gdavi6	04/28/2022 13:24:41 PM
Department Approval	ldeloch	05/04/2022 14:55:38 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:39 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:38:30 AM
BOE Agenda Approval	laaron	05/25/2022 08:30:41 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26297**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	JOSEPHINE FERRER AGUILAR
Agency Code:	MSA	Contractor Name:	JOSEPHINE FERRER AGUILAR DBA HAND-IN-HAND HEALTH CARE SERVICES
Appropriation Unit:	9999 - All Categories	Address:	12260 OCEAN VIEW DRIVE 12260 OCEAN VIEW DRIVE
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89441
If "No" please explain:	Not Applicable	Contact/Phone:	Josephine Aguilar 775/636-1639
		Vendor No.:	T29017189
		NV Business ID:	NV20111188389

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements 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 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:

Vendor provides services using a DBA.

- 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	05/10/2022 13:39:41 PM
Division Approval	gdavi6	05/10/2022 13:39:44 PM
Department Approval	ldeloach	05/11/2022 15:41:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:27:22 AM
Budget Analyst Approval	nhovden	05/26/2022 17:05:50 PM
BOE Agenda Approval	nhovden	05/26/2022 17:05:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26095**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	James Peter LaRocca & Deborah Louise LaRocca
Agency Code:	MSA	Contractor Name:	James Peter LaRocca & Deborah Louise LaRocca
Appropriation Unit:	9999 - All Categories	Address:	172 MOUNT EARL AVE
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89012-5703
If "No" please explain:	Not Applicable	Contact/Phone:	Deborah LaRocca 702-413-8241
		Vendor No.:	T81081568
		NV Business ID:	NV20171488807

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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:

DETR, 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	04/28/2022 13:40:18 PM
Division Approval	gdavi6	04/28/2022 13:40:21 PM
Department Approval	ldeloach	05/04/2022 16:28:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:02:36 AM
Budget Analyst Approval	dspeed1	05/12/2022 16:52:35 PM
BOE Agenda Approval	laaron	05/25/2022 12:54:49 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: **26215**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: John H. Krogh, Ph.D., PLLC
Agency Code: MSA	Contractor Name: John H. Krogh, Ph.D., PLLC
Appropriation Unit: 9999 - All Categories	Address: 10631 Professional Circle Suite A
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: 775/826-6218
	Vendor No.: T29043666
	NV Business ID: NV20191361376

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 06/2022

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: **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	05/10/2022 13:27:42 PM
Division Approval	gdavi6	05/10/2022 13:27:44 PM
Department Approval	ldeloch	05/11/2022 11:53:20 AM
Contract Manager Approval	rvradenb	05/16/2022 10:08:58 AM
Budget Analyst Approval	nhovden	05/26/2022 17:09:46 PM
BOE Agenda Approval	nhovden	05/26/2022 17:09:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25600**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KAREN REYNOLDS
Agency Code: MSA	Contractor Name: KAREN REYNOLDS
Appropriation Unit: 9999 - All Categories	Address: 995 Turnberry Dr.
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89426
If "No" please explain: Not Applicable	Contact/Phone: Karen Reynolds 775/626-1867
	Vendor No.: T81103810
	NV Business ID: NV20161305543

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 245 days**

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 and related 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 provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2021

- 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 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	03/01/2022 08:19:30 AM
Division Approval	gdavi6	03/01/2022 08:19:32 AM
Department Approval	ldeloach	03/01/2022 14:07:59 PM
Contract Manager Approval	rvradenb	03/03/2022 07:41:34 AM
Budget Analyst Approval	dspeed1	06/02/2022 14:29:46 PM
BOE Agenda Approval	hfield	06/02/2022 15:12:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26349**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KATHI LYNN AVAMPATO
Agency Code: MSA	Contractor Name: KATHI LYNN AVAMPATO
Appropriation Unit: 9999 - All Categories	Address: 11805 OVERLAND RD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89506-8392
If "No" please explain: Not Applicable	Contact/Phone: Kathi Avampato 775/378-4901
	Vendor No.: T81025367
	NV Business ID: NV20161325193

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement and related 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 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	06/03/2022 09:23:07 AM
Division Approval	gdavi6	06/03/2022 09:23:10 AM
Department Approval	ldeloach	06/03/2022 13:54:38 PM
Contract Manager Approval	rvradenb	06/03/2022 15:49:12 PM
Budget Analyst Approval	hfield	06/06/2022 09:38:53 AM
BOE Agenda Approval	hfield	06/06/2022 09:38:55 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: **26368**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KATHLEEN S. MAYERS, INC.
Agency Code: MSA	Contractor Name: KATHLEEN S. MAYERS, INC.
Appropriation Unit: 9999 - All Categories	Address: 305 Prince Charming Ct.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89145
If "No" please explain: Not Applicable	Contact/Phone: Kathleen Mayers 702/809-3885
	Vendor No.: T81041123
	NV Business ID: NV20011487202

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related 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:

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	06/03/2022 09:24:57 AM
Division Approval	gdavi6	06/03/2022 09:24:59 AM
Department Approval	ldeloch	06/03/2022 14:06:22 PM
Contract Manager Approval	rvradenb	06/03/2022 15:51:35 PM
Budget Analyst Approval	hfield	06/06/2022 09:31:47 AM
BOE Agenda Approval	hfield	06/06/2022 09:31:49 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: **26391**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	KEIL, LLC (Deborah E. Keil, PhD, MT (ASCP), DABT, NRCC)
Agency Code:	MSA	Contractor Name:	KEIL, LLC (Deborah E. Keil, PhD, MT (ASCP), DABT, NRCC)
Appropriation Unit:	9999 - All Categories	Address:	1905 CHAMBERS DR
Is budget authority available?:	Yes	City/State/Zip:	BOZEMAN, MT 59715-5095
If "No" please explain:	Not Applicable	Contact/Phone:	Deborah Keil 406/224-2682
		Vendor No.:	T29011890
		NV Business ID:	NV20081219991

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical related 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:

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	06/03/2022 09:27:22 AM
Division Approval	gdavi6	06/03/2022 09:27:25 AM
Department Approval	ldeloch	06/03/2022 14:33:17 PM
Contract Manager Approval	rvradenb	06/03/2022 15:54:31 PM
Budget Analyst Approval	tsmorra	06/03/2022 16:30:08 PM
BOE Agenda Approval	hfield	06/06/2022 09:42:29 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: **26289**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KENNETH HOUCHIN
Agency Code: MSA	Contractor Name: KENNETH HOUCHIN DBA ELKO EYE CENTER, VEGAS VALLEY EYE CENTER
Appropriation Unit: 9999 - All Categories	Address: 875 14TH STREET
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775/738-5193
	Vendor No.: T81071238
	NV Business ID: NV20101287809

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**
 Contract term: **3 years and 334 days**

4. Type of contract: **MSA**
 Contract description: **Direct Client Srvcs**

5. Purpose of contract:
This is a new contract to provide ongoing ophthalmology 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?

No b. If "No", please explain:

Vendor provides services under two DBAs.

- 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	05/10/2022 13:37:35 PM
Division Approval	gdavi6	05/10/2022 13:37:38 PM
Department Approval	ldeloch	05/11/2022 15:21:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:22:16 AM
Budget Analyst Approval	nhovden	05/26/2022 16:58:35 PM
BOE Agenda Approval	nhovden	05/26/2022 16:58:37 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: **26236**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KENNETH MCKAY, LTD
Agency Code: MSA	Contractor Name: KENNETH MCKAY, LTD
Appropriation Unit: 9999 - All Categories	Address: 526 Tonopah Dr.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: Kenneth McKay DDS 702/419-8920
	Vendor No.: T27026671
	NV Business ID: NV20071564002

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support, mental health, employment support, psychology, rehabilitation, and related 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:
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	mstar2	05/05/2022 13:25:22 PM
Division Approval	mstar2	05/05/2022 13:25:25 PM
Department Approval	ldeloach	05/11/2022 08:50:37 AM
Contract Manager Approval	rvradenb	06/02/2022 16:25:49 PM
Budget Analyst Approval	tsmorra	06/02/2022 16:39:10 PM
BOE Agenda Approval	hfield	06/03/2022 11:19:25 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: **26376**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KENT WAGNER JR., DDS, PC
Agency Code: MSA	Contractor Name: KENT WAGNER JR., DDS, PC
Appropriation Unit: 9999 - All Categories	Address: 2045 VILLAGE CENTER CIRCLE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89134
If "No" please explain: Not Applicable	Contact/Phone: KIMBERLI IRVIN 702-878-5599
	Vendor No.: T32012150
	NV Business ID: NV20061572949

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing dental and related 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:
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	06/03/2022 09:26:21 AM
Division Approval	gdavi6	06/03/2022 09:26:23 AM
Department Approval	ldeloch	06/03/2022 14:16:03 PM
Contract Manager Approval	rvradenb	06/03/2022 15:53:28 PM
Budget Analyst Approval	hfield	06/06/2022 09:38:24 AM
BOE Agenda Approval	hfield	06/06/2022 09:38:26 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: **26308**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KEY LEARNING CONCEPTS, LLC
Agency Code: MSA	Contractor Name: KEY LEARNING CONCEPTS, LLC
Appropriation Unit: 9999 - All Categories	Address: 3189 MILL STREET
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775/722-3838
	Vendor No.: T27018538
	NV Business ID: NV20041117309

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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:
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	05/10/2022 13:43:09 PM
Division Approval	gdavi6	05/10/2022 13:43:12 PM
Department Approval	ldeloch	05/11/2022 16:16:39 PM
Contract Manager Approval	rvradenb	05/16/2022 10:54:50 AM
Budget Analyst Approval	nhovden	05/26/2022 09:16:32 AM
BOE Agenda Approval	nhovden	05/26/2022 09:16:35 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: **26257**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: KRATU, LLC
Agency Code: MSA	Contractor Name: KRATU, LLC
Appropriation Unit: 9999 - All Categories	Address: 16323 N. 2nd Ave.
Is budget authority available?: Yes	City/State/Zip: PHOENIX, AZ 85023
If "No" please explain: Not Applicable	Contact/Phone: Nirah Parikh 602-418-9794
	Vendor No.: T29039646
	NV Business ID: NV20171542288

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, blind and visually impaired support, disabilities support, educational tutoring and education support, employment support, home modifications, job development, 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 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	05/10/2022 13:31:44 PM
Division Approval	gdavi6	05/10/2022 13:31:47 PM
Department Approval	ldeloach	05/11/2022 12:31:12 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:35 AM
Budget Analyst Approval	nhovden	05/26/2022 12:33:08 PM
BOE Agenda Approval	nhovden	05/26/2022 12:33:10 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: **26234**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Key's Workplace Readiness Training, LLC
Agency Code:	MSA	Contractor Name:	Key's Workplace Readiness Training, LLC
Appropriation Unit:	9999 - All Categories	Address:	10917 Jordyn Hill Street
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89141
If "No" please explain:	Not Applicable	Contact/Phone:	Kelley Bigger 702-712-5604
		Vendor No.:	T29044247
		NV Business ID:	NV20212085584

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing community work experience, employment support, job development, pre-employment, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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:

DETR, agency is satisfied.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	mstar2	05/05/2022 13:24:31 PM
Division Approval	mstar2	05/05/2022 13:24:34 PM
Department Approval	ldeloach	05/06/2022 14:34:29 PM
Contract Manager Approval	rvradenb	05/09/2022 14:01:25 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:06:41 PM
BOE Agenda Approval	hfield	06/02/2022 15:15:00 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: **26266**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LARA MCKNIGHT OD & ASSOCIATES, LTD
Agency Code:	MSA	Contractor Name:	LARA MCKNIGHT OD & ASSOCIATES, LTD DBA EYES ON CARSON
Appropriation Unit:	9999 - All Categories	Address:	4530 S. Carson St., STE 12
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Lara McKnight 775-722-0271
		Vendor No.:	T27043238
		NV Business ID:	NV20031484677

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing optometry 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:
Nevada Corporation

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

No b. If "No", please explain:

Vendor provides services using a DBA.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:33:20 PM
Division Approval	gdavi6	05/10/2022 13:33:22 PM
Department Approval	ldeloach	05/11/2022 14:30:47 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:54 AM
Budget Analyst Approval	nhovden	05/26/2022 10:05:54 AM
BOE Agenda Approval	nhovden	05/26/2022 10:05:56 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: **26401**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LEGACY COUNSELING AND WORKFORCE CONNECTIONS
Agency Code:	MSA	Contractor Name:	LEGACY COUNSELING AND WORKFORCE CONNECTIONS
Appropriation Unit:	9999 - All Categories	Address:	6600 W. Charleston Blvd #111
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Doss 702-763-7443
		Vendor No.:	T27043949
		NV Business ID:	NV20201705455

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, general medicine, mental health, psychiatry, behavioral support, counseling, employment support, psychology, social worker services, and related 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:
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	06/03/2022 09:29:33 AM
Division Approval	gdavi6	06/03/2022 09:29:35 AM
Department Approval	ldeloach	06/03/2022 14:53:09 PM
Contract Manager Approval	rvradenb	06/03/2022 15:55:41 PM
Budget Analyst Approval	tsmorra	06/03/2022 16:29:29 PM
BOE Agenda Approval	hfield	06/06/2022 10:23:22 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: **26398**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LOVE'S HOME HEALTH CARE, LLC
Agency Code:	MSA	Contractor Name:	LOVE'S HOME HEALTH CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	500 N RAINBOW BLVD STE 300
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89107-1061
If "No" please explain:	Not Applicable	Contact/Phone:	Kristi DeLeon 702/448-8145
		Vendor No.:	T27041384
		NV Business ID:	NV20161030903

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care, personal emergency response systems, respite care, senior care, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,000.00**

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	06/03/2022 09:28:50 AM
Division Approval	gdavi6	06/03/2022 09:28:52 AM
Department Approval	ldeloach	06/03/2022 14:48:28 PM
Contract Manager Approval	rvradenb	06/03/2022 15:55:12 PM
Budget Analyst Approval	tsmorra	06/03/2022 16:30:21 PM
BOE Agenda Approval	hfield	06/06/2022 10:10:07 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: **25614**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LOVING CARE ADULT DAY HEALTHCARE, LLC
Agency Code:	MSA	Contractor Name:	LOVING CARE ADULT DAY HEALTHCARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	5725 E. Tropicana Ave Suite 113
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89122
If "No" please explain:	Not Applicable	Contact/Phone:	Alan B. Jauregui 702-433-3128
		Vendor No.:	Pending
		NV Business ID:	NV20191008691

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing adult day care and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

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	03/01/2022 08:23:02 AM
Division Approval	gdavi6	03/01/2022 08:23:04 AM
Department Approval	ldeloch	03/01/2022 14:17:54 PM
Contract Manager Approval	rvradenb	03/03/2022 07:45:08 AM
Budget Analyst Approval	dspeed1	06/02/2022 14:05:13 PM
BOE Agenda Approval	hfield	06/02/2022 15:15:37 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: **26081**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: LOVING GRACE, LLC
Agency Code: MSA	Contractor Name: LOVING GRACE, LLC
Appropriation Unit: 9999 - All Categories	Address: 1158 E HACIENDA AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-1814
If "No" please explain: Not Applicable	Contact/Phone: EVANGELINE CRUZ 702-480-4858
	Vendor No.: T29037275
	NV Business ID: NV20151576170

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:35:31 PM
Division Approval	gdavi6	04/28/2022 13:35:34 PM
Department Approval	ldeloch	05/06/2022 11:54:37 AM
Contract Manager Approval	rvradenb	05/09/2022 11:15:10 AM
Budget Analyst Approval	dspeed1	05/09/2022 13:21:30 PM
BOE Agenda Approval	laaron	05/31/2022 12:17:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26292**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LYNN DALE LARSON
Agency Code:	MSA	Contractor Name:	LYNN DALE LARSON DBA LD LARSON, PHD
Appropriation Unit:	9999 - All Categories	Address:	6655 W SAHARA AVE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	LYNN D. LARSON 702/301-9180
		Vendor No.:	PENDING
		NV Business ID:	NV20151211643

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 06/2022

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: **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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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?

No b. If "No", please explain:

VENDOR PROVIDES SERVICES USING DBA

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	05/10/2022 13:37:07 PM
Division Approval	gdavi6	05/10/2022 13:37:10 PM
Department Approval	ldeloach	05/11/2022 15:09:48 PM
Contract Manager Approval	rvradenb	05/16/2022 10:21:30 AM
Budget Analyst Approval	nhovden	05/26/2022 10:51:06 AM
BOE Agenda Approval	nhovden	05/26/2022 10:51:08 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: **26063**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Las Vegas Autism Center, LLC
Agency Code: MSA	Contractor Name: Las Vegas Autism Center, LLC
Appropriation Unit: 9999 - All Categories	Address: 7390 W Sahara Ave Suite 260
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Molly Halligan 702-900-4320
	Vendor No.: T27041807
	NV Business ID: NV20171454620

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, autism treatment assistance programs and behavioral support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:28:54 PM
Division Approval	gdavi6	04/28/2022 13:28:57 PM
Department Approval	ldeloach	05/04/2022 16:47:07 PM
Contract Manager Approval	rvradenb	05/05/2022 16:57:34 PM
Budget Analyst Approval	dspeed1	05/06/2022 17:36:48 PM
BOE Agenda Approval	laaron	05/28/2022 09:09:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26235**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Lion's Den Consulting, LLC
Agency Code: MSA	Contractor Name: Lion's Den Consulting, LLC
Appropriation Unit: 9999 - All Categories	Address: 6228 Farica St.
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89081
If "No" please explain: Not Applicable	Contact/Phone: Dontae Wilson 785-214-1066
	Vendor No.: T29045234
	NV Business ID: NV20222391880

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing blind and visually impaired support, case management, community work experience programs, customized employment, early intervention, educational tutoring and education support, employment support, job development, pre-employment, and related 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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	mstar2	05/05/2022 13:24:51 PM
Division Approval	mstar2	05/05/2022 13:24:56 PM
Department Approval	ldeloach	05/06/2022 14:35:57 PM
Contract Manager Approval	rvradenb	05/09/2022 14:01:37 PM
Budget Analyst Approval	tsmorra	06/02/2022 16:27:54 PM
BOE Agenda Approval	hfield	06/03/2022 11:37:11 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: **26018**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MD Developmental Agency, LLC
Agency Code: MSA	Contractor Name: MD Developmental Agency, LLC
Appropriation Unit: 9999 - All Categories	Address: 2520 St. Rose Parkway Suite S220-G
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89074
If "No" please explain: Not Applicable	Contact/Phone: Debra Stewart 773-407-7558
	Vendor No.: T32008619
	NV Business ID: NV20191306565

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, dietician-nutrition, early intervention, occupational therapy, physical therapy, and speech pathology therapy and counseling.

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	04/28/2022 13:13:04 PM
Division Approval	gdavi6	04/28/2022 13:13:08 PM
Department Approval	ldeloach	05/04/2022 15:27:30 PM
Contract Manager Approval	rvradenb	05/04/2022 15:37:45 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:30:22 PM
BOE Agenda Approval	laaron	05/25/2022 08:05:31 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26347**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MERLEEN GROVER, APRN, CNM, LC
Agency Code: MSA	Contractor Name: MERLEEN GROVER, APRN, CNM, LC
Appropriation Unit: 9999 - All Categories	Address: 6030 Water Canyon Rd.
Is budget authority available?: Yes	City/State/Zip: Winnemucca, NV 89445
If "No" please explain: Not Applicable	Contact/Phone: Merleen Grover 775/385-1410
	Vendor No.: T32008790
	NV Business ID: NV20181617401

To what State Fiscal Year(s) will the contract be charged? **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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical 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:

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	06/03/2022 09:22:46 AM
Division Approval	gdavi6	06/03/2022 09:22:48 AM
Department Approval	ldeloch	06/03/2022 13:52:38 PM
Contract Manager Approval	rvradenb	06/03/2022 14:44:17 PM
Budget Analyst Approval	mlynn	06/03/2022 14:52:00 PM
BOE Agenda Approval	hfield	06/06/2022 11:59:55 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: **26379**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MIRACLE HANDS PERSONAL HOME CARE, LLC
Agency Code:	MSA	Contractor Name:	MIRACLE HANDS PERSONAL HOME CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	7465 W. LAKE MEAD BLVD STE 100
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128-1033
If "No" please explain:	Not Applicable	Contact/Phone:	Rosmary Garcia 702/524-8166
		Vendor No.:	T32003967
		NV Business ID:	NV20151277261

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care and related 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:

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	06/03/2022 09:26:47 AM
Division Approval	gdavi6	06/03/2022 09:26:49 AM
Department Approval	ldeloch	06/03/2022 14:19:02 PM
Contract Manager Approval	rvradenb	06/03/2022 15:54:00 PM
Budget Analyst Approval	hfield	06/06/2022 09:39:23 AM
BOE Agenda Approval	hfield	06/06/2022 09:39:25 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: **26298**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MML PHYSICAL THERAPY GROUP, INC.
Agency Code:	MSA	Contractor Name:	MML PHYSICAL THERAPY GROUP, INC.
Appropriation Unit:	9999 - All Categories	Address:	600 S TONOPAH DRIVE #350
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89106-4189
If "No" please explain:	Not Applicable	Contact/Phone:	Kimberly Floth 702/558-7823
		Vendor No.:	T80963036
		NV Business ID:	NV19921030800

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing physical therapy and related 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:

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	05/10/2022 13:40:37 PM
Division Approval	gdavi6	05/10/2022 13:40:40 PM
Department Approval	ldeloch	05/11/2022 15:56:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:32:37 AM
Budget Analyst Approval	nhovden	05/26/2022 11:53:09 AM
BOE Agenda Approval	nhovden	05/26/2022 11:53:12 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: **26089**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MOONLIGHT EXAMINATIONS, LLC
Agency Code: MSA	Contractor Name: MOONLIGHT EXAMINATIONS, LLC
Appropriation Unit: 9999 - All Categories	Address: 3809 TRAILS EDGE RD
Is budget authority available?: Yes	City/State/Zip: FORT WORTH, TX 76109-3428
If "No" please explain: Not Applicable	Contact/Phone: MORGAN ADAMS 409-617-1258
	Vendor No.: T32005591
	NV Business ID: NV20171590440

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 #: **S1787-RV**

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: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client 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?

Yes If "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	04/28/2022 13:38:15 PM
Division Approval	gdavi6	04/28/2022 13:38:17 PM
Department Approval	ldeloch	05/05/2022 12:25:55 PM
Contract Manager Approval	rvradenb	05/06/2022 09:59:54 AM
Budget Analyst Approval	dspeed1	05/09/2022 12:54:09 PM
BOE Agenda Approval	laaron	05/26/2022 16:00:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26248**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MT FEELINGS, LLC
Agency Code: MSA	Contractor Name: MT FEELINGS, LLC
Appropriation Unit: 9999 - All Categories	Address: 6769 W. Charleston Blvd. Ste. A
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: Michael Thomas 702/606-7530
	Vendor No.: T29042357
	NV Business ID: NV20171140389

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 related 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:

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	05/10/2022 13:29:51 PM
Division Approval	gdavi6	05/10/2022 13:29:54 PM
Department Approval	ldeloch	05/11/2022 12:05:37 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:13 AM
Budget Analyst Approval	tsmorra	06/02/2022 14:39:47 PM
BOE Agenda Approval	hfield	06/02/2022 15:53:32 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: **26036**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MT. OLIVE CARE, LLC
Agency Code: MSA	Contractor Name: MT. OLIVE CARE, LLC
Appropriation Unit: 9999 - All Categories	Address: 1325 Airmotive Way Suite 100
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89506-0006
If "No" please explain: Not Applicable	Contact/Phone: Elle La Croix 775-348-4989
	Vendor No.: T27022936A
	NV Business ID: NV20091270400

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, counseling and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,500,000.00**

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	04/28/2022 13:25:35 PM
Division Approval	gdavi6	04/28/2022 13:25:38 PM
Department Approval	ldeloach	05/04/2022 14:28:23 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:54 PM
Budget Analyst Approval	laaron	05/26/2022 12:40:46 PM
BOE Agenda Approval	laaron	05/26/2022 12:40:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26367**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MUSIC 4 LIFE, INC.
Agency Code: MSA	Contractor Name: MUSIC 4 LIFE, INC.
Appropriation Unit: 9999 - All Categories	Address: 3311 S. Rainbow Blvd., Ste 112
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: Judith Pinkerton 702-889-2881
	Vendor No.: PENDING
	NV Business ID: NV20111131817

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy, counseling, mental health, substance abuse counseling, and related 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 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	06/03/2022 09:24:41 AM
Division Approval	gdavi6	06/03/2022 09:24:43 AM
Department Approval	ldeloach	06/03/2022 14:03:26 PM
Contract Manager Approval	rvradenb	06/03/2022 15:51:20 PM
Budget Analyst Approval	hfield	06/06/2022 09:29:21 AM
BOE Agenda Approval	hfield	06/06/2022 09:29:23 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: **26151**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MiTio, Inc.
Agency Code: MSA	Contractor Name: MiTio, Inc.
Appropriation Unit: 9999 - All Categories	Address: 289 Jonesboro Rd. Suite 416
Is budget authority available?: Yes	City/State/Zip: McDonough, GA 30253
If "No" please explain: Not Applicable	Contact/Phone: Dr. Nelva Lee 678-458-1671
	Vendor No.: Pending
	NV Business ID: NV20222401982

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **3 years and 304 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, in-person, 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. The State is required to provide services and official documents in languages other than English.

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 provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

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	04/30/2022 20:32:54 PM
Division Approval	gdavi6	04/30/2022 20:32:57 PM
Department Approval	ldeloach	05/06/2022 11:40:27 AM
Contract Manager Approval	rvradenb	05/09/2022 13:51:47 PM
Budget Analyst Approval	dspeed1	05/11/2022 17:17:02 PM
BOE Agenda Approval	laaron	05/26/2022 12:45:15 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: **26027**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NADER ROUHANI, D.O., P.C.
Agency Code: MSA	Contractor Name: NADER ROUHANI, D.O., P.C.
Appropriation Unit: 9999 - All Categories	Address: P.O. Box 371512
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89137-1512
If "No" please explain: Not Applicable	Contact/Phone: Nader Rouhani 702-325-1025
	Vendor No.: T27037820
	NV Business ID: NV20121542012

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, general medicine and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,100,000.00**

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:
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	04/28/2022 13:23:41 PM
Division Approval	gdavi6	04/28/2022 13:23:43 PM
Department Approval	ldeloch	05/04/2022 15:00:49 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:51 PM
Budget Analyst Approval	dspeed1	05/12/2022 16:26:48 PM
BOE Agenda Approval	laaron	05/25/2022 08:43:51 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: **26088**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NADHC AT THE ACSC, INC.
Agency Code: MSA	Contractor Name: NADHC AT THE ACSC, INC.
Appropriation Unit: 9999 - All Categories	Address: 2008 S. Jones Blvd.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: CRISTINA VITO 702-210-4750
	Vendor No.: T27041801
	NV Business ID: NV20091326701

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 adult daycare.

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:38:00 PM
Division Approval	gdavi6	04/28/2022 13:38:02 PM
Department Approval	ldeloch	05/06/2022 11:58:28 AM
Contract Manager Approval	rvradenb	05/09/2022 17:46:25 PM
Budget Analyst Approval	dspeed1	05/10/2022 13:15:46 PM
BOE Agenda Approval	laaron	05/25/2022 12:10:10 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: **26091**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEVADA ADULT DAY HEALTHCARE CENTERS, INC.
Agency Code:	MSA	Contractor Name:	NEVADA ADULT DAY HEALTHCARE CENTERS, INC.
Appropriation Unit:	9999 - All Categories	Address:	2008 S JONES BLVD
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	CRISTINA VITO 702-210-4750
		Vendor No.:	T27008742
		NV Business ID:	NV20101839265

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 adult daycare 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:38:58 PM
Division Approval	gdavi6	04/28/2022 13:39:00 PM
Department Approval	ldeloch	05/06/2022 12:01:17 PM
Contract Manager Approval	rvradenb	05/09/2022 13:51:27 PM
Budget Analyst Approval	dspeed1	05/09/2022 17:17:20 PM
BOE Agenda Approval	laaron	05/26/2022 16:19:49 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: **26112**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEVADA HEART CONSULTANTS, ZEV LAGSTEIN, MD, LTD
Agency Code:	MSA	Contractor Name:	NEVADA HEART CONSULTANTS, ZEV LAGSTEIN, MD, LTD
Appropriation Unit:	9999 - All Categories	Address:	3017 West Charleston Blvd STE 80
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	Mary Ann Jones 702-870-1026
		Vendor No.:	T80638110
		NV Business ID:	NV19821001102

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, general medicine and medical 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	04/28/2022 13:46:58 PM
Division Approval	gdavi6	04/28/2022 13:47:00 PM
Department Approval	ldeloch	05/05/2022 14:27:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:09:23 AM
Budget Analyst Approval	dspeed1	06/02/2022 12:40:01 PM
BOE Agenda Approval	hfield	06/02/2022 13:57:08 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: **26305**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NEVADA HOMES FOR YOUTH
Agency Code: MSA	Contractor Name: NEVADA HOMES FOR YOUTH
Appropriation Unit: 9999 - All Categories	Address: 525 S 13TH ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: RONALD MOORE 702/380-2889
	Vendor No.: T27037378
	NV Business ID: NV19911011033

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for assisted living, behavioral support, community based living arrangements, counseling, educational tutoring and education support, group home, mental health, rehabilitation, residential provider, social work, 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:42:22 PM
Division Approval	gdavi6	05/10/2022 13:42:24 PM
Department Approval	ldeloach	05/11/2022 16:10:02 PM
Contract Manager Approval	rvradenb	05/16/2022 10:49:27 AM
Budget Analyst Approval	nhovden	05/26/2022 12:11:57 PM
BOE Agenda Approval	nhovden	05/26/2022 12:11:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26121**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEVADA YOUTH EMPOWERMENT PROJECT
Agency Code:	MSA	Contractor Name:	NEVADA YOUTH EMPOWERMENT PROJECT
Appropriation Unit:	9999 - All Categories	Address:	1369 FALAND WAY
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	MONICA DUPEA 775-240-2195
		Vendor No.:	T32011489
		NV Business ID:	NV20071442479

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing host home and homeless youth 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:52:17 PM
Division Approval	gdavi6	04/28/2022 13:52:20 PM
Department Approval	ldeloach	05/05/2022 14:57:31 PM
Contract Manager Approval	rvradenb	05/06/2022 10:13:01 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:28:38 PM
BOE Agenda Approval	laaron	05/26/2022 13:50:40 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: **26033**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: NEW VISTA RANCH, INC.
Agency Code: MSA	Contractor Name: NEW VISTA RANCH, INC.
Appropriation Unit: 9999 - All Categories	Address: 3606 N. Rancho Dr. Suite 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: Archie McArthur 702-215-1827
	Vendor No.: T81025989
	NV Business ID: NV19861013178

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 community based living arrangements, foster care, job development, 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: **\$22,000,000.00**

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	04/28/2022 13:25:15 PM
Division Approval	gdavi6	04/28/2022 13:25:17 PM
Department Approval	ldeloach	05/04/2022 14:31:43 PM
Contract Manager Approval	rvradenb	05/04/2022 15:40:18 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:51:05 PM
BOE Agenda Approval	laaron	05/25/2022 08:54:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26085**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Nevada Adult Day Healthcare Centers, Inc.
Agency Code:	MSA	Contractor Name:	Nevada Adult Day Healthcare Centers, Inc.
Appropriation Unit:	9999 - All Categories	Address:	2008 S JONES BLVD
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	CRISTINA VITO 702-210-4750
		Vendor No.:	T27041808
		NV Business ID:	NV20031388669

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 adult daycare 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:37:16 PM
Division Approval	gdavi6	04/28/2022 13:37:18 PM
Department Approval	ldeloch	05/06/2022 12:05:01 PM
Contract Manager Approval	rvradenb	05/09/2022 13:50:42 PM
Budget Analyst Approval	dspeed1	05/09/2022 17:19:27 PM
BOE Agenda Approval	laaron	05/26/2022 16:15:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26296**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: ODYSSEY HOUSE, INC. (UTAH)
Agency Code: MSA	Contractor Name: ODYSSEY HOUSE, INC. (UTAH)
Appropriation Unit: 9999 - All Categories	Address: 344 E 100 S STE 301
Is budget authority available?: Yes	City/State/Zip: SALT LAKE CITY, UT 84111
If "No" please explain: Not Applicable	Contact/Phone: ADAM COHEN 801/428-3449
	Vendor No.: Pending
	NV Business ID: NV20151688985

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing residential provider and substance abuse counseling 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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:40:05 PM
Division Approval	gdavi6	05/10/2022 13:40:07 PM
Department Approval	ldeloach	05/11/2022 16:37:14 PM
Contract Manager Approval	rvradenb	05/16/2022 10:28:16 AM
Budget Analyst Approval	nhovden	05/26/2022 17:01:56 PM
BOE Agenda Approval	nhovden	05/26/2022 17:01:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26109**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: OPHELIA F. JAVIER
Agency Code: MSA	Contractor Name: OPHELIA F. JAVIER DBA ANGEL GABRIEL GROUP HOME
Appropriation Unit: 9999 - All Categories	Address: 1663 Gabriel Dr.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Ophelia Javier 702-305-3625
	Vendor No.: T81003621
	NV Business ID: NV20212108054

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing group home 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 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:

Vendor provides services using DBA of Angel Gabriel Group Home.

- 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	04/28/2022 13:44:53 PM
Division Approval	gdavi6	04/28/2022 13:44:55 PM
Department Approval	ldeloch	05/05/2022 14:20:22 PM
Contract Manager Approval	rvradenb	05/06/2022 10:06:56 AM
Budget Analyst Approval	dspeed1	05/06/2022 13:36:11 PM
BOE Agenda Approval	laaron	05/26/2022 15:16:17 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: **26265**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: P6 FAMILY SERVICES, LLC
Agency Code: MSA	Contractor Name: P6 FAMILY SERVICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 3495 SCOTTSDALE RD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: LINEA POUNO 559/417-1626
	Vendor No.: T32006188
	NV Business ID: NV20151126835

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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 and supportive living arrangements services.

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:33:03 PM
Division Approval	gdavi6	05/10/2022 13:33:05 PM
Department Approval	ldeloach	05/11/2022 14:27:24 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:41 AM
Budget Analyst Approval	nhovden	05/26/2022 10:01:40 AM
BOE Agenda Approval	nhovden	05/26/2022 10:01:42 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: **25970**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PARADISE HEALTHCARE SERVICES, INC.
Agency Code:	MSA	Contractor Name:	PARADISE HEALTHCARE SERVICES, INC. DBA PARADISE HOME CARE
Appropriation Unit:	9999 - All Categories	Address:	3175 S EASTERN AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89169-3308
If "No" please explain:	Not Applicable	Contact/Phone:	BEDRI ABDULLAHI 702-320-5222
		Vendor No.:	T29010230
		NV Business ID:	NV20041623168

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and senior care 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:
Nevada Corporation

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 Paradise Home Care.

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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 11:44:19 AM
Division Approval	gdavi6	04/01/2022 11:44:24 AM
Department Approval	ldeloach	04/04/2022 16:59:46 PM
Contract Manager Approval	gdavi6	04/07/2022 16:48:52 PM
Budget Analyst Approval	dspeed1	04/28/2022 11:22:44 AM
BOE Agenda Approval	laaron	05/28/2022 09:17:14 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: **26303**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PHILLIP S. BAIER LCSW, INC.
Agency Code:	MSA	Contractor Name:	PHILLIP S. BAIER LCSW, INC. DBA BAIER COUNSELING & CONSULTING
Appropriation Unit:	9999 - All Categories	Address:	BAIER COUNSELING & CONSULTING 1081 QUIET SUMMIT PL
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89052-5752
If "No" please explain:	Not Applicable	Contact/Phone:	PHIL BAIER 702/689-1301
		Vendor No.:	T27009363
		NV Business ID:	NV20021385685

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contact to provide ongoing behavioral support, counseling and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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:

VENDOR USES A DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:40:19 PM
Division Approval	gdavi6	05/10/2022 13:40:21 PM
Department Approval	ldeloach	05/11/2022 15:49:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:28:40 AM
Budget Analyst Approval	nhovden	05/26/2022 09:00:19 AM
BOE Agenda Approval	nhovden	05/26/2022 09:00:22 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: **26132**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: POSITIVE BEHAVIOR CHANGES, LLC
Agency Code: MSA	Contractor Name: POSITIVE BEHAVIOR CHANGES, LLC
Appropriation Unit: 9999 - All Categories	Address: 59 DAMONTE RANCH PKWY Suite B-321
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-1907
If "No" please explain: Not Applicable	Contact/Phone: RONNI OKRASKI 775-360-8389
	Vendor No.: T29035913
	NV Business ID: NV20141628074

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, behavioral support, disabilities support, and early intervention.

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:57:20 PM
Division Approval	gdavi6	04/28/2022 13:57:23 PM
Department Approval	ldeloach	05/05/2022 15:18:40 PM
Contract Manager Approval	rvradenb	05/06/2022 10:15:52 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:24:01 PM
BOE Agenda Approval	laaron	05/26/2022 13:55:30 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: **26393**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: PRIDE INDUSTRIES
Agency Code: MSA	Contractor Name: PRIDE INDUSTRIES
Appropriation Unit: 9999 - All Categories	Address: 10030 FOOTHILLS BLVD
Is budget authority available?: Yes	City/State/Zip: ROSEVILLE, CA 95747-7102
If "No" please explain: Not Applicable	Contact/Phone: Diana Erickson 916/788/2100
	Vendor No.: T32008636
	NV Business ID: NV20181689842

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing community work experience programs, employment support, job development, pre-employment, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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	06/03/2022 09:27:53 AM
Division Approval	gdavi6	06/03/2022 09:27:55 AM
Department Approval	ldeloch	06/03/2022 14:39:44 PM
Contract Manager Approval	rvradenb	06/09/2022 13:30:18 PM
Budget Analyst Approval	hfield	06/09/2022 16:19:29 PM
BOE Agenda Approval	hfield	06/09/2022 16:19:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26318**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROGRESSIVE PATHWAYS GROUP, INC.
Agency Code:	MSA	Contractor Name:	PROGRESSIVE PATHWAYS GROUP, INC.
Appropriation Unit:	9999 - All Categories	Address:	1941 NAPOLEON DR
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89156-7187
If "No" please explain:	Not Applicable	Contact/Phone:	VICKY GREEN-JOBE 702/826-2614
		Vendor No.:	T27011609
		NV Business ID:	NV20051389453

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 **06/2022**

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: **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:
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	05/10/2022 13:46:20 PM
Division Approval	gdavi6	05/10/2022 13:46:23 PM
Department Approval	ldeloch	05/11/2022 16:35:34 PM
Contract Manager Approval	rvradenb	05/16/2022 11:06:01 AM
Budget Analyst Approval	nhovden	05/26/2022 13:55:38 PM
BOE Agenda Approval	nhovden	05/26/2022 13:55:40 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: **26060**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: PaleoWest, LLC
Agency Code: MSA	Contractor Name: PaleoWest, LLC
Appropriation Unit: 9999 - All Categories	Address: 2850 Horizon Ridge Pkwy Suite 200
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89052
If "No" please explain: Not Applicable	Contact/Phone: Angela Perri 702-635-1641
	Vendor No.: T29044714
	NV Business ID: NV20201860987

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **3 years and 7 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 and vegetation in various locations throughout the state. This contract is awarded for the following Scope of Work: Survey, Monitoring, Permitting, and Mitigation for Natural and Cultural Resources.

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):

Bordges Timber
Leslie Heavy Haul
RF Construction
Cutting Edge

b. Solicitation Waiver: **Not Applicable**

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

This RFQ has been awarded to 28 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 Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:27:34 PM
Division Approval	gdavi6	04/28/2022 13:27:39 PM
Department Approval	ldeloach	05/03/2022 15:40:30 PM
Contract Manager Approval	nfese1	05/03/2022 15:44:34 PM
Budget Analyst Approval	dspeed1	05/10/2022 14:25:46 PM
BOE Agenda Approval	laaron	05/24/2022 16:14:30 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: **26090**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	QUEST COUNSELING AND CONSULTING, INCORPORATED
Agency Code:	MSA	Contractor Name:	QUEST COUNSELING AND CONSULTING, INCORPORATED
Appropriation Unit:	9999 - All Categories	Address:	3500 LAKESIDE CT SUITE 101
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89509-4862
If "No" please explain:	Not Applicable	Contact/Phone:	JOLENE DALLUHN 775-786-6880
		Vendor No.:	T27013906
		NV Business ID:	NV20031336657

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2026**

Contract term: **3 years and 245 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide services for case management, group home, mental health, psychology, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,700,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	04/28/2022 13:38:35 PM
Division Approval	gdavi6	04/28/2022 13:38:38 PM
Department Approval	ldeloch	05/05/2022 12:27:21 PM
Contract Manager Approval	rvradenb	05/09/2022 11:14:20 AM
Budget Analyst Approval	laaron	05/31/2022 12:19:55 PM
BOE Agenda Approval	laaron	05/31/2022 12:19:57 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: **25964**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: R. KIRBY REED, M.D., LTD
Agency Code: MSA	Contractor Name: R. KIRBY REED, M.D., LTD
Appropriation Unit: 9999 - All Categories	Address: 3843 Feldspar Ave.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: R. Kirby Reed 702-860-7586
	Vendor No.: Pending
	NV Business ID: NV19801009467

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical 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:

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 11:42:34 AM
Division Approval	gdavi6	04/01/2022 11:42:37 AM
Department Approval	ldeloch	04/11/2022 09:45:29 AM
Contract Manager Approval	gdavi6	04/14/2022 10:59:42 AM
Budget Analyst Approval	dspeed1	04/28/2022 11:12:59 AM
BOE Agenda Approval	laaron	05/28/2022 09:16:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26311**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RENO CENTER FOR CHILDREN, LLC
Agency Code: MSA	Contractor Name: RENO CENTER FOR CHILDREN, LLC
Appropriation Unit: 9999 - All Categories	Address: 1689 MEADOW WOOD LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: SHANNON BURRESS 208/340-7855
	Vendor No.: PENDING
	NV Business ID: NV20222347038

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 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	05/10/2022 13:44:46 PM
Division Approval	gdavi6	05/10/2022 13:44:48 PM
Department Approval	ldeloch	05/11/2022 16:23:52 PM
Contract Manager Approval	rvradenb	05/16/2022 11:05:30 AM
Budget Analyst Approval	nhovden	05/26/2022 15:35:09 PM
BOE Agenda Approval	nhovden	05/26/2022 15:35:13 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: **26252**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RESOURCE FAMILY SERVICES, LLC
Agency Code: MSA	Contractor Name: RESOURCE FAMILY SERVICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 2235 E FLAMINGO RD STE 234
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-5197
If "No" please explain: Not Applicable	Contact/Phone: Bryan Link 702/331-5608
	Vendor No.: T27034511
	NV Business ID: NV20121516008

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support and marriage and family therapy 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	05/10/2022 13:30:39 PM
Division Approval	gdavi6	05/10/2022 13:30:41 PM
Department Approval	ldeloach	05/11/2022 12:14:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:41 AM
Budget Analyst Approval	nhovden	05/26/2022 10:31:14 AM
BOE Agenda Approval	nhovden	05/26/2022 10:31:16 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: **26022**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RESTINA ANGAT & AMADO ANGAT
Agency Code: MSA	Contractor Name: RESTINA ANGAT & AMADO ANGAT DBA LIBERTY RESIDENTIAL CARE
Appropriation Unit: 9999 - All Categories	Address: 3060 SOUTH LIBERTY CIRCLE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89121
If "No" please explain: Not Applicable	Contact/Phone: Restina A. Angat 702-581-3487
	Vendor No.: T32002899
	NV Business ID: NV20101173066

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing group home 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:

DHHS, 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?

No b. If "No", please explain:

Vendor provides services under the DBA of Liberty Residential Care.

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	04/28/2022 13:23:26 PM
Division Approval	gdavi6	04/28/2022 13:23:28 PM
Department Approval	ldeloach	05/04/2022 15:24:56 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:38 PM
Budget Analyst Approval	dspeed1	05/12/2022 16:45:18 PM
BOE Agenda Approval	laaron	05/25/2022 13:06:14 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: **26113**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RICHARD A CESTKOWSKI, D.O., LTD
Agency Code: MSA	Contractor Name: RICHARD A CESTKOWSKI, D.O., LTD
Appropriation Unit: 9999 - All Categories	Address: 2628 W. Charleston Blvd.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Richard Cestkowski 702-871-2995
	Vendor No.: T81102263
	NV Business ID: NV20011423598

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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 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 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	04/28/2022 13:48:37 PM
Division Approval	gdavi6	04/28/2022 13:48:40 PM
Department Approval	ldeloch	05/04/2022 16:26:38 PM
Contract Manager Approval	rvradenb	05/06/2022 10:10:23 AM
Budget Analyst Approval	dspeed1	05/12/2022 16:49:06 PM
BOE Agenda Approval	laaron	05/25/2022 12:58:28 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: **26259**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RIDGE HOUSE, INC.
Agency Code: MSA	Contractor Name: RIDGE HOUSE, INC.
Appropriation Unit: 9999 - All Categories	Address: 900 W 1ST ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-5587
If "No" please explain: Not Applicable	Contact/Phone: Gina Flores-O'Toole 775/322-8941
	Vendor No.: T80938781
	NV Business ID: NV19821007967

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, counseling, educational tutoring and education support, employment support, mental health, rehabilitation, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,400,000.00**

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:
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	05/10/2022 13:32:13 PM
Division Approval	gdavi6	05/10/2022 13:32:16 PM
Department Approval	ldeloch	05/11/2022 14:18:06 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:03 AM
Budget Analyst Approval	nhovden	05/26/2022 11:44:28 AM
BOE Agenda Approval	nhovden	05/26/2022 11:44:30 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: **26373**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RISE WELLNESS, LLC
Agency Code: MSA	Contractor Name: RISE WELLNESS, LLC
Appropriation Unit: 9999 - All Categories	Address: 421 W. PLUMB LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: ERIN SNELL 7755253400
	Vendor No.: T32010962
	NV Business ID: NV20201957102

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and counseling related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,600,000.00**

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:

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	06/03/2022 09:25:46 AM
Division Approval	gdavi6	06/03/2022 09:25:49 AM
Department Approval	ldeloch	06/03/2022 14:10:57 PM
Contract Manager Approval	rvradenb	06/03/2022 15:52:44 PM
Budget Analyst Approval	hfield	06/09/2022 16:12:16 PM
BOE Agenda Approval	hfield	06/09/2022 16:12:19 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: **26217**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RISING STAR, LLC
Agency Code: MSA	Contractor Name: RISING STAR, LLC
Appropriation Unit: 9999 - All Categories	Address: 7105 GAZIN CT
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89506-9798
If "No" please explain: Not Applicable	Contact/Phone: 775/688-9350
	Vendor No.: T29036802
	NV Business ID: NV20171514326

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related 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:
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	mstar2	05/05/2022 13:22:55 PM
Division Approval	mstar2	05/05/2022 13:22:58 PM
Department Approval	ldeloach	05/06/2022 14:26:56 PM
Contract Manager Approval	rvradenb	05/09/2022 14:00:19 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:03:42 PM
BOE Agenda Approval	hfield	06/02/2022 15:16:04 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: **26021**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RITE OF WAYZ BEHAVIORAL HEALTH, LLC
Agency Code:	MSA	Contractor Name:	RITE OF WAYZ BEHAVIORAL HEALTH, LLC
Appropriation Unit:	9999 - All Categories	Address:	2609 W. Delhi Ave.
Is budget authority available?:	Yes	City/State/Zip:	NORTH LAS VEGAS, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	Kheomi Rollins 702-789-8466
		Vendor No.:	T32006432
		NV Business ID:	NV20161653743

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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	04/28/2022 13:14:12 PM
Division Approval	gdavi6	04/28/2022 13:14:15 PM
Department Approval	ldeloch	05/04/2022 15:34:19 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:20 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:47:37 PM
BOE Agenda Approval	laaron	05/26/2022 12:36:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **26061**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RK Contractors, Inc.
Agency Code:	MSA	Contractor Name:	RK Contractors, Inc.
Appropriation Unit:	9999 - All Categories	Address:	PO Box 34952
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89533
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Kautz 530-412-3344
		Vendor No.:	T32012412
		NV Business ID:	NV20081448402

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/07/2025**Contract term: **3 years and 7 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: **\$3,250,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: Hauling Services, and Road Construction/Maintenance/Rehabilitation.

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):

Sierra Peaks
Pa
Bordges Timber
Paleo West

b. Solicitation Waiver: **Not Applicable**

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

This RFQ has been awarded to 28 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:
Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:28:05 PM
Division Approval	gdavi6	04/28/2022 13:28:08 PM
Department Approval	ldeloach	05/03/2022 15:41:26 PM
Contract Manager Approval	nfese1	05/03/2022 15:43:35 PM
Budget Analyst Approval	dspeed1	05/10/2022 16:30:26 PM
BOE Agenda Approval	laaron	05/26/2022 12:56:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26400**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RON WOOD FAMILY RESOURCE CENTER
Agency Code:	MSA	Contractor Name:	RON WOOD FAMILY RESOURCE CENTER
Appropriation Unit:	9999 - All Categories	Address:	2621 NORTHGATE LN STE 62 2621 NORTHGATE LN STE 62
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706-1619
If "No" please explain:	Not Applicable	Contact/Phone:	Joyce Buckingham 775/884-2269
		Vendor No.:	T81021043
		NV Business ID:	NV19971146602

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, behavioral support, counseling, customized employment, educational tutoring, education support, foster care, job development, marriage and family therapy, pre-employment, psychology, social worker, substance abuse counseling, and related 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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	06/03/2022 09:29:16 AM
Division Approval	gdavi6	06/03/2022 09:29:18 AM
Department Approval	ldeloch	06/03/2022 14:51:47 PM
Contract Manager Approval	rvradenb	06/03/2022 15:48:56 PM
Budget Analyst Approval	hfield	06/09/2022 16:20:48 PM
BOE Agenda Approval	hfield	06/09/2022 16:20:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26295**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SACRED HEART RESIDENCE, LLC
Agency Code: MSA	Contractor Name: SACRED HEART RESIDENCE, LLC
Appropriation Unit: 9999 - All Categories	Address: 448 DUGGAN AVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: RAMON ALANO 775/750-4279
	Vendor No.: T29037314
	NV Business ID: NV20071303608

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contact to provide ongoing behavioral support, community based living arrangements and supportive living arrangements 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	05/10/2022 13:39:25 PM
Division Approval	gdavi6	05/10/2022 13:39:28 PM
Department Approval	ldeloach	05/11/2022 15:39:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:26:34 AM
Budget Analyst Approval	hfield	06/06/2022 10:20:40 AM
BOE Agenda Approval	hfield	06/06/2022 10:20:43 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: **26396**

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: **SARAH'S INTUITIVE HEALING, PLLC**

Contractor Name: **SARAH'S INTUITIVE HEALING, PLLC**

Address: **6300 MCCARRAN ST UNIT 1109**

City/State/Zip: **North Las Vegas, NV 89081**

Contact/Phone: Sarah Marmon 702-538-4267

Vendor No.: T27044756

NV Business ID: NV20222368709

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, mental health, psychology, substance abuse counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,900,000.00**

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	06/03/2022 09:28:19 AM
Division Approval	gdavi6	06/03/2022 09:28:21 AM
Department Approval	ldeloach	06/03/2022 14:43:56 PM
Contract Manager Approval	rvradenb	06/03/2022 15:54:45 PM
Budget Analyst Approval	tsmorra	06/03/2022 16:22:51 PM
BOE Agenda Approval	hfield	06/06/2022 10:25:09 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: **26110**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SEAN MARCINIK
Agency Code: MSA	Contractor Name: SEAN MARCINIK
Appropriation Unit: 9999 - All Categories	Address: 1627 E 2ND ST
Is budget authority available?: Yes	City/State/Zip: WINNEMUCCA, NV 89445-2844
If "No" please explain: Not Applicable	Contact/Phone: Sean Marcinik 775-770-8082
	Vendor No.: T29032372
	NV Business ID: NV20151050451

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 community work experience programs, employment support, job development, and rehabilitation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,300,000.00**

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 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	04/28/2022 13:45:16 PM
Division Approval	gdavi6	04/28/2022 13:45:18 PM
Department Approval	ldeloach	05/05/2022 14:22:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:08:47 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:41:59 AM
BOE Agenda Approval	laaron	05/28/2022 09:11:08 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: **26100**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SIERRA HOME HEALTH CARE
Agency Code: MSA	Contractor Name: SIERRA HOME HEALTH CARE
Appropriation Unit: 9999 - All Categories	Address: 3500 LAKESIDE CT SUITE 145
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-4866
If "No" please explain: Not Applicable	Contact/Phone: Diana Pearce 775-359-7272
	Vendor No.: T29033023
	NV Business ID: NV20061450205

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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?

Yes If "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	04/28/2022 13:42:29 PM
Division Approval	gdavi6	04/28/2022 13:42:31 PM
Department Approval	ldeloach	05/05/2022 14:02:08 PM
Contract Manager Approval	rvradenb	05/06/2022 10:04:10 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:40:10 PM
BOE Agenda Approval	laaron	05/28/2022 09:19:03 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: **26029**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SIERRA NEVADA CHILD & ADOLESCENT PSYCHIATRY, INC.
Agency Code:	MSA	Contractor Name:	SIERRA NEVADA CHILD & ADOLESCENT PSYCHIATRY, INC.
Appropriation Unit:	9999 - All Categories	Address:	9900 Wilbur May Pkwy Suite 4001
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer McKay 775-450-6034
		Vendor No.:	T29014967
		NV Business ID:	NV20121081685

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 pediatric 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:
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	04/28/2022 13:24:15 PM
Division Approval	gdavi6	04/28/2022 13:24:18 PM
Department Approval	ldeloch	05/04/2022 14:58:41 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:24 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:27:02 AM
BOE Agenda Approval	laaron	05/25/2022 12:50:40 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: **26429**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SIERRA SERENITY PROVIDERS
Agency Code: MSA	Contractor Name: SIERRA SERENITY PROVIDERS
Appropriation Unit: 9999 - All Categories	Address: 1075 Harbor Town Circle
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89436
If "No" please explain: Not Applicable	Contact/Phone: Trena Anderson 775/432-1035
	Vendor No.: T29041685
	NV Business ID: NV20171232466

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related services.

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?
Yes

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

- 18. a. Is the legal entity active and in good standing with the Nevada 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	06/03/2022 09:29:45 AM
Division Approval	gdavi6	06/03/2022 09:29:48 AM
Department Approval	ldeloach	06/03/2022 14:56:29 PM
Contract Manager Approval	rvradenb	06/03/2022 15:55:59 PM
Budget Analyst Approval	hfield	06/06/2022 09:33:02 AM
BOE Agenda Approval	hfield	06/06/2022 09:33:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26164**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SPECIAL EDUCATION SUPPORT STAFF, LLC
Agency Code:	MSA	Contractor Name:	SPECIAL EDUCATION SUPPORT STAFF, LLC
Appropriation Unit:	9999 - All Categories	Address:	6630 SURREY STREET
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119
If "No" please explain:	Not Applicable	Contact/Phone:	Danielle Ferreira 702-431-6260
		Vendor No.:	T32011897
		NV Business ID:	NV20121497000

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing pre-employment 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 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	04/30/2022 20:35:14 PM
Division Approval	gdavi6	04/30/2022 20:35:18 PM
Department Approval	ldeloch	05/05/2022 16:22:23 PM
Contract Manager Approval	rvradenb	05/06/2022 10:21:09 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:06:33 PM
BOE Agenda Approval	laaron	05/26/2022 14:39:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26300**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SPECIAL EMPLOYMENT SERVICES
Agency Code: MSA	Contractor Name: SPECIAL EMPLOYMENT SERVICES
Appropriation Unit: 9999 - All Categories	Address: 1415 S ARVILLE ST SUITE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Virginia Pei 702/628-0074
	Vendor No.: T29040559
	NV Business ID: NV20031445503

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, case management, counseling, customized employment, disabilities 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:
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	05/10/2022 13:41:14 PM
Division Approval	gdavi6	05/10/2022 13:41:16 PM
Department Approval	ldeloach	05/11/2022 16:00:19 PM
Contract Manager Approval	rvradenb	05/16/2022 10:37:55 AM
Budget Analyst Approval	nhovden	05/26/2022 15:20:49 PM
BOE Agenda Approval	nhovden	05/26/2022 15:20:52 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 CONTRACT1. Contract Number: **26028**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SPECIAL RECREATION SERVICES, INC.
Agency Code:	MSA	Contractor Name:	SPECIAL RECREATION SERVICES, INC. DBA AMPLIFY LIFE
Appropriation Unit:	9999 - All Categories	Address:	480 Galletti Way Building 2A
Is budget authority available?:	Yes	City/State/Zip:	Sparks, NV 89510-7178
If "No" please explain:	Not Applicable	Contact/Phone:	Cynthia Gustafson 702-241-8033
		Vendor No.:	T80935771A
		NV Business ID:	NV19801000216

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2026**Contract term: **3 years and 334 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 community work experience programs, disabilities support, educational tutoring and support, employment support, pre-employment, and respite care.

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?

No b. If "No", please explain:

Vendor provides services under two DBAs. Camp Lotsafun and Amplify Life.

- 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	04/28/2022 13:23:57 PM
Division Approval	gdavi6	04/28/2022 13:23:59 PM
Department Approval	ldeloach	05/04/2022 14:25:44 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:05 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:33:33 AM
BOE Agenda Approval	laaron	05/25/2022 08:36:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26246**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STACI R. ROSS, PH.D.
Agency Code: MSA	Contractor Name: STACI R. ROSS, PH.D.
Appropriation Unit: 9999 - All Categories	Address: 716 S 6TH ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101-6922
If "No" please explain: Not Applicable	Contact/Phone: 702/382-3670
	Vendor No.: T27002014
	NV Business ID: NV20021492179

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related 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:

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	05/10/2022 13:29:36 PM
Division Approval	gdavi6	05/10/2022 13:29:38 PM
Department Approval	ldeloch	05/11/2022 12:02:59 PM
Contract Manager Approval	rvradenb	06/03/2022 09:23:48 AM
Budget Analyst Approval	tsmorra	06/03/2022 10:34:30 AM
BOE Agenda Approval	hfield	06/03/2022 11:15:55 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: **26258**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STEPHANIE SCHOEN
Agency Code: MSA	Contractor Name: STEPHANIE SCHOEN
Appropriation Unit: 9999 - All Categories	Address: 329 BRET HARTE AVE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-2613
If "No" please explain: Not Applicable	Contact/Phone: Stephanie Schoen 775/348-0641
	Vendor No.: T81038949
	NV Business ID: NV20161371052

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for disabilities support, home health care, behavioral support, early intervention, home modification, occupational therapy, personal care, rehabilitation, 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 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	05/10/2022 13:32:00 PM
Division Approval	gdavi6	05/10/2022 13:32:02 PM
Department Approval	ldeloch	05/11/2022 12:33:26 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:50 AM
Budget Analyst Approval	nhovden	05/26/2022 12:53:46 PM
BOE Agenda Approval	nhovden	05/26/2022 12:53:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26260**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	STEVEN W. KLOMP, DMD
Agency Code:	MSA	Contractor Name:	STEVEN W. KLOMP, DMD DBA FAMILY DENTISTRY OF NEVADA
Appropriation Unit:	9999 - All Categories	Address:	450 E. Main Ste. 308
Is budget authority available?:	Yes	City/State/Zip:	PANACA, NV 89042-0308
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Shurtliff 775/728-4432
		Vendor No.:	T80931486
		NV Business ID:	NV20101118099

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing dental 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?

No b. If "No", please explain:

Vendor provides services using a DBA

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	05/10/2022 13:32:28 PM
Division Approval	gdavi6	05/10/2022 13:32:31 PM
Department Approval	ldeloch	05/11/2022 14:21:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:15 AM
Budget Analyst Approval	nhovden	05/26/2022 11:48:08 AM
BOE Agenda Approval	nhovden	05/26/2022 11:48:10 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: **26038**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Safe Zone
Agency Code: MSA	Contractor Name: Safe Zone
Appropriation Unit: 9999 - All Categories	Address: 1813 Fighting Falcon Ln
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89031
If "No" please explain: Not Applicable	Contact/Phone: LaChasity Carroll 702-550-9120
	Vendor No.: Pending
	NV Business ID: NV20212059834

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, emergency shelter care and safe-housing provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	04/28/2022 13:26:16 PM
Division Approval	gdavi6	04/28/2022 13:26:19 PM
Department Approval	ldeloch	05/04/2022 16:31:25 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:32 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:44:20 PM
BOE Agenda Approval	laaron	05/26/2022 12:32:36 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: **26281**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MCMAHAN, SHERYLL J DBA
Agency Code:	MSA	Contractor Name:	Sheryll McMahan DBA STEPPING STONES TO
Appropriation Unit:	9999 - All Categories	Address:	5221 RANCHER AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89108-4030
If "No" please explain:	Not Applicable	Contact/Phone:	Sheryll McMahan 702/622-0714
		Vendor No.:	T27022606
		NV Business ID:	NV20121688742

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assistive technology 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?

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Vendor provides services using DBA.

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	05/10/2022 13:35:26 PM
Division Approval	gdavi6	05/10/2022 13:35:29 PM
Department Approval	ldeloch	05/11/2022 14:51:56 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:45 AM
Budget Analyst Approval	nhovden	05/26/2022 16:28:30 PM
BOE Agenda Approval	nhovden	05/26/2022 16:28:32 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: **26077**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RESTINA A. ANGAT
Agency Code: MSA	Contractor Name: St. Francis Group Home 2
Appropriation Unit: 9999 - All Categories	Address: 4151 E ST LOUIS AVENUE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104
If "No" please explain: Not Applicable	Contact/Phone: RESTINA A ANGAT 702-581-3487
	Vendor No.: T32002900
	NV Business ID: NV20201749994

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing group home 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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?

No b. If "No", please explain:

dba

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	04/28/2022 13:31:04 PM
Division Approval	gdavi6	04/28/2022 13:31:07 PM
Department Approval	ldeloch	05/06/2022 11:50:59 AM
Contract Manager Approval	rvradenb	05/09/2022 13:50:31 PM
Budget Analyst Approval	dspeed1	05/09/2022 15:56:42 PM
BOE Agenda Approval	laaron	05/26/2022 16:27:26 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: **26216**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Sunrise Health Clinics, LLC
Agency Code: MSA	Contractor Name: Sunrise Health Clinics, LLC
Appropriation Unit: 9999 - All Categories	Address: 6767 W. Tropicana Ave. Suite 100
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89103
If "No" please explain: Not Applicable	Contact/Phone: 702/209-0370
	Vendor No.: Pending
	NV Business ID: NV20141642973

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing autism treatment assistance program, disabilities support services and psychology 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:
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	mstar2	05/05/2022 13:22:29 PM
Division Approval	mstar2	05/05/2022 13:22:34 PM
Department Approval	ldeloach	05/06/2022 12:25:54 PM
Contract Manager Approval	rvradenb	05/09/2022 14:00:47 PM
Budget Analyst Approval	nhovden	05/26/2022 15:32:22 PM
BOE Agenda Approval	nhovden	05/26/2022 15:32:24 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: **26218**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: T.A.L.K.S.PECIALISTS, LLC
Agency Code: MSA	Contractor Name: T.A.L.K.S.PECIALISTS, LLC
Appropriation Unit: 9999 - All Categories	Address: 6701 W. Charleston Blvd #26
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: 702/716-7496
	Vendor No.: T29039961
	NV Business ID: NV20021029250

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, counseling, and related 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:
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	mstar2	05/05/2022 13:23:16 PM
Division Approval	mstar2	05/05/2022 13:23:21 PM
Department Approval	ldeloach	05/06/2022 14:30:40 PM
Contract Manager Approval	rvradenb	05/09/2022 14:01:01 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:24:35 PM
BOE Agenda Approval	hfield	06/02/2022 15:14:10 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: **26276**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TAKING ACTION (A COMMITMENT TO IMPACT OUR NEIGHBORHOODS), LLC
Agency Code:	MSA	Contractor Name:	TAKING ACTION (A COMMITMENT TO IMPACT OUR NEIGHBORHOODS), LLC
Appropriation Unit:	9999 - All Categories	Address:	4780 W. Ann Rd., STE 5-282
Is budget authority available?:	Yes	City/State/Zip	North Las Vegas, NV 89031
If "No" please explain:	Not Applicable	Contact/Phone:	Breauna Trotter 702/591-1231
		Vendor No.:	T27035020
		NV Business ID:	NV20151313487

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, disabilities support, early intervention, home health care, personal care, respite care, case management, community work experience, customized employment, educational tutoring and education 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:

DETR, the 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?

Yes

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	05/10/2022 13:34:34 PM
Division Approval	gdavi6	05/10/2022 13:34:37 PM
Department Approval	ldeloach	05/11/2022 14:40:10 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:00 AM
Budget Analyst Approval	nhovden	05/26/2022 16:40:33 PM
BOE Agenda Approval	nhovden	05/26/2022 16:40:37 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: **26016**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TIFFANY BUSALACCHI
Agency Code:	MSA	Contractor Name:	TIFFANY BUSALACCHI DBA RESPECTABILITY
Appropriation Unit:	9999 - All Categories	Address:	5767 Pumpkin Ridge Rd.
Is budget authority available?:	Yes	City/State/Zip:	Sparks, NV 89436
If "No" please explain:	Not Applicable	Contact/Phone:	Tiffany Busalacchi 702-910-8574
		Vendor No.:	Pending
		NV Business ID:	NV20212181867

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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, job development and pre-employment services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,500,000.00**

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:

DETR, 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?

No b. If "No", please explain:

Vendor provides services under the DBA Respectability.

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	04/30/2022 20:39:33 PM
Division Approval	gdavi6	04/30/2022 20:39:35 PM
Department Approval	ldeloch	05/09/2022 13:53:03 PM
Contract Manager Approval	rvradenb	05/09/2022 17:46:15 PM
Budget Analyst Approval	dspeed1	05/10/2022 11:14:07 AM
BOE Agenda Approval	laaron	05/25/2022 12:18:00 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: **26093**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TRANSITION SERVICES, INC.
Agency Code: MSA	Contractor Name: TRANSITION SERVICES, INC.
Appropriation Unit: 9999 - All Categories	Address: 2408 LAS VERDES ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102-3848
If "No" please explain: Not Applicable	Contact/Phone: Sally Rothfuss 702-383-1106
	Vendor No.: T81029761
	NV Business ID: NV19981182644

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 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 community work experience programs, customized employment, employment support, job development, and pre-employment.

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:
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	04/28/2022 13:39:45 PM
Division Approval	gdavi6	04/28/2022 13:39:47 PM
Department Approval	ldeloch	05/04/2022 16:02:43 PM
Contract Manager Approval	rvradenb	05/06/2022 10:02:12 AM
Budget Analyst Approval	dspeed1	05/11/2022 17:34:00 PM
BOE Agenda Approval	laaron	05/25/2022 11:15:29 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: **25961**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: The Williams Group, LLC
Agency Code: MSA	Contractor Name: The Williams Group, LLC
Appropriation Unit: 9999 - All Categories	Address: 7720 Cowboy Trails
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89131
If "No" please explain: Not Applicable	Contact/Phone: Sean Williams 702-675-0092
	Vendor No.: T32010531
	NV Business ID: NV20191595973

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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 11:42:11 AM
Division Approval	gdavi6	04/01/2022 11:42:14 AM
Department Approval	ldeloch	04/04/2022 16:42:46 PM
Contract Manager Approval	gdavi6	04/07/2022 16:47:39 PM
Budget Analyst Approval	dspeed1	04/28/2022 14:30:16 PM
BOE Agenda Approval	laaron	05/28/2022 09:18:16 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: **26389**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Theresa Fogal
Agency Code: MSA	Contractor Name: Theresa Fogal DBA Eagles Nest
Appropriation Unit: 9999 - All Categories	Address: 4319 Toro Ct.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Theresa Fogal 775-852-1078
	Vendor No.: T32011770
	NV Business ID: NV20131309978

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related 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 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:

Vendor providers services using a DBA.

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	06/03/2022 09:26:59 AM
Division Approval	gdavi6	06/03/2022 09:27:01 AM
Department Approval	ldeloch	06/03/2022 14:21:00 PM
Contract Manager Approval	rvradenb	06/03/2022 15:54:15 PM
Budget Analyst Approval	hfield	06/06/2022 09:33:53 AM
BOE Agenda Approval	hfield	06/06/2022 09:33:55 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: **26150**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	United Language Group, Inc.
Agency Code:	MSA	Contractor Name:	United Language Group, Inc.
Appropriation Unit:	9999 - All Categories	Address:	1600 Utica Avenue South Suite 750
Is budget authority available?:	Yes	City/State/Zip:	Minneapolis, MN 55416
If "No" please explain:	Not Applicable	Contact/Phone:	Mladen Cvijanovic 855-786-4833
		Vendor No.:	T29045110
		NV Business ID:	NV20222394711

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2026**Contract term: **3 years and 304 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, in-person, 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. The State is required to provide services and official documents in languages other than English.

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 provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

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	04/30/2022 20:32:40 PM
Division Approval	gdavi6	04/30/2022 20:32:43 PM
Department Approval	ldeloach	05/04/2022 14:10:25 PM
Contract Manager Approval	rvradenb	05/04/2022 15:41:01 PM
Budget Analyst Approval	dspeed1	05/11/2022 17:19:36 PM
BOE Agenda Approval	laaron	05/26/2022 10:31:20 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: **26149**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Universal Language Service, Inc.
Agency Code: MSA	Contractor Name: Universal Language Service, Inc.
Appropriation Unit: 9999 - All Categories	Address: 929 108th Avenue NE Suite 710
Is budget authority available?: Yes	City/State/Zip: Bellevue, WA 98004
If "No" please explain: Not Applicable	Contact/Phone: Joe Whittington 425-389-2648
	Vendor No.: T29045107
	NV Business ID: NV20222401611

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 06/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **3 years and 304 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 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 who are required to provide 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. The State is also required to provide services and official documents in languages other than English.

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 provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

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	04/30/2022 20:32:18 PM
Division Approval	gdavi6	04/30/2022 20:32:20 PM
Department Approval	ldeloach	05/04/2022 14:21:36 PM
Contract Manager Approval	rvradenb	05/04/2022 15:40:48 PM
Budget Analyst Approval	dspeed1	05/11/2022 13:59:24 PM
BOE Agenda Approval	laaron	05/26/2022 10:57:38 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: **26374**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WAGNER DENTAL, PLLC
Agency Code: MSA	Contractor Name: WAGNER DENTAL, PLLC
Appropriation Unit: 9999 - All Categories	Address: 2045 VILLAGE CENTER CIRCLE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89134
If "No" please explain: Not Applicable	Contact/Phone: Kimberli Irvin 702-878-5599
	Vendor No.: T29045120
	NV Business ID: NV20141477489

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 **06/2022**

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing dental and related 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	06/03/2022 09:26:02 AM
Division Approval	gdavi6	06/03/2022 09:26:04 AM
Department Approval	ldeloch	06/03/2022 14:14:34 PM
Contract Manager Approval	rvradenb	06/03/2022 15:52:06 PM
Budget Analyst Approval	hfield	06/06/2022 09:37:32 AM
BOE Agenda Approval	hfield	06/06/2022 09:37:35 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: **26087**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WILLIAMS AKO ENOH
Agency Code: MSA	Contractor Name: WILLIAMS AKO ENOH DBA ENOH HOME
Appropriation Unit: 9999 - All Categories	Address: 430 VERONICA CT
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89436-7910
If "No" please explain: Not Applicable	Contact/Phone: WILLIAMS AKO ENOH 775-338-9474
	Vendor No.: T81200777
	NV Business ID: NV20161501941

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 **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **3 years and 334 days**

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? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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?

No b. If "No", please explain:

VENDOR PROVIDES SERVICES USING DBA

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	04/28/2022 13:37:39 PM
Division Approval	gdavi6	04/28/2022 13:37:41 PM
Department Approval	ldeloch	05/05/2022 12:16:47 PM
Contract Manager Approval	rvradenb	05/06/2022 09:59:09 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:55:11 AM
BOE Agenda Approval	laaron	05/26/2022 16:11:37 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: **26310**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	YOUR CHOICE HOME HEALTH CARE, LLC
Agency Code:	MSA	Contractor Name:	YOUR CHOICE HOME HEALTH CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	1963 E PRATER WAY #101
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89434-8938
If "No" please explain:	Not Applicable	Contact/Phone:	Patricia Dotson 775/636-6269
		Vendor No.:	T29038378
		NV Business ID:	NV20141164137

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 06/2022

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: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care 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	05/10/2022 13:43:26 PM
Division Approval	gdavi6	05/10/2022 13:43:29 PM
Department Approval	ldeloach	05/11/2022 16:21:20 PM
Contract Manager Approval	rvradenb	05/16/2022 11:04:20 AM
Budget Analyst Approval	nhovden	05/26/2022 15:41:00 PM
BOE Agenda Approval	nhovden	05/26/2022 15:41:02 PM
BOE Final Approval	Pending	