

Governor Joe Lombardo  
*Chairman*

Amy Stephenson  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Francisco V. Aguilar  
*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:** January 9, 2024, 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 video live stream begins at 10:00 am.  
[https://www.youtube.com/watch?v=xP-BxjtWI\\_E](https://www.youtube.com/watch?v=xP-BxjtWI_E)

### 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 228 553 855#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

**3. Approval of the December 12, 2023 Meeting Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Administration – Fleet Services Division	7	\$367,678
Department of Corrections – Southern Desert Correctional Facility	4	\$247,984
Department of Public Safety – Nevada Highway Patrol Division	2	\$112,253

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

**Department of Transportation**

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Jason Marty to provide maintenance management activities through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

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

**A. Department of Conservation and Natural Resources – Division of Environmental Protection**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Shane Martin to facilitate permitting actions for the Department of Conservation and Natural Resources, Division of Environmental Protection through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

**B. Department of Conservation and Natural Resources – Division of Environmental Protection**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Paige Menicucci to provide technical and administrative support to the Department of Conservation and Natural Resources, Division of Environmental Protection through statewide contract #99SWC- NV21-7576 with Marathon Staffing Group, Inc.

**C. Department of Conservation and Natural Resources – Division of Water Resources**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Jon Benedict to assist in completing an independent hydrologic review for the Department of Conservation and Natural Resources, Division of Water Resources through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

**D. Department of Taxation**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Matthew Tomich to assist with finalizing the documentation on programing databases to encompass duties and accounting rules for the transition to the new Modernize Your Nevada Tax database system for the Department of Taxation through statewide contract #99SWC-NV19-2461 with Guidesoft, Inc. DBA Knowledge Services.

**E. Department of Transportation – Maintenance and Asset Management Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Jason Marty in the Department of Transportation, Maintenance and Asset Management Division through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

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

**A. Department of Public Safety – Division of Dignitary Protection**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$85,175 from the Interim Finance Committee Contingency Account to cover costs associated with providing dignitary protection to the Governor.

**B. Governor’s Office for New Americans**

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of \$21,880 from the Interim Finance Committee Contingency Account to cover a projected shortfall for the remainder of the fiscal year.

**8. Request to Designate Positions in State Government as Critical Labor Shortages** (For possible action)

**Department of Transportation**

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Highway Maintenance Worker III positions.

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from November 21, 2023 through December 12, 2023.

### 13. Information Item Reports

#### Governor’s Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Governor’s Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and the IFC Contingency Fund as of December 19, 2023.

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

Tort Claim Fund	\$ 3,465,635.28
Statutory Contingency Account	\$ 11,365,938.59
Stale Claims Account	\$ 5,011,129.33
Emergency Account	\$ 500,000.00
Disaster Relief Account	\$ 11,045,555.03
IFC Contingency Fund	\$ 467,062,576.93

### 14. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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 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 228 553 855#. 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.

### 15. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. 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 [dcastillo@finance.nv.gov](mailto:dcastillo@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 Denice Castillo 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 [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Denice Castillo at (775) 684-0223 or by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov).

#### Public Meeting Notice and Agenda Posted at the Following Locations:

1. Blasdel Building, 209 East Musser Street, Suite 200, Carson City, Nevada 89701
2. Internet: <https://notice.nv.gov>
3. Internet: [https://budget.nv.gov/Meetings/Board\\_of\\_Examiners/2024/2024BOE/](https://budget.nv.gov/Meetings/Board_of_Examiners/2024/2024BOE/)

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### MEETING MINUTES

**Date and Time:** December 12, 2023, 10:00 AM

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

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

**MEMBERS PRESENT:**

Governor Joe Lombardo  
Secretary of State Francisco V. Aguilar  
Attorney General Aaron Ford

**STAFF PRESENT:**

Amy Stephenson, Clerk of the Board

**OTHERS PRESENT:**

Celeste Arnold, Administrative Services Officer 3, Department of Education  
Jared Franco, Administrative Services Officer 3, Office of the Military  
Gideon Davis, Administrator, Department of Administration

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

**Governor:** We will call to order the State of Nevada Board of Examiners meeting scheduled for today, December 12, 2023 at 10:00 a.m. Can I have the Clerk please call the roll?

**Clerk of the Board:** Governor Lombardo.

**Governor:** Present.

**Clerk of the Board:** Secretary of State Aguilar.

**Secretary of State:** Here.

**Clerk of the Board:** Attorney General Ford.

**Attorney General:** Here.

**Clerk of the Board:** Let the record reflect we have a quorum, sir.

**Governor:** Thank you. We will close the 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 728 527 047#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

**Governor:** Moving on to public comment. This first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under the public comment period unless the matter itself has been specifically included on the agenda as an action item. We will limit your comments to three minutes and if you wish to call in via phone, please utilize the phone number 775-321-6111 or 702-329-3435 and the meeting ID number is 728 527 047#.

Do we have any public comment there in Carson City?

**Clerk of the Board:** We do not, sir.

**Governor:** Do we have any public comment here in Las Vegas? Seeing none. Do we have anyone for public comment on the phone?

**Clerk of the Board:** No, sir.

**Governor:** We will close public comment.

**3. Approval of the November 14, 2023 Meeting Minutes** (For possible action)

**Governor:** Agenda item number 3, *Approval of the November 14, 2023 Meeting Minutes*. Do we have any questions of any Board Members?

**Secretary of State:** Motion to approve.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Agriculture – Division of Measurement Standards	1	\$367,615
Department of Agriculture – Administrative Services Division	5	\$220,593
Department of Business and Industry – Housing Division	1	\$38,515
Department of Conservation and Natural Resources – Director’s Office – Water Conservation and Infrastructure	1	\$56,954
Department of Corrections – Ely State Prison	1	\$202,029

**Governor:** Agenda item number 4, *State Vehicle Purchases*.

**Clerk of the Board:** Thank you, sir. There are five requests under agenda item number 4. The first request is from the Department of Agriculture, Division of Measurement Standards. They are requesting approval to purchase one new vehicle for a total amount not to exceed \$367,615. The purchase will be contingent upon approval of a work program.

The second request is from the Department of Agriculture, Administrative Services Division. They are requesting approval to purchase five new vehicles for a total amount not to exceed \$220,593.

The third request is from the Department of Business and Industry, Housing Division requesting approval to purchase one replacement vehicle for a total amount not to exceed \$38,515.

The fourth request is from the Department of Conservation and Natural Resources, Director's Office. The office requests approval to purchase one new vehicle for a total amount not to exceed \$56,954.

The last request is from the Department of Corrections, Ely State Prison. They are requesting approval to purchase one replacement garbage truck for a total amount not to exceed \$202,029. Are there any questions on any of these items?

**Governor:** Do we have any questions?

**Attorney General:** None here. I move approval.



**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

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

**A. Department of Business and Industry – Office of the Labor Commissioner**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Lupita Martinez to do apprenticeship compliance work for the Department of Business and Industry, Office of the Labor Commissioner through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**B. Department of Transportation – Multimedia Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Barron Lauderbaugh for the Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Deborah Hassett to assist with Human Resources for the Department of Health and Human Services, Division of Child and Family Services through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**D. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Sherri McGee to assist the Director of the Nevada Department of Transportation in developing interstate data infrastructure and data sharing agreements, policies, and standards through statewide contract 99SWC-S1406 Marathon Staffing Group, Inc.

**E. Department of Transportation – Multimedia Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Michelle Austin to support the Nevada Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

## **F. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Kenneth Siri to manage highway maintenance for the Nevada Department of Transportation through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

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

**Clerk of the Board:** There are six requests under this agenda item today. The first is from the Department of Business Industry, Office of the Labor Commissioner through the Department of Administration, Purchasing Division. The office intends to contract with a former employee from December 12, 2023 through March 29, 2024 on a part-time basis through Manpower.

The second request is from the Department of Transportation, Multimedia Division through the Department of Administration, Purchasing Division. The Department of Transportation intends to contract with a former employee from December 12, 2023 through June 11, 2024 on a part-time basis through Manpower.

The third request is from the Department of Health and Human Services, Division of Child and Family Services through the Department of Administration, Purchasing Division. They intend to contract with a former employee from January 1, 2024 through June 30, 2024 on a part-time basis through Manpower.

The fourth request is from the Department of Transportation through the Department of Administration, Purchasing Division. They intend to contract with a former employee from December 12, 2023 through June 12, 2024 on a part-time basis through Marathon Staffing Group.

The fifth request is from the Department of Transportation, Multimedia Division through the Department of Administration, Purchasing Division. They intend to contract with a former employee from December 12, 2023 through June 11, 2024 on a part-time basis through Manpower. Are there any questions on these items?

The last request is from the Department of Transportation through the Department of Administration, Purchasing Division. They intend to contract with the former employee from December 12, 2023 through June 12, 2024 on a full-time basis through Manpower. Are there any questions on this item?

**Governor:** Do we have any questions on any of these items?

**Attorney General:** None here.

**Secretary of State:** No questions. Motion to approve.

**Governor:** We have a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

**6. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account**

(For possible action)

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

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$225,332 from the Interim Finance Committee Contingency Account to support three new positions and associated costs.

**B. Department of Education**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$498,750 from the Interim Finance Committee Contingency Account to fund an increase in contract expenditures.

**C. Department of Motor Vehicles**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$517,500 from the Interim Finance Committee Contingency Account to fund an increase in the WaitWell, Inc. contract.

**D. Office of the Attorney General**

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of \$127,947 from the Interim Finance Committee Contingency Account to support a new Special Counsel position and associated costs.

**Governor:** Agenda item number 6, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account.* We will take these items separately.

**Clerk of the Board:** The first request is from the Department of Conservation and Natural Resources, Division of State Parks. Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$225,332 from the Interim Finance Committee Contingency Account to support three new positions and associated costs. Are there any questions on this item?

**Secretary of State:** No questions.

**Governor:** None here.

**Attorney General:** None here.

**Secretary of State:** Motion to approve 6.A.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes.

We will move to item 6.B, Department of Education.

**Clerk of the Board:** Thank you, sir. Pursuant to NRS 353.268, the Department of Education requests a recommendation to the Interim Finance Committee for an allocation of \$193,750 from the Interim Finance Committee Contingency Account to fund an increase in contractual expenditures. Please note, the dollar amount in this request has been revised from \$498,750 to \$193,750. Are there any questions on this item?

**Governor:** Yes, I have a question. On the noted revised amount from \$498,750 to \$193,750, could you explain the reason for the revised amount?

**Celeste Arnold:** Good morning. For the record, Celeste Arnold, Administrative Services Officer 3 for the Student Investment Division, Department of Education. Going back through, we have identified savings with a current contract, as well as, in working with the vendor. As this request only funds fiscal year 2024, and in which we only have six months, roughly, left to fund, the request was amended to accommodate that timeframe moving forward.

**Governor:** I understand the contract currently in place is for a period of four years. So, we're currently in the last of those four years, is that correct?

**Celeste Arnold:** Correct. Then, the next contract starts another four years.

**Governor:** You're in agreement with the revised amount of \$193,750?

**Celeste Arnold:** Yes, we are.

**Governor:** Thank you.

I'll take a motion for approval.

**Secretary of State:** Motion to approve item 6.B in the amount of \$193,750.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

We will move on to 6.C.

**Clerk of the Board:** Pursuant to NRS 353.268, the Department of Motor Vehicles requests a recommendation to the Interim Finance Committee for an allocation of \$517,500 from the Interim Finance Committee Contingency Account to fund an increase in contractual expenditures. Are there any questions on this item?

**Governor:** None here. I'll entertain a motion for approval.

**Attorney General:** So moved.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

We will move to agenda item number 6.D.

**Clerk of the Board:** Pursuant to NRS 353.268, the Office of the Attorney General requests a recommendation to the Interim Finance Committee for an allocation of \$127,947 from the Interim Finance Committee Contingency Account to support a new special counsel position. Are there any questions on this item?

**Secretary of State:** No questions.

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

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

**7. Request for a Recommendation of Approval to the Interim Finance Committee for a Grant or Loan from the Disaster Relief Account**  
(For possible action)

**Office of the Military – Division of Emergency Management Disaster Response and Recovery Act**

Pursuant to NRS 353.274(2), the division requests an approval of a \$20,537 grant from the Disaster Relief Account to cover emergency response and management costs associated with the Atmospheric River event and Hurricane Hillary.

**Governor:** Agenda item number 7, *Request for a Recommendation of Approval to the Interim Finance Committee for a Grant or Loan from the Disaster Relief Account.*

**Clerk of the Board:** Pursuant to NRS 353.274(2), the Office of the Military requests an approval of a \$20,537 grant from the Disaster Relief Account to cover emergency response and management costs associated with the Atmospheric River event and Hurricane Hillary. Are there any questions on this item?

**Governor:** Yes, could you explain the reason for this item?

**Jared Franco:** For the record, Jared Franco, Administrative Services Officer 3, Division of Emergency Management. To this item, sir, is two invoices, one invoice for a forklift rental during the Atmospheric River event and the second invoice is for the intelligent transportation system services during the hurricane event. We don't have enough authority in our Emergency Assistance Account to cover these expenses.

**Governor:** My understanding in research of the item is there is approximately \$1,000 of penalty or late fees. Is that correct?

**Jared Franco:** Correct, sir.

**Governor:** Knowing that we have a procedure where we need approval, can we get the late fees waived?

**Jared Franco:** We are currently working with the vendor to try to get those waived. There was a mishap with the timeline on how long it takes to get the authority approved.

**Governor:** With that being said, I will make a motion for approval of agenda item number 7 in the amount of \$19,562 and we'll bring the item forward in a future meeting if the late fee has failed to be waived. Is that sufficient?

**Rosalie Bordelove:** Yes.

**Governor:** The motion is on the table. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Governor:** Agenda item number 8, *Approval of Proposed Leases*.

**Clerk of the Board:** There are five leases under agenda item number 8 today for approval by the Board. Are there any questions on any of these items?

**Attorney General:** None here.

**Secretary of State:** No questions. Motion to approve lease numbers 1 through 5.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Governor:** Agenda item number 9, *Approval of Proposed Contracts*.

**Clerk of the Board:** Thank you, sir. There are 60 contracts under this item for approval by the Board today. Are there any questions on any of these items?

**Secretary of State:** I have question on item number one for Cassidy and Associates, Inc. Was there a procurement process on this service?

**Gideon Davis:** Gideon Davis, Administrator of the Department of Administration, Purchasing Division for the record. Yes, there was a full Request for Proposal (RFP) conducted for this contract.

**Secretary of State:** How many people responded to that RFP?

**Gideon Davis:** There were three proposing vendors.

**Secretary of State:** Were any of them Nevadan's that submitted a proposal?

**Gideon Davis:** One of the vendors who proposed was a Nevada based business, yes. The other two were, I believe, headquartered in Washington, DC. This vendor was the highest scoring vendor based off of the evaluation criteria that was proposed in the solicitation.

**Secretary of State:** Thank you.

**Governor:** Are there any questions, Mr. Ford?

**Attorney General:** I have no questions.

**Secretary of State:** Motion to approve contract numbers 1 through 60.

**Attorney General:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Governor:** Agenda item number 10. *Approval of Proposed Master Service Agreements.*

**Clerk of the Board:** Thank you, sir. There are nine Master Service Agreements under agenda item number 10 for approval by the Board today. Are there any questions on these items?

**Secretary of State:** No questions.

**Governor:** Hearing none, I will entertain a motion.

**Secretary of State:** Motion to approve.

**Governor:** We have a motion. All in favor, signify by saying aye. The motion passes unanimously.

## 11. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from October 24, 2023 through November 20, 2023.

**Governor:** Agenda item number 11, *Information Item – Clerk of the Board of Contracts*.

**Clerk of the Board:** There are 72 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board from October 24, 2023 through November 20, 2023. Are there any questions on these items?

**Governor:** No questions here. Are there any questions? Hearing none.

## 12. Information Item Reports

### **Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2024, 1st Quarter**

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2023 through September 30, 2023.

**Governor:** Agenda item number 12, *Information Item Reports – Department of Conservation and Natural Resources, Division of State Lands, Fiscal Year 2024, 1st Quarter*.

**Clerk of the Board:** Thank you, sir. Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased through the Tahoe Basin Act program. This report covers the period of July 1, 2023 through September 30, 2023. Are there any questions on this item?

**Governor:** None here.

**Attorney General:** None here.

**Secretary of State:** No questions.



**13. 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 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 728 527 047#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

**Governor:** Agenda item number 13, *Public Comment*. This is the second opportunity for public comment. Please limit your comments to three minutes. Do we have anybody for public comment in Carson City?

**Clerk of the Board:** No, sir.

**Governor:** Do we have anybody here in Las Vegas? Seeing none. Do we have anybody on the phone?

**Clerk of the Board:** No, sir.

**Governor:** Hearing and seeing none, we will close public comment.

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

**Governor:** Agenda item number 14. I motion for adjournment. All those in favor, signify by saying aye. The motion passes unanimously. Thank you everyone. Have a great holiday.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 21, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kelli Lay, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – FLEET SERVICES DIVISION**

Agenda Item Write-up:


Pursuant to NRS 334.010, the division requests approval to purchase seven new fleet vehicles for a total amount not to exceed \$367,978.

Additional Information:

At the Interim Finance Committee meeting held on October 11, 2023, the Department of Administration, Buildings and Grounds Division was approved for three new vehicles, and the Department of Public Safety, Capital Police Division was approved for four new vehicles. The Fleet Services Division is now requesting approval to purchase these seven vehicles for these two divisions for a total dollar amount of \$367,978, contingent upon IFC approval of work program #C66495.

Due to supply chain issues, vehicles can now only be purchased as soon as they become available. This request is for the approval to purchase these seven vehicles as they become available throughout the remainder of the year.

Statutory Authority:  
NRS 334.010

REVIEWED: 
ACTION ITEM: _____

Joe Lombardo  
Governor



Jack Robb  
Director

Matthew Tuma  
Deputy Director

Robbie Burgess  
Administrator

**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
FLEET SERVICES DIVISION**

750 E King St | Carson City, Nevada 89701  
Phone: (775) 684-1880 | [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov) | Fax: (775) 684-1888

Date: November 20, 2023

To: Bruce McDaniel  
Budget Analyst

From: Robbie Burgess  
Administrator



Subject: February BOE Agenda Item Request

Please put the attached Board of Examiners (BOE) vehicle request on the February BOE agenda. This request is to purchase additional vehicles approved in the October 2023 Interim Finance Committee meeting on October 11, 2023. This request is to purchase vehicles for the Buildings & Grounds Division and the Capital Police Division.


Due to continued scarcity caused by supply chain problems, new vehicles must be purchased as soon as they become available. Approving this request will give Fleet Services the flexibility to do just that. Since the Board of Examiners will be approving the future purchase of vehicles the "prior written consent" requirement of NRS 334.010 will be satisfied.

This BOE request is contingent upon the approval of work program C66495 for budget account 1356. This work program is requesting the transfer from our reserves to the authority to purchase the additional vehicles requested by the Buildings & Grounds Division and Capital Police.

Attachments:

- BOE vehicle purchase form
- Requesting Agency Budget Accounts with Vehicle Type

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

<b>Agency Name:</b> Fleet Services	<b>Budget Account #:</b> 1356	
<b>Contact Name:</b> Robbie Burgess	<b>Telephone Number:</b> 775 684-1883	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
<b>Number of vehicles requested:</b> <u>7</u> <b>Amount of the request:</b> <u>367978.00</u> <b>Is the requested vehicle(s) new or used:</b> <u>new</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> SUV/ police interceptor and trucks <b>Mission of the requested vehicle(s):</b> provide transportation for State employees		
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> work program C66495	
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input checked="" type="checkbox"/> <u>7</u> Addition(s) <input type="checkbox"/> Replacement(s)		
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b> yes		
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced.    <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<b>APPOINTING AUTHORITY APPROVAL:</b>		
 _____ Agency Appointing Authority	Administrator _____ Title	11/20/2023 _____ Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

B/A	Agency	Loc	Rate Tier	Qty
4747	DPS - CAPITOL POLICE	LAS VEGAS	LAW ENFORCEMENT	1
4747	DPS - CAPITOL POLICE	LAS VEGAS	LAW ENFORCEMENT	1
4747	DPS - CAPITOL POLICE	LAS VEGAS	LAW ENFORCEMENT	1
4747	DPS - CAPITOL POLICE	LAS VEGAS	LAW ENFORCEMENT	1
1349	ADMIN SPWD BUILDING & GROUNDS	LAS VEGAS	PREMIUM	1
1349	ADMIN SPWD BUILDING & GROUNDS	LAS VEGAS	PREMIUM	1
1349	ADMIN SPWD BUILDING & GROUNDS	LAS VEGAS	PREMIUM	1

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 18, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Vince Young-Brown, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CORRECTIONS – SOUTHERN DESERT CORRECTIONAL  
FACILITY**

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase four replacement vehicles for a total amount not to exceed \$247,984.

Additional Information:

The department is requesting the purchase of four replacement vehicles, two SUVs, one ADA van, and one passenger van, for the Southern Desert Correctional Facility. Funding has been appropriated from the 2023 Legislative Session through Assembly Bill 507, section 14.

Statutory Authority:

NRS 334.010

REVIEWED: <u>    <i>JD</i>    </u>
ACTION ITEM: _____

Joe Lombardo  
Governor

James E. Dzurenda  
Director

Kristina Shea  
Deputy Director  
Support Services



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

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

STATE OF NEVADA  
Department of Corrections

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MEMORANDUM

Date: December 15, 2023


To: Amy Stephenson, Clerk of the Board, Governor's Finance Office

From: Kristina Shea, Deputy Director of Support Services, NV Department of Corrections

Subject: Replacement of Four Vehicles for SDCC 3738 / 3714

Please accept this memo as a request for Southern Desert Correctional Center's (SDCC) vehicle purchase. SDCC currently has four vehicles that have high mileage and are difficult to maintain. One of those vehicles is to transport ADA offenders.


SDCC was appropriated \$276,626.00 in Assembly Bill 507 Section 14, in the 82<sup>nd</sup> Legislative Session. NDOC will not exceed \$247,983.31 for the purchase of four new replacement vehicles.

  
Kristina Shea, Deputy Director  
Nevada Department of Corrections





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

<b>Agency Name:</b> Nevada Department of Corrections	<b>Budget Account #:</b> 3738
<b>Contact Name:</b> Marko Markovic	<b>Telephone Number:</b> 775-977-5616
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> <u>4 (four)</u>      <b>Amount of the request:</b> <u>\$247,983.31</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>1 ADA Van, 1 Passenger Van, 2 Ford Explorer SUVs</u></p> <p><b>Mission of the requested vehicle(s):</b> <u>Transportation of Staff and Inmates</u></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> <u>AB 507 Section 14, 82nd Legislative Session</u></p> <p><b>If no, please explain how the vehicles will be funded?</b></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> <u>  </u> Addition(s)    <input checked="" type="checkbox"/> <u>  </u> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b></p> <p><u>Yes</u></p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b> Vehicle #3 Model Year: 2000 GMC Club Vagon Odometer Reading: 103,433 Type of Vehicle: Wagon/Passenger Van</p> <hr/> <p>Vehicle #4 Model Year: 2006 Chevrolet E-3500 Odometer Reading: 211,423 Type of Vehicle: Passenger Van</p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p align="center"><u>Yes</u></p> <hr/> <p><b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b></p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <p style="text-align: center;"></p> <p>Agency Appointing Authority      Deputy Director      <u>12/15/2023</u> Title      Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners      Date</p>	

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford Explorer XLT 4x4		
<b>Dealer Name:</b>	Gallagher Ford		
<b>Delivery Location:</b>	Southern Desert Correctional Center		
<b>Vehicle Colors:</b>	Exterior: Oxford White	Interior: Ebony	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	\$ 40,792.00	\$81,584.00
SPECIFY OPTIONS: (description)			\$588.00
Dealer Doc Fees	2	\$294.00	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	2	\$0	\$0
Total purchase price with options			\$82,172.00
DMV Title and DRS Fee's	2	\$28.25	\$56.50
<b>GRAND TOTAL:</b>			<b>\$82,228.50</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Corrections 5500 E Snyder Ave Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Same
<b>County Vehicle Based In:</b>	Clark
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic 775-977-5616



Date: 12/14/2023  
 Salesperson: Susan Grimes  
 Manager: Susan Grimes

**FOR INTERNAL USE ONLY**

**BUSINESS NAME CONTACT** State of nv dept of corrections Home Phone : \_\_\_\_\_  
 Address : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 E-Mail : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

**VEHICLE**  
 Stock # : C200 New / Used : New VIN : \_\_\_\_\_ Mileage : 0  
 Vehicle : 2024 Ford Explorer Color : \_\_\_\_\_  
 Type : XLT 4dr 4x4  
 Body Size : \_\_\_\_\_ Style : \_\_\_\_\_ Weight : 0 Unit Class : \_\_\_\_\_

Market Value Selling Price	40,792.00
DealerDoc	294.00
Non Tax Fees	28.25
Cash Deposit	.00
Balance	41,114.25

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_  
 By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford Transit 6 passenger ADA Van		
<b>Dealer Name:</b>	RO Bus Sales		
<b>Delivery Location:</b>	Southern Desert Correctional Center		
<b>Vehicle Colors:</b>	Exterior: Oxford White	Interior: Gray	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 108,574.50	\$108,574.50
SPECIFY OPTIONS: (description)			\$470.25
Dealer Doc Fees	1	\$470.25	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	\$0	\$0
Total purchase price with options			\$109,044.75
DMV Title and DRS Fee's	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$109,073.00</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Corrections 5500 E Snyder Ave Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Same
<b>County Vehicle Based In:</b>	Clark
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic 775-977-5616



**RO Bus Sales**  
 2701 Westwood Drive  
 Las Vegas, NV 89109  
 Phone/Fax: 702-798-0029 / 702-835-1434

**Retail Buyer's Order & Invoice**  
 Date: 12/13/2023  
 Sales Mgr. Joe Machin  
 Sales Person: Elizabeth Diaz  
 Stock #: TBD  
 Vin No. TBD  
 Invoice# TBD  
 P.O. # TBD

Sold to: Nevada Department of Corrections  
 Address: 5500 Snyder Ave, Bldg# 18  
 City/ST/Zip: Carson City, NV 89403  
 Phone: 775-887-3277  
 Delivered to: Bert Heyman  
 Address: Same as above  
 City/ST/Zip:  
 Email: bheyman@doc.nv.gov

Vehicle Specifications and Major Components Sold:					
Type	Year	Manufacturer	Model	Description	Amount
Van	2024	Ford	Transit	6 Passenger ADA	108,674.50
					-
					-

2024 Ford Transit MR 148, ADA Rear Lift Entrance, Altro Covering, 4 Interior Dome Lights, Rear High Output AC and Heat System with Overhead Vents and Switches, Interior Insulation Pkg, Back Up Beeper, Ignition Interlock System for Lift, 2 Double Foldaway Seats, 2 Single Fixed Seats, 3 Floor Tracks, 2 Shoulder Belts, 2 Lap Belts, 2 Wheelchair Securement Sets, Grip Tape on Floor of Entrance, Sure Lok Storage Bags, Braun Century Lift, Reflective Triangles, Driver Short/Passenger-Long Heavy Duty Running Boards, Grab Bar "B" Pillar Side Door Opening, Wheelchair Storage Bracket Over Wheelwell, Safety Kit, Q-Straint WC Securement System. Prisoner Kit - Driver Partition Barrier Powder Coated, High Strength Laminate Glass, Window Screens Protection, D Rings Next to Seats.

Sales Price:	106,674.50		
Freight - Subject to Change	\$1,900.00	<input type="checkbox"/>	RO Limited Warranty (30 Days) (Check Box)
Mobility Rebate	Included	<input type="checkbox"/>	Factory Certified Warranty (Check Box)
Upfit Disc.	Included	<input checked="" type="checkbox"/>	As Is, No Warranty (Check Box)
Other Charges			
Subtotal	\$108,574.50		
Subtotal	\$108,574.50		
DMV Title	\$28.25		
Doc Fee	\$470.25		
Sales Tax 8.375%	Exempt		
<b>Total Price</b>	<b>\$109,073.00</b>		
Down Payment			10% Deposit Required
<b>Balance Due</b>	<b>\$109,073.00</b>		Make Check Payable to: RO Bus Sales

**Quote Valid for 30 Days Only**

It is agreed and understood that no warranties of any kind or character, either expressed or implied are made by you of and concerning the vehicle to be delivered to me, other than the usual dealer's warranties if any. In the event of increase in price by manufacturer before delivery I agree to pay the difference in price. No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sale contract in writing executed by the undersigned buyer, as purchaser thereunder.

This order is not valid unless signed and accepted by dealer and approved by responsible Finance Company as to deferred balance.

This offer shall be void in event of war, strikes, conditions preventing delivery by the manufacturer or other conditions beyond the control of the Company. At the option of the company, in event of the happening of any said events, the terms and conditions of

The undersign purchaser hereby offers to purchase from R O Bus Sales the vehicle(s) listed above under the terms specified. this sale shall be readjusted. I expressly ordered the accessories installed on this vehicle.

Nevada Department of Corrections

**DISCLAIMER OF WARRANTIES**

The Seller, RO BUS SALES, Hereby Expressly Disclaims All Warranties, Either Expressed or Implied, Including Any Implied Warranty Merchantability of Fitness For A Particular Purpose, and RO BUS SALES Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In

Elizabeth Diaz  
 Sales Representative  
  
 Sales Representative's Signature  
 12/13/2023  
 Date

Bert Heyman  
 Purchaser Name  
 \_\_\_\_\_  
 Purchaser's Signature  
 \_\_\_\_\_  
 Date

THE SIGNER OF THE ABOVE AGREEMENT MUST BE AUTHORIZED TO SIGN ON BEHALF OF THE PURCHASING ENTITY AND OR INDIVIDUAL

**Vehicle Order Information Form**

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford Transit-350 XL RWD Medium Roof Van		
<b>Dealer Name:</b>	Gallagher Ford		
<b>Delivery Location:</b>	Southern Desert Correctional Center		
<b>Vehicle Colors:</b>	Exterior: Oxford White	Interior: Dark Palazzo Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 56,359.56	\$56,359.56
SPECIFY OPTIONS: (description)			\$294.00
Dealer Doc Fees	1	\$294.00	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	\$0	\$0
Total purchase price with options			\$56,653.56
DMV Title and DRS Fee's	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			\$56,681.81



<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Corrections 5500 E Snyder Ave Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Same
<b>County Vehicle Based In:</b>	Clark
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic 775-977-5616



Date: 12/14/2023  
 Salesperson: Susan Grimes  
 Manager: Susan Grimes

FOR INTERNAL USE ONLY

**BUSINESS NAME CONTACT** State of nv dept of corrections Home Phone : \_\_\_\_\_  
 Address : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 E-Mail : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

**VEHICLE**  
 Stock # : c101 New / Used : **New** VIN : \_\_\_\_\_ Mileage : 0  
 Vehicle : 2024 Ford Transit-350 Passenger Color : \_\_\_\_\_  
 Type : XL Rear-Wheel Drive Medium Roof Van  
 Body Size : \_\_\_\_\_ Style : \_\_\_\_\_ Weight : 0 Unit Class : \_\_\_\_\_

Market Value Selling Price	56,359.56
DealerDoc	294.00
Non Tax Fees	28.25
Cash Deposit	.00
Balance	56,681.81

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_  
 By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 6, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL DIVISION**

Agenda Item Write-up:


Pursuant to NRS 334.010, the division requests approval to purchase two replacement vehicles for a total amount not to exceed \$112,253.

Additional Information:

The division is requesting the purchase of two SUVs to support activities related to public safety. Funding was approved in the 2023 Legislative Session within budget account 4713 in the crashed vehicles expense category.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

Joe Lombardo  
Governor



Nevada Department of  
**Public Safety**  
Dedication Pride Service

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

Patrick J. Conmay  
Colonel

**Nevada Highway Patrol  
Headquarters**

555 Wright Way  
Carson City, Nevada 89711  
Telephone (775) 687-5300 / Fax (775) 684-4379

DATE: December 5<sup>th</sup>, 2023

TO: Kirk Hawkins, Executive Branch Budget Officer I  
Governor's Finance Office, Budget Office

THROUGH: Kristi Defer, ASO III, Administrative Service Officer 3  
Department of Public Safety, Director's Office *KD*

FROM: Jennifer Ramos, Administrative Service Officer 3  
Denny Gortari, Administrative Service Officer 2

SUBJECT: Board of Examiners Request for Vehicle Purchase Approval – From  
Crash Fund

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The Department of Public Safety (DPS), State Police, Nevada Highway Patrol Division (NHP) is requesting approval from the Board of Examiners (BOE) to purchase replacements for two crashed vehicles from Budget Account 4713, Category 34, Crash Fund, in the amount of \$112,252.50. This category is funded from insurance recoveries. The cash balance forward from insurance recoveries in Fiscal Year 2023 was \$767,870 (WPC64444), current recoveries for FY 2024 are \$ 117,347.43, and current and pending expenditures are \$493,911.53. There is \$391,306 remaining funding for these purchases. The Department of Public Safety is requesting this item be placed on the January 9<sup>th</sup>, 2024, Board of Examiners' agenda.



**Vehicle Order Information Form**

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>		2024 FORD POLICE INTERCEPTOR UTILITY	
<b>Dealer Name:</b>		Corwin Ford	
<b>Delivery Location:</b>		Nevada Highway Patrol, 357 Hammill Lane Reno, NV 89511	
<b>Vehicle Colors:</b>		Exterior: Iconic Silver	Interior: Black- <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
		Quantity	Unit Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		2	\$53,698.00
SPECIFY OPTIONS: (description)			
Upfitting		2	\$2,400.00
			\$
			\$
			\$
			\$
			\$
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		0	0
Total purchase price with options		2	\$56,548.00
DMV Title and DRS Fee's		2	\$28.25
<b>GRAND TOTAL:</b>			<b>\$112,252.50</b>

<b>Registered Owner:</b>	<b>Agency Name &amp; Address:</b> DPS/ State Police/ Nevada Highway Patrol 555 Wright Way Carson City, Nevada 89711
<b>Legal Owner:</b>	<b>Agency Name &amp; Address:</b> DPS/ State Police/ Nevada Highway Patrol 555 Wright Way Carson City, Nevada 89711
<b>County Vehicle Based In:</b>	Washoe County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Denny Gortari Fleet Administrator/ASO II NHP 775-684-4825







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

## **MEMORANDUM**

December 6, 2023

**To:** Tracy Larkin Thomason, P.E., Director  
**Through:** Jeff Lerud, P.E., Deputy Director, Operations and Maintenance  
**From:** Nathan Morian, Assistant Chief, Maintenance and Asset Management  
**Subject:** Authorization to Contract with a Former Employee – Jason Marty

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### **SUMMARY:**

Pursuant to NRS 333.705(4) and the State Administrative Manual (SAM) 0323, I am requesting approval to contract with retired state employee, Jason Marty, as an emergency hire. Mr. Marty retired from state service on September 19, 2023, as Maintenance Coordinator 1. The emergency hire contract will be consistent with the documentation included in the BOE packet and will be effective from January 2, 2024, to April 30, 2024.

### **BACKGROUND:**

Recruitment efforts have been explored to rehire since Mr. Marty's retirement. Such efforts continue but have thus far resulted in no successful applicants being identified. For several months documentation has been in preparation to seek approval from the Interim Finance Committee and the Board of Examiner's (BOE). However, due to a series of complications Mr. Marty's application is still not before the BOE in December 2023.

Our division has temporarily been able to mitigate the added workload resulting from this vacancy. However, several tasks under responsibility of this work unit restart in January and dramatically increase the workload past the point temporary mitigation steps. Those activities include but are not limited to:

- Statewide in-person review of District Maintenance crews (5 weeks with 3 full time staff),
- Statewide materials stockpile inventory, including state produced materials,
- Implementation of the Emulsion Viscosity training classes for Maintenance personnel,
- Development and distribution of the Statewide Maintenance Safety Awards program.

Due to these regularly occurring activities, hiring Mr. Marty as an emergency hire is the best way to address this staffing shortage and mitigate the negative impact on our Maintenance Management System (MMS) that will have long lasting repercussions into the future while we continue to seek BOE approval and further our recruitment efforts. Mr. Marty has nearly thirty (30) years of experience in highway maintenance, and he is highly familiar with the MMS system and is readily able to assist the entire Maintenance team across the state.

**RECOMMENDATION:**

- APPROVED:
- APPROVED with exceptions:
- DENIED:

We appreciate the Director's consideration and time reviewing this request.

DocuSigned by:

*Tracy Larkin Thomason*

Tracy Larkin Thomason, P.E., Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	Jason Marty			
<b>Former Employee ID Number:</b>	12641			
<b>Former Job Title:</b>	Maintenance Management Coordinator I			
<b>Former Employee Agency:</b>	Nevada Department of Transportation (NDOT)			
<b>Former Class and Grade:</b>	<b>Class:</b>	Fiscal Mgmt. 7.737	<b>Grade:</b>	35-10
<b>Former Employment Dates:</b>	<b>From:</b>	April 8, 1996	<b>To:</b>	September 19, 2023
<b>Requesting Agency:</b>	NDOT			
<b>Vendor:</b>	Manpower, Master Blanket Purchase Order 99SWC-NV21-7577			

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

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Maintain the Enterprise Asset Management System by reviewing, verifying, inputting and extracting data. Incumbents perform inspections/audits of maintenance operations and conduct training for maintenance personnel. Conduct field reviews, audits and quality assurance inspections of district maintenance activities and district financial accounting documents including on-site observation; ensure accuracy of information entered into the system database and compliance with system procedures; prepare and submit report summarizing findings and recommendations.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Maintenance Management Coordinators work in the Department of Transportation and maintain the Enterprise Asset Management System by reviewing, verifying, inputting and extracting data. Incumbents perform inspections/audits of maintenance operations and conduct training for maintenance personnel to ensure work is performed in compliance with standards and guidelines. Maintain various data case files/inventories regarding maintenance equipment, costs and activities by conducting physical inventories and/or collecting and compiling information from existing files and contracts and other personnel; provide management with accurate and timely data, generate preliminary budgets for each district and prepare bid specifications for acquisition of materials. Conduct field reviews, audits and quality assurance inspections of district maintenance activities and district financial accounting documents including on-site observation; ensure accuracy of information entered into the system database and compliance with system procedures; prepare and submit report summarizing findings and recommendations.</p>

<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Yes, efforts to fill the position have yet to proven fruitful, but the position remains open until filled. Mr. Marty has extensive experience in this position and the critical nature of the quality control conducted by this position makes it imperative that these duties are adequately completed.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> Lack of interested and qualified applicants has proven to be the primary challenge. Efforts to fill this position are ongoing.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> None, no relevant relationships within the Department.
<b>F</b>	<b>List contractors' hourly rate.</b> The contractor's hourly rate with fees is \$64.80 per hour. The temp employee's hourly rate without fees is \$54.00 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b> \$41.26 (Grade 35) Maintenance Manager Coordinator 1
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b> The current rate is essentially the same employee salary with the additional markup due to the overhead etc. for the temp agency.
<b>I</b>	<b>Document justification for hiring contractor.</b> We are actively seeking to fill the vacated position. This temporary status will serve as a stop gap measure to assist the Department until the vacancy can be adequately filled and thus avoid negative ramifications within the Department.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> Start: January 2, 2024 End: April 30, 2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Full time
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> None

**Comments – Provide any additional comments:**

The Department is grateful Mr. Marty is willing to come back and assist us by filling the void until his position can be permanently filled.

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

DocuSigned by:  
  
Signature of Agency Head Authorizing Request 12/22/2023  
Date

\_\_\_\_\_  
Purchasing Administrator Signature (if a Statewide Contract) Date

  
Budget Analyst Signature 12/22/23  
Date

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

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 7, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Lesley Volkov, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Shane Martin to facilitate permitting actions for the Department of Conservation and Natural Resources, Division of Environmental Protection through statewide contract 99SWC-NV21-7576 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Martin retired from the Division of Environmental Protection, Bureau of Mining Regulation and Reclamation on May 1, 2023 and is receiving pension benefits. Mr. Martin's former experience as a permit writer with the Bureau of Mining Regulation & Reclamation and his involvement with reviewing and permitting two new gold mine projects qualifies him to work on his assigned permits and provide permit training to new staff. The office originally contracted with Mr. Martin on July 11, 2023 through December 31, 2023 and requests to extend this contract from the date of approval until April 30, 2024 on a full-time basis not to exceed 40 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____ ACTION ITEM: _____
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**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

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

December 5, 2023

**MEMORANDUM**

To: Lesley Volkov

From: Annette Morfin, Purchasing Officer

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

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Shane Martin who Marathon wants to hire. Shane recently left state service and is collecting PERS. Marathon Staffing is aware that they will not be able to hire Shane until BOE approval has been given.

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



NEVADA DIVISION OF  
**ENVIRONMENTAL  
 PROTECTION**

STATE OF NEVADA  
 Department of Conservation & Natural Resources

Joe Lombardo, *Governor*  
 James A. Settelmeyer, *Director*  
 Jennifer L. Carr, *Administrator*

**Bureau of Mining Regulation & Reclamation**

901 S. Stewart Street, Suite 4001  
 Carson City, NV 89701

**MEMORANDUM**

**DATE:** December 5, 2023

**TO:** Richard Jacobs, Executive Branch Budget Officer I <via email: rdjacobs@finance.nv.gov>

**THROUGH:** Jennifer Carr, Administrator 

**THROUGH:** Rob Kuczynski, P.E., Chief 

**FROM:** Todd Process, ES IV, Reclamation Branch Supervisor 

**RE:** Contract extension request with former employee-Shane Martin

Pursuant to NRS 333.705, subsection 1, the Department of Conservation & Natural Resources, Division of Environmental Protection, Bureau of Mining Regulation & Reclamation is requesting the authority to extend a work contract with former State of Nevada employee, Shane Martin. He will continue his contract service as a Reclamation Branch permit writer to facilitate permitting actions on his previously assigned 62 projects. In addition, he is involved with reviewing and permitting (2) new gold mine projects. (Spring Valley/Robertson mines under NEPA review) The 2 new projects reflect the increase in mining activity requiring permitting actions. Shane is expected to work 30 to 40 hrs. a week in the office until April 30, 2024, to temporarily work on his assigned permits, and provide permit training/history to his newly hired replacement to maintain an effective reclamation program.

In November, the Branch lost a permit writer and has only 3 permit writers with 269 permits or 90 permits/person. Recently, a new hire was chosen to be trained for Shane's position, but the individual backed out of the State offer. The hiring process has notably been providing lower quality candidates and the training process requires more than a year to become effective. The program needs to maintain effective service to the industry that supports the Reclamation Branch self-funded program.

Additional justifications are provided with the attached Authorization to Contract with a Former Employee and additional testimony may be provided at the Board of Examiners meeting. Please do not hesitate to contact me with any questions or concerns regarding this request.

Respectfully Submitted,



Todd Process  
 Environmental Geoscientist  
 Reclamation Branch Supervisor  
 775-687-9408, E-mail; [tprocess@ndep.nv.gov](mailto:tprocess@ndep.nv.gov)





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

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

**Authorization to Contract with a Former Employee**

<b>Employee Information</b>			
<b>Former Employee Name:</b>	Shane Martin		
<b>Former Employee ID Number:</b>	30803		
<b>Former Job Title:</b>	Environmental Scientist III		
<b>Former Employee Agency:</b>	Nevada Division of Environmental Protection		
<b>Former Class and Grade:</b>	<b>Class:</b>	10.525	<b>Grade:</b> 36
<b>Former Employment Dates:</b>	<b>From:</b>	March 6, 2006	<b>To:</b> May 1, 2023
<b>Requesting Agency:</b>	Bureau of Mining Regulation and Reclamation - Reclamation Branch		
<b>Vendor:</b>	Marathon		

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

<b>X</b>	Contract extension for a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Shane's contract work will continue under Reclamation Supervisor, Todd Process, and will be a continuation of the same scope of project work that was previously assigned with his ES III position. The ES III position requires the oversight of 62 active permits requiring extensive review for a variety of permit modifications, three-year cost estimate reviews which may include a review of process fluid management costs. A new hire requires up to a year of experience/training to become effective in the complex mining regulation world.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>The ES III job description requires: 1) Review of a Plan of Operations/Reclamation Plans and the associated reclamation cost estimate for exploration and mine projects. Mine sites often have process fluid management costs to review. The job position workload also includes the review of new reclamation permit applications and documentation to meet the requirements for a 30-day public comment period. The existing reclamation permits often require permit acreage modifications to ensure compliance with NAC 519A.010 - 519A.415 to issue a revised permit. 2) Upon review of the Reclamation Plan, a review of the associated reclamation costs is required to determine the required financial assurance to be posted with a government agency to reclaim the reclamation liabilities in the case of operator default. Large mines require additional modeling review to determine the process fluid management costs for heap leach pads and tailings facilities to protect waters of the State. 3) Periodic site inspections ensure permit compliance.</p>

C	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, Shane is being hired because of his specialized knowledge in reviewing Plan of Operation, Reclamation Plans and the associated reclamation cost estimate models. His additional knowledge is required for review and documentation for issuance of new Reclamation Permit Applications requiring the 30-day public comment period for new exploration and mining projects. No, there is not a clause in the contract although Shane will be transferring his specialized knowledge to his replacement when that person is hired.</p>
D	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>In November, the Branch lost an ES III permit writer person and is experiencing significant industry permitting workloads with only 3 ES III permit writers and 269 issued exploration and mine permits. This averages 90 projects/per person. Currently there are 42 new permit applications or major permit modifications pending that will require the 30-day public comment period. The issued permits require regulatory review of modifications and three-year reclamation cost estimates. The Branch needs to fill 2 vacant permit writer positions and hire 2 additional permit writers to be fully staffed and better effective to address the permitting workloads and provide the service that the mining industry and the public expect. The current situation is not sustainable as the current staff is having difficulty managing the number of permits that require complex permitting reviews and provide efficient service to the mining industry and the public. The reclamation branch started the hiring process for Shane's replacement in September, a candidate was chosen but declined the financial offer the State made. Shane has done an excellent job training new hires and is expected to train the new hire on his previously assigned projects for approximately 3-4 months. This will assist in maintaining the program's effectiveness and reduce additional backlog from a fast-growing mining industry who funds the reclamation program. However, it has been difficult to find a replacement, as there are not a sufficient list of qualified applicants with experience in the geosciences.</p>
E	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>NA</p>
F	<p><b>List contractors' hourly rate and employee's hourly rate.</b></p> <p>Contractor's hourly rate is \$53.94 - Temp Employee's hourly rate is \$43.19.</p>
G	<p><b>List the range of comparable State employee rates.</b></p> <p>Environmental Scientist III - Grade 36-01 to 36-10: Hourly Rate \$29.04 -\$43.19</p>
H	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The employee will be paid \$43.19 per hour, which is equivalent to a Grade 36, Step 10 based on Shane's 18 years of experience with NDEP's Bureau of Mining Regulation &amp; Reclamation program. The vendor will invoice Bureau of Mining Regulation &amp; Reclamation for a total of \$53.94 per hour based on their 24.9% markup under their State Contract.</p>
I	<p><b>Document justification for hiring contractor.</b></p> <p>In November, the Reclamation Branch experienced a loss of an ES III permit writer while there is a significant permitting workload and backlog from a robust growing mining industry. The Branch only has 3 permit writers (<b>5 is norm</b>) managing 269 issued requiring NAC 519A regulation review for permit modifications and three-year reclamation cost estimates. This current workload presents an average of 90 projects/person with new permit applications coming in every month. The current staff cannot keep up with the workload, it is not sustainable in providing the proper service to the mining industry who funds the reclamation program. Shane will work on his previously assigned projects, reduce the stress of the current staff having to carry the burden of being shorthanded, and he will provide new hire training on his projects for approximately 3-4 months to maintain program effectiveness.</p>
J	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
K	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p>

	Upon approval by the Board of Examiners through April 30, 2024.
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part-time/Full-time from 30 hrs. per/week to not exceed 40 hours per/week.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	NA

<b>Comments – Provide any additional comments:</b>



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 7, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Lesley Volkov, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Paige Menicucci to provide technical and administrative support to the Department of Conservation and Natural Resources, Division of Environmental Protection through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Menicucci retired from the department on August 31, 2022 and is receiving pension benefits. Ms. Menicucci's former experience with the Bureau of Safe Drinking Water's administrative processes, accounting principles, and budget tracking qualifies her to train new staff and address program backlogs. The office originally contracted with Ms. Menicucci on June 13, 2023 through December 31, 2023 and requests to extend this contract from the date of approval until June 30, 2024 on a part-time basis up to 25 hours per week.

Statutory Authority:  
NRS 333.705 (1)

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



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*  
515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: (775) 684-0170 | Fax: (775) 684-0188

December 5, 2023

**MEMORANDUM**

To: Lesley Volkov  
From: Annette Morfin, Purchasing Officer  
Subject: CETS Contract 23927 – Marathon Staffing Group Inc.  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Paige Menicucci who Marathon wants to hire. Paige recently left state service and is collecting PERS. Paige is currently working for Marathon Staffing and her current contract ends on December 30. The contract needs to be extended as her services are still needed. Marathon Staffing is aware that they will not be able to extend Paige's current contract until BOE approval has been given.

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



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

**STATE OF NEVADA**  
Department of Conservation & Natural Resources  
Joe Lombardo, *Governor*  
James A. Settelmeyer, *Director*  
Jennifer Carr, *Administrator*

Date: December 5, 2023  
To: Annette Morfin, Purchasing Officer  
Department of Administration, Purchasing Division  
From: Andrea Seifert, Chief, Safe Drinking Water *ALS*  
Subject: Authorization to Contract with a Former Employee

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On behalf of the Nevada Division of Environmental Protection, I respectfully request approval to extend the contract with a former employee, Paige Menicucci, through Marathon Staffing. Please note that Paige has the ability to work remotely. However, the majority of her time will be spent in the office training staff and processing paperwork that cannot be completed remotely. Those activities that can be completed remotely may be allowed on a case-by-case basis.

We are requesting to extend the contract with Ms. Menicucci due to her expertise and experience with the Bureau of Safe Drinking Water's administrative processes and public water system and chemical terminology and her knowledge of accounting and budget tracking principles. Having her on contract during the last year has been instrumental in training new staff, and our goal is to expand her duties to address more recently filled vacancies which require similar training and support to address program backlogs. Her experience is invaluable to assist with budget tracking, public records retention and requests, accounts receivable and payable, travel processing, and reviewing Laboratory Certification documents for certified environmental laboratories, as we work to fill vacancies and train new administrative assistant staff within BSDW.

If you have any questions, please contact me at 77-687-9526 or [aseifert@ndep.nv.gov](mailto:aseifert@ndep.nv.gov).

Thank you.

Andrea Seifert  
Bureau Chief, Bureau of Safe Drinking Water  
Nevada Division of Environmental Protection



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Current Employee**

Employee Information			
<b>Employee Name:</b>	Paige Menicucci		
<b>Employee ID Number:</b>	61056		
<b>Job Title:</b>	Administrative Assistant III		
<b>Current Employee Agency:</b>	Nevada Division of Environmental Protection		
<b>Current Class and Grade:</b>	<b>Class:</b>	2.211	<b>Grade:</b> 27
<b>Employment Dates:</b>	<b>From:</b>	October 16, 2016	<b>To:</b> August 31, 2022
<b>Requesting Agency:</b>	Bureau of Safe Drinking Water		
<b>Vendor:</b>	Marathon		

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

<b>X</b>	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Report to Katherine Dolan, Management Analyst 3, Administrative Services Branch Supervisor Perform technical and administrative support and training of new staff for the Administrative Services and Laboratory Certification Program (LCP) branches within the Bureau of Safe Drinking Water (BSDW), by:</p> <ol style="list-style-type: none"> <li>1. Providing support, training of new staff, and documenting procedures for account reconciliation, accounts receivable/payable, public records requests and records retention.</li> <li>2. Providing support for completing biennial Self-Assessment Questionnaire.</li> <li>3. Providing support to address LCP program backlogs for processing laboratory certification applications and Proficiency Tests (PT), tracking certification, processing fiscal documents, maintaining email account and electronic files, and performing data entry,</li> <li>4. Providing courteous, timely, and accurate responses to requests for information.</li> <li>5. Receiving incoming telephone calls in a professional and courteous manner, referring them to the appropriate staff member, and taking messages when necessary.</li> <li>6. Answering non-technical inquiries and directing requestors to where information may be acquired.</li> <li>7. Developing and maintaining Desk Manual and streamlining Standard Operating Procedures.</li> <li>8. Tracking and archiving data and documents.</li> </ol>



	<p>Provide accounting, records management, and travel support by:</p> <ol style="list-style-type: none"> <li>9. Developing procedures for accounts payable budget reconciliation.</li> <li>10. Processing accounts receivable, issuing payment receipts, reconciling accounts receivable and payable.</li> <li>11. Processing invoices for Laboratory Certification application fees.</li> <li>12. Developing procedures for electronic data management in OnBase Records Center system.</li> <li>13. Processing public records requests</li> <li>14. Processing records into new data management system.</li> <li>15. Processing travel records when backlogs occur.</li> <li>16. Documenting procedures for biennial Self-Assessment Questionnaire.</li> </ol> <p>Provide training to new staff hired and support vacancies and staff extended medical leave as it occurs.</p> <ol style="list-style-type: none"> <li>17. Coordinate and train new staff in order to achieve administrative assistant objectives noted above.</li> </ol>
<b>B</b>	<p><b>Document the employee's current job description.</b></p> <p>The employee worked as an Administrative Assistant III in the Lab Certification Branch performing the same duties as described in the previous section. The employee provided technical and administrative support, performed accounting functions, maintained budgetary tracking sheets for the Laboratory Certification Program and provided backup to the Bureau for accounting, procedural development, processing public records requests and travel support.</p>
<b>C</b>	<p><b>Explain how this differs from current State duties.</b></p> <p>NA</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform these duties.</b></p> <p>The Bureau of Safe Drinking Water has experienced a high turnover rate in the Administrative Assistant (AA) positions. The positions have taken longer than expected to fill, and some staff in these positions are on extended medical leave. In the last eight months 83% of the Administrative Assistant positions have new staff. The need to train the new AA3, AA2, and AA1 positions is critical to ensuring public health is protected and the program objectives are achieved. The Management Analyst, AA3's, and technical staff are training all AA positions while they continue to learn their duties and address workload gaps. These factors have created an unsustainable backlog of work, which is impacting program requirements to respond to water quality results and public water system non-compliance.</p> <ul style="list-style-type: none"> <li>• On 9/29/23, another AAI position became vacant creating more program gaps. A new staff member is scheduled to start on 12/11/23 and will require training.</li> <li>• From 5/15/23 to 9/5/23, the Administrative Services branch AAI and AAI positions were vacant. These two positions are in their initial training phase and are addressing a backlog of duties to support the Public Water System Compliance, Engineering, and Data Management Branches. They require more training on their primary duties and need support to complete duties. Their duties include data entry, issuing correspondence, filing, processing accounts payable and receivable, and providing backup to several other AA positions.</li> <li>• From 3/3/23 to 5/15/23, the Administrative Services AA3 position was vacant, with the previous person being in the position for only six months (8/15/22-3/3/23) after a previous vacancy of 8 months. This position has successfully onboarded on primary duties for travel and budget tracking documentation, has been backing up the AAI vacancy and training the new AAI. The staff will begin budget reconciliation and public records request training once the AAI staff member is more efficient at their new position.</li> <li>• From 9/1/22 to 5/1/23, the Laboratory Certification Program (LCP) branch AA3 position was vacant. This position has been successfully onboarded on primary duties related to LCP duties and is now training on budget and travel duties.</li> </ul> <p>The administrative duties are specialized, with limited backup support across the Bureau due to the high staff turnover rate. The public water system and laboratory nomenclature is a language of its own and is difficult to master. The myriad of duties and responsibilities requires a combination of knowledge, experience, and organizational skills. The critical work performed is essential to the overall success of the Bureau. Having a trained and experienced instructor, by contracting with a former employee over the last year, has been instrumental in onboarding staff to ensure a successful transition.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>NA</p>
<b>F</b>	<p><b>List contractors' hourly rate and employee's hourly rate.</b></p>

	Contractor's hourly rate is \$36.27 . Temp Employee's hourly rate is \$29.04.
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Administrative Assistant III - Grade 27-0I to 27-10: Hourly Rate \$19.94-\$29.04
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).</b>
	The employee will be paid \$29.04 which is equivalent to a Grade 27, Step 10, based on Paige's overall experience. The vendor will invoice Bureau of Safe Drinking Water \$36.27 per hour based on their 24.9% markup under their State Contract.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Continued staffing vacancies have created a gap in the Bureau of Safe Drinking Water's (BSDW) overall administrative services functions. The BSDW is implementing a new budget tracking procedure and electronic management system, using a new database for the tracking of certified laboratories, and preparing to complete the Self-Assessment Questionnaire. Paige has been involved in all of these program processes and understands the intricacies, issues and workarounds. She has been a key asset to the program during the transition to new software programs, to maintain fiscal procedures, and to onboard and train new staff. Her knowledge and skills are extremely beneficial for the training of the new AAs and supporting the Bureau's fiscal needs while filling vacancies and onboarding new staff, which has been observed in her successful training efforts with the LCP program. The focus for this contract will be to train other BSDW AAs and support overall administrative services program gaps.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the current employee? (Include start and end date)</b>
	Upon approval by the Board of Examiners through June 30, 2024, or until new AA staff are trained whichever is shorter.
<b>L</b>	<b>Will the current employee be working full time or part time? If part time, how many hours?</b>
	Part-time, not to exceed an average of 25 hours per/week.
<b>M</b>	<b>Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	NA

**Comments – Provide any additional comments:**

Paige has the ability to work remotely. However, the majority of her time will be spent in the office training staff and processing paperwork that cannot be completed remotely. Those activities that can be completed remotely may be allowed.

Paige's willingness to work part-time since October 2022 has been instrumental in maintaining program needs while vacancies are filled and new staff trained. BSDW is hopeful that staff turnover will subside, and the new staff will be able to manage workloads by the end of this contract.

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



Signature of Agency Head Authorizing Request

12/05/2023

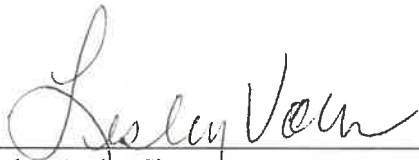
Date



Purchasing Administrator Signature (if a Statewide Contract)

12/5/2023

Date



Budget Analyst Signature

12/7/23

Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 7, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Lesley Volkov, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**


Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Jon Benedict to assist in completing an independent hydrologic review for the Department of Conservation and Natural Resources, Division of Water Resources through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Benedict retired from the department on June 30, 2023 and is receiving pension benefits. His experience as Water Commissioner provides knowledge of conjunctive water management issues specifically for the middle Humboldt River region, evaluating hydrologic impacts to natural systems and water resources for water rights. The office originally contracted with Mr. Benedict on August 8, 2023 to December 31, 2023 and requests to extend this contract from the date of approval through July 10, 2024 on a part-time basis up to 14 hours per week working remotely.

Statutory Authority:  
NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

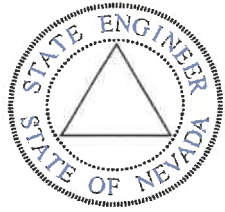
December 4, 2023

**MEMORANDUM**

To: Lesley Volkov  
From: Annette Morfin, Purchasing Officer  
Subject: CETS Contract 23927 – Marathon Staffing Group Inc.  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Jon Benedict who Marathon wants to hire. Jon recently left state service and is collecting PERS. Marathon Staffing is aware they will not be able to hire Jon until January BOE approval.

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



Nevada Division of  
**WATER RESOURCES**

STATE OF NEVADA  
Department of Conservation and Natural Resources  
Joe Lombardo, *Governor*  
James A. Settelmeyer, *Director*  
Adam Sullivan, P.E., *State Engineer*

Date: December 1, 2023

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

From: Adam Sullivan, State Engineer  
Nevada Division of Water Resources

Subject: **Authorization to Contract with Former Employee – Jon Benedict**

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The Nevada Division of Water Resources is requesting to contract with a former employee, Jon Benedict, through the use of Marathon Staffing Group, Inc. The request is made in accordance with the State Administrative Manual Chapter 0323. In his previous position, Mr. Benedict aided in the development and evaluation of multiple groundwater modeling studies, which were used to help determine the safe and sustainable amount of groundwater and surface water within certain areas of the State. In particular, he was responsible for evaluating and reviewing the hydrologic model developed by the US Geological Survey (USGS) for the middle Humboldt River region to better understand the effects of groundwater pumping on surface water rights. The Division began this modelling effort in 2015 to assist with development of a framework to conjunctively manage surface and groundwater resources. The final report documenting all of this work and the associated model was due to be published by the USGS in October 2023 but has been delayed and is now expected to be published in the first half of 2024. This former employee has been working on this effort since the beginning of this project and has completed a review of the preliminary model report and files but has not yet been able to review the final product.

Mr. Benedict has particular experience with conjunctive management issues around the state and more specifically in the Humboldt River region where NDWR is focusing its primary conjunctive management efforts. His experience with some of the hydrogeologic and policy issues associated with conjunctive management is not directly replaceable, even by hiring a consulting hydrogeologist at a much higher cost. By utilizing this former employee's knowledge and familiarity with this complex model, associated report, and conjunctive management issues, the State and the public will be better served now and into the future.

Under this contract, Mr. Benedict is expected to complete review of the final model and its associated report, assist in conducting any related analyses to validate water management scenarios, verify model output, develop surface water replacement/management tools, and continue to participate in stakeholder and other related conjunctive management meetings utilizing this and other models. The majority of this work will be conducted remotely and will require access to State computing resources, to which Mr. Benedict currently has access. No additional office space is necessary to facilitate work under this contract. This contract will also allow Mr. Benedict to work with new and existing staff to transfer knowledge about the model and associated processes. The term of the proposed contract is from BOE approval to six months after BOE approval; if additional time is needed the Division will seek a contract extension.

Please contact Levi Kryder at 775-684-2866 or [lkryder@water.nv.gov](mailto:lkryder@water.nv.gov) if additional technical information or clarification is needed, or Shannon Webb at 775-684-2880 or [s.webb@water.nv.gov](mailto:s.webb@water.nv.gov) if financial information is needed.



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Jon Benedict		
<b>Former Employee ID Number:</b>	53540		
<b>Former Job Title:</b>	Water Commissioner		
<b>Former Employee Agency:</b>	DCNR/Division of Water Resources		
<b>Former Class and Grade:</b>	<b>Class:</b>	UC.001	<b>Grade:</b>
<b>Former Employment Dates:</b>	<b>From:</b>	1/7/2014	<b>To:</b> 6/30/2023
<b>Requesting Agency:</b>	DCNR/Division of Water Resources		
<b>Vendor:</b>	Marathon Staffing Group, Inc. (Contract 99SWC-NV21-7576)		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Complete independent review of the USGS middle Humboldt River region hydrologic model and associated report. Also conduct related analyses to validate water management scenarios, verify model output, participate in stakeholder and other related technical/outreach meetings, and assist with development of conjunctive management policy.
<b>B</b>	<b>Document former job description.</b> The former job description consisted of the following work elements: #1 Evaluation of Existing Appropriations-Evaluate hydrologic aspects & potential impacts to existing appropriations, natural systems, & water resources due to new applications for water rights. #2 Recharge Programs-Day to day oversight of the Recharge Program. Assure compliance with permitting statutes and reporting requirements. Maintain accurate records of recharge, recovery and storage accounts. #3 Hydrologic Studies-Complete hydrologic studies that will aid in further defining & clarifying the ground water resources of hydrographic basins. #4 Monitoring Programs-Oversee various monitoring programs required of water rights holders that have been required as a condition of their permits. #5 Modeling Studies-Aid in the development of hydrologic & ground water modeling studies to establish the safe & sustainable rate of development of basin groundwater. #6 Other duties as assigned



<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>The former employee is being hired to retain their specialized knowledge of certain aspects of the agency's operations, as described in Question A and the attached memo in order to complete this modeling effort and begin transferring knowledge to other agency staff.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>There is currently one other employee within the agency who can perform this function, but that employee was directly involved in the development of the model and therefore cannot provide independent review.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>No, the individual overseeing the contract is not related to the contractor.</p>
<b>F</b>	<p><b>List contractors' hourly rate and employee's hourly rate.</b></p> <p>The contractor's hourly rate will be \$68.70, which equates to the contract employee receiving \$55.00/hr.</p>
<b>G</b>	<p><b>List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.</b></p> <p>Title: Water Commissioner: \$49.49/hour</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The contract rate of \$68.70/hour is derived from a base hourly rate of \$55.00 multiplied by the Marathon Staffing markup of 24.9%. The total rate is much less than that which would be associated with hiring a hydrogeologist from a consulting company. See additional justification in Item I.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>Mr. Benedict aided in the development and evaluation of multiple groundwater modeling studies and water resource management-related software tools, which were used to help determine the safe and sustainable amount of groundwater and surface water within certain areas of the State. In particular, he was responsible for evaluating and reviewing the hydrologic model developed by the US Geological Survey (USGS) for the middle Humboldt River region to better understand the effects of groundwater pumping on surface water rights. The final report documenting all of this work and the associated model was due to be published by the USGS in October 2023, but has been delayed and is now expected to be published sometime in the first half of 2024. This former employee has completed a review of the preliminary model report and files but has not yet been able to review the final product.</p> <p>Mr. Benedict has particular experience with conjunctive management issues around the state and more specifically in the Humboldt River region where NDWR is focusing its primary conjunctive management efforts. His experience with some of the hydrogeologic and policy issues associated with conjunctive management is not directly replaceable, even by hiring a consulting hydrogeologist at a much higher cost. By utilizing this former employee's knowledge and familiarity with this complex model, associated report, and conjunctive management issues, the State and the public will be better served now and into the future.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
<b>K</b>	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>Upon BOE approval to six months after BOE approval. January 9, 2024 - July 9, 2024</p>
<b>L</b>	<p><b>Will the former employee be working full time or part time? If part time, how many hours?</b></p>

	The former employee will be working part time for an average of about 14 hours per week, and about 22 weeks during the performance period.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

<b>Comments – Provide any additional comments:</b>

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

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

12/1/2023  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Purchasing Administrator Signature (if a Statewide Contract)

12/4/2023  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Budget Analyst Signature

12/7/23  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 7, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Lesley Volkov, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**


Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Matthew Tomich to assist with finalizing the documentation on programing databases to encompass duties and accounting rules for the transition to the new Modernize Your Nevada Tax database system for the Department of Taxation through statewide contract #99SWC-NV19-2461 with Guidesoft, Inc. DBA Knowledge Services.

Additional Information:

Mr. Tomich retired from the Department of Taxation on November 12, 2022 and is receiving pension benefits. Mr. Tomich will act as a Local Government Services subject matter expert for the Modernize Your Nevada Tax database system project. The office originally contracted with Mr. Tomich on September 15, 2023 to December 31, 2023 and requests to extend this contract from the date of approval until March 31, 2024 on a full-time basis.

Statutory Authority:  
NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



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

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

August 9, 2023

**MEMORANDUM**

To: Budd Milazzo

From: Ryan Vradenburg, Purchasing Officer II

Subject: Amendment for continuing services for previously approved CETS 21167 – Guidesoft, Inc. DBA Knowledge Services, IT Staffing Augmentation Services.

Attached is the amended copy of the request and form "Authorization to Contract with a Former Employee: for Matthew Tomich. Mr. Tomich will be supporting Taxation as a Business Analysts with Knowledge Services. Mr. Tomich will be leaving state service and be collecting PERS.

This form was amended to extend from 12/31/2023 to 03/31/2024.

If you have any questions, please contact me at 684-0197 or [rvradenburg@admin.nv.gov](mailto:rvradenburg@admin.nv.gov)

Purchasing 2019.\*\*



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
Web Site: <https://tax.nv.gov>  
Call Center: (866) 962-3707

LAS VEGAS OFFICE  
700 E. Warm Springs Rd, Suite 200  
Las Vegas, Nevada 89119  
Phone (702) 486-2300  
Fax (702) 486-2373

JOE LOMBARDO  
*Governor*  
GEORGE KELESIS  
*Chair, Nevada Tax Commission*  
SHELLIE HUGHES  
*Executive Director*

CARSON CITY OFFICE  
3850 Arrowhead Dr., 2<sup>nd</sup> Floor  
Carson City, Nevada 89706  
Phone: (775) 684-2000  
Fax: (775) 684-2020

RENO OFFICE  
4600 Kietzke Lane, Suite L235  
Reno, NV 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

## MEMORANDUM

**Date:** December 6, 2023  
**To:** Gideon Davis, Administrator, State of Nevada, Purchasing Division  
**From:** Joy Grimmer, ASO IV  
**Subject:** Authorization to Contract with a Former Employee

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The Department of Taxation is requesting to amend a contract with former state employee, Matthew Tomich, through the use of Knowledge Services, to extend the end date from December 31, 2023 to March 31, 2024. This request is made in accordance with the State Administrative Manual Chapter 0323. In his previous position, Mr. Tomich was responsible for duties at all levels in the Local Government Services Division (LGS). Some of these duties included overseeing the training of Division staff as well as providing training to County Assessors. Mr. Tomich had the unique skill set of accounting and programming to be able to bring the State many efficiencies in developing the current billing, collection and distribution system by LGS. The hiring of the contractor is needed and justified to ensure the billing, collection and distribution of the Net Proceeds of Minerals Tax and the Centrally Assessed Property taxes are done correctly and timely and to integrate into the Unified Tax System as part of Project MYNT.

Through this contract, Mr. Tomich will act as a Local Government Services subject matter expert for Project MYNT. The expertise and specialized knowledge that he possesses will be utilized and documented as part of Project MYNT. It will be invaluable in keeping the timeline for the project without creating any disruptions to the Division's daily functions.

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

Thank you,

Joy Grimmer, Administrative Services Officer IV  
Nevada Department of Taxation



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	Matthew Tomich			
<b>Former Employee ID Number:</b>	50427			
<b>Former Job Title:</b>	Management Analyst III			
<b>Former Employee Agency:</b>	Taxation			
<b>Former Class and Grade:</b>	<b>Class:</b>	7.624	<b>Grade:</b>	37
<b>Former Employment Dates:</b>	<b>From:</b>	October 22, 2012	<b>To:</b>	November 12, 2022
<b>Requesting Agency:</b>	Taxation			
<b>Vendor:</b>	Knowledge Services			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
<b>X</b>	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	Matthew Tomich will finalize documentation on programming Databases to encompass duties and accounting rules for varying tax types to transition to MYNT (Modernize Your Nevada Tax) and ensure proper programming and rules are in place for the correct billing, collection and distribution of complicated taxes. This position will be a Business Analyst II position as he will no longer be overseeing training of County Assessors or Department Staff but will be documenting the intricate programming and processes of the billing and distribution databases to ensure the smooth transition of tax types into the new MYNT database.
	<b>Document former job description.</b>
<b>B</b>	Matthew Tomich worked with the State of Nevada for over ten years, starting in October of 2012 and retired on November 12, 2022.  Former position: He oversaw the training of Department staff as well as providing training to County Assessors. When Mr. Tomich started, much of the billing, collection and distribution of taxes were kept in primitive software applications. Mr. Tomich had the unique skill set of accounting and programming to be able to bring the State many efficiencies in developing the current billing, collection, and distribution system. He was the architect of the development of these systems. Because of his unique knowledge, his ability to provide Ad Hoc reporting and in maintaining the programming of the databases in which these tax types are stored and worked from, was exemplary. He also developed and maintained

	financial reports which Local Governments used to develop their annual budget. He provided projections and developed reports for various State Agencies.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Yes, both specialized knowledge and skill set. Yes, Knowledge will be documented and readied for transfer and transition into new billing system.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> Employees in the Division have been learning and training on these topics for a period of time. There has been a lot of knowledge transfer, but the maintenance of the programming and adjusting the program to adopt to recent legislative changes has been difficult. Staff do not have the current programming knowledge and the history of the functionality of the taxes to be able to document the database to ensure a smooth and successful transition into the new Unified Tax System.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> Not Applicable.
<b>F</b>	<b>List contractors' hourly rate.</b> \$54.05 is the hourly rate to the Vendor. After the percentage cut from Knowledge Services (7%), the hourly rate to the contractor (former employee) is \$50.26.
<b>G</b>	<b>List the range of comparable State employee rates.</b> The hourly wage for Management Analyst III on the employee/employer paid retirement is \$62.80. (Salary \$94,335.84 + Fringe of approx. \$36,789.32 = Total \$131,125.16/2088 hours = \$62.80 per hour)
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
<b>I</b>	<b>Document justification for hiring contractor.</b> The hiring of the contractor is needed and justified to ensure the billing, collection, and distribution of the Net Proceeds of Minerals Tax and the Centrally Assessed Property taxes are done correctly and timely and to integrate into the Unified Tax System as part of Project MYNT. The previous employee has intimate knowledge and ability to make sure this is a successful transition.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> January BOE approval through March 31, 2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Full time.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> No.

**Comments – Provide any additional comments:**





Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 1, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Jason Marty in the Department of Transportation, Maintenance and Asset Management Division through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

Additional Information:

Mr. Marty retired from the department as Maintenance Management Coordinator 1, September 19, 2023 and is receiving pension benefits. There are currently insufficient staff to manage the work of the Maintenance and Asset Management Division. This position has been advertised but has not received qualified candidates. The office requests to contract with Mr. Marty from May 1, 2024 through June 11, 2024 on a full time basis.

Statutory Authority:

NRS 333.705 (1)

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



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*  
515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: (775) 684-0170 | Fax: (775) 684-0188

November 6, 2023

**MEMORANDUM**

**To:** Budd Milazzo  
**From:** Annette Morfin, Purchasing Officer  
**Subject:** CETS Contract 23928 – HAT LTD Partnership dba Manpower  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Jason Marty who Manpower wants to hire. Jason Marty has recently left state service and will be collecting PERS.

Manpower is aware that this request will need BOE approval.

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



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

## MEMORANDUM

November 6, 2023

**To:** Department of Administration, Purchasing Division  
**From:** Tracy Larkin Thomason, P.E., Director  
**Subject:** Authorization to Contract with a Former Employee – Jason Marty

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### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Jason Marty. Mr. Marty retired from state service on September 19, 2023. He intends to be employed by Manpower Temporary Services. NDOT would like utilized Mr. Marty's services through the current Contract for Services of Independent Contractors with Manpower Temporary Services, Master Blanket Purchase Order 99SWC-NV21-7577, RFP# 99SWC-S1406 CETS# 23928, administered by the Department of Administration Purchasing Division. Mr. Marty will be supporting NDOT's Maintenance & Asset Management Division to sustain the Maintenance Management System (MMS). Mr. Marty has not worked with Manpower Temporary Services during his tenure with the department and has not been involved in the procurement of any of the current agreements. Mr. Marty will not be working remotely.


### BACKGROUND

Currently, NDOT has insufficient staff, expertise, and qualified candidates to successfully manage the workload, size, and scope of the MMS. The Maintenance Coordinator 1 position Mr. Marty retired from has been advertised, but a lack of qualified candidates has left the department grossly understaffed in this area. The recruit will still be open and regularly evaluated to find a successful candidate. However, Mr. Marty's support will be paramount to the success of the MMS program in the interim. Once approved, Mr. Marty will be under a six-month agreement beginning in December 2023. Should the Coordinator 1 position still be vacant in June of 2023, this contract will be extended until December of 2024.

In this role he will be reviewing, verifying, entering and extracting inspections and audits of maintenance operations and conduct training for maintenance personnel within the MMS. He will also be conducting field reviews, audits and quality assurance inspections of district maintenance activities and district financial accounting documents including on-site observation to ensure accuracy of information entered into the system database and compliance with system procedures and prepare and submit report summarizing findings and recommendations.

### RECOMMENDATION

NDOT respectfully requests your consideration for approval, for Manpower Temporary Services to engage Mr. Marty as a member of their staffing team to augment NDOT's MMS program through the Master Blanket Purchase Order 99SWC-NV21-7577.

DocuSigned by:  
  
59F82CD438AD46A

Tracy Larkin Thomason, P.E., Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Jason Marty		
<b>Former Employee ID Number:</b>	12641		
<b>Former Job Title:</b>	Maintenance Management Coordinator 1		
<b>Former Employee Agency:</b>	Nevada Department of Transportation (NDOT)		
<b>Former Class and Grade:</b>	<b>Class:</b>	Fiscal Mgmt. 7.737	<b>Grade:</b> 35-10
<b>Former Employment Dates:</b>	<b>From:</b>	April 8, 1996	<b>To:</b> September 19, 2023
<b>Requesting Agency:</b>	NDOT		
<b>Vendor:</b>	Manpower, Master Blanket Purchase Order 99SWC-NV21-7577		

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

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Maintain the Enterprise Asset Management System by reviewing, verifying, inputting and extracting data. Incumbents perform inspections/audits of maintenance operations and conduct training for maintenance personnel. Conduct field reviews, audits and quality assurance inspections of district maintenance activities and district financial accounting documents including on-site observation; ensure accuracy of information entered into the system database and compliance with system procedures; prepare and submit report summarizing findings and recommendations.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Maintenance Management Coordinators work in the Department of Transportation and maintain the Enterprise Asset Management System by reviewing, verifying, inputting and extracting data. Incumbents perform inspections/audits of maintenance operations and conduct training for maintenance personnel to ensure work is performed in compliance with standards and guidelines. Maintain various data case files/inventories regarding maintenance equipment, costs and activities by conducting physical inventories and/or collecting and compiling information from existing files and contracts and other personnel; provide management with accurate and timely data, generate preliminary budgets for each district and prepare bid specifications for acquisition of materials. Conduct field reviews, audits and quality assurance inspections of district maintenance activities and district financial accounting documents including on-site observation; ensure accuracy of information entered into the system database and compliance with system procedures; prepare and submit report summarizing findings and recommendations.</p>

<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, efforts to fill the position have yet to proven fruitful, but the position remains open until filled. Mr. Marty has extensive experience in this position and the critical nature of the quality control conducted by this position makes it imperative that these duties are adequately completed.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>Lack of interested and qualified applicants has proven to be the primary challenge. Efforts to fill this position are ongoing.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>None, no relevant relationships within the Department.</p>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>The contractor's hourly rate with fees is \$64.80 per hour. The temp employee's hourly rate without fees is \$54.00 per hour.</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p> <p>\$41.26 (Grade 35) Maintenance Manager Coordinator 1</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The current rate is essentially the same employee salary with the additional markup due to the overhead etc. for the temp agency.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>We are actively seeking to fill the vacated position. This temporary status will serve as a stop gap measure to assist the Department until the vacancy can be adequately filled and thus avoid negative ramifications within the Department.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
<b>K</b>	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>Start: May 1, 2024 End: June 11, 2024</p>
<b>L</b>	<p><b>Will the former employee be working full time or part time? If part time, how many hours?</b></p> <p>Full time</p>
<b>M</b>	<p><b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p> <p>None</p>

**Comments – Provide any additional comments:**

The Department is grateful Mr. Marty is willing to come back and assist us by filling the void until his position can be permanently filled.

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

DocuSigned by:  
 10/03/2023  
Signature of Agency Head Authorizing Request Date

*Linda DeLoach* for Gideon Davis 11-07-23  
Purchasing Administrator Signature (if a Statewide Contract) Date

 12/20/23  
Budget Analyst Signature Date

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

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 21, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – DIVISION OF DIGNITARY PROTECTION**

Agenda Item Write-up:


Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$85,175 from the Interim Finance Committee Contingency Account to cover costs associated with providing dignitary protection to the Governor.

Additional Information:

The division requests this amount to continue security for the Governor and his family for the remainder of the fiscal year.

Statutory Authority:

NRS 353.268

REVIEWED: 
ACTION ITEM: _____



**Joe Lombardo**  
*Governor*



**Nevada Department of  
Public Safety**  
Dedication Pride Service

**George Togliatti**  
*Director*

**Sheri Brueggemann**  
*Deputy Director*

## **Director's Office**

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

## **Memorandum**

DATE: November 17, 2023  
TO: Amy Stephenson, Director  
FROM: Curtis Palmer, ASO IV *cp*  
THROUGH: George Togliatti, Director  
SUBJECT: Request for IFC Contingency Funds FY24

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Pursuant to NRS 353.268(2), the Department of Public Safety, Dignitary Protection, respectfully requests a favorable decision and recommendation from the Board of Examiners for use of IFC Contingency funds to increase Budget Account 4738 for funding of operational (Category 04) and travel (Categories 02 and 03) expense categories.

The division has worked to minimize travel costs by utilizing the state plane when possible, and having the Detail stay at a cottage at the Governor's Mansion versus using a hotel when in Carson City. Even with these efforts, the division projects a shortfall for In and Out of State travel for the remainder of the fiscal year.

Additionally, the division projects a shortfall in Operating authority. The division was budgeted for six leased vehicles but has added three more due to increased Officer staffing in FY22. A shortfall in fuel is also projected due to these additional vehicles and increased fuel costs.

The total projected dollar amount for the added expenditure in noted categories in fiscal year 2024 is \$85,175. Please see the attached projection.



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: December 8, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**GOVERNOR'S OFFICE FOR NEW AMERICANS**

Agenda Item Write-up:


Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of \$21,880 from the Interim Finance Committee Contingency Account to cover a projected shortfall for the remainder of the fiscal year.

Additional Information:

The budget closing in the 2021 legislature directed that unused grant funds be used before closing the 2023 fiscal year. The 2023-2025 legislatively approved budget projected \$21,880 in remaining grant funds being balanced forward and used to cover expenses during fiscal year 2024. At the closing of fiscal year 2023, the reserves were depleted to comply with the legislature's closing instructions and the agency reverted General Fund to offset usage of reserved grant funds. The depletion of reserves left the 2024 budget \$21,880 short of balance forward funds. This shortfall was offset to the Department Cost Allocation category, which subsequently has insufficient authority to meet its obligations for the year.

Statutory Authority:

NRS 353.268

REVIEWED: 
ACTION ITEM: _____

JOE LOMBARDO  
GOVERNOR

IRIS JONES  
DIRECTOR



STATE OF NEVADA  
GOVERNOR'S OFFICE FOR NEW AMERICANS

555 E. Washington Ave., Ste. 5600  
Las Vegas, Nevada 89101

MEMORANDUM

DATE: November 30, 2023

TO: Board of Examiners, Interim Finance Committee

FROM: Iris Jones, Director for the Governor's Office for New Americans *IJ*

SUBJECT: Fiscal Year 2024 Request for Contingency Funds

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The primary funding source for the Office of New Americans (ONA) is General Fund Appropriations. The ONA was not appropriated sufficient General Fund Appropriations in fiscal year 2024 to fund the core operations. The ONA received a two-year, private grant beginning in fiscal year 2020 that supported 1.0 FTE and associated operating costs. A balance forward of \$21,880 from this private grant was included in the revenue for fiscal year 2024 without an associated expense authority in the Reserve category.

In fiscal year 2023, these remaining grant funds were fully spent. To complete the fiscal year closing, the balance forward amount was required to be reduced by from fiscal year 2024 via work program C65214. An associated Reserve category was not budgeted, and an equitable expense category had to be reduced. As such, the Department Cost Allocation category was chosen as the least directly impacted operational category. With this authority reduction, the ONA does not have sufficient authority or General Fund Appropriations to pay the legislatively approved cost allocations to the Division of Human Resource Management (DHRM), Administrative Services Division (ASD), and the Office of the Chief Information Officer (OCIO).

The Office of New Americans has exhausted all other funding options and therefore requests recommendation for an allocation of \$21,880 from the Interim Finance Committee for fiscal year 2024 to meet the legislatively approved cost allocations and not result in associated revenue shortfalls for the DHRM, the ASD, and the OCIO.

# State of Nevada Work Program

**WP Number: C65739**

**FY 2024**

Add Original Work Program

**XXX** Modify Work Program

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF _____
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
11/06/23	101	010	1007	OFFICE FOR NEW AMERICANS

### Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	21,880	0	21,880
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>21,880</b>		<b>21,880</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>21,880</b>		

### Expenditures

CAT	Amount	CAT	Amount
82	21,880		
Sub Total Category Expenditures			21,880

**Remarks**  
 This work program requests an increase in Transfer from Interim Finance and an increase in the Department Cost Allocation category, to fund a shortfall due to balance forward shortage.

**Total Budgetary General Ledgers and Category Expenditures (AP)** **21,880**

\_\_\_\_\_ **mlynn** \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_ **12/04/23** \_\_\_\_\_  
 Date

\_\_\_\_\_ **Controller's Office Approval** \_\_\_\_\_

Does not require Interim Finance approval since Pursuant to NRS 353.268, Allocation of IFC Contingency Funds

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 6, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer *KH*  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF TRANSPORTATION – ADMINISTRATIVE SERVICES**

Agenda Item Write-up:

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Highway Maintenance Worker III positions.

Additional Information:

The department continues to report difficulties in recruitment and retention of Highway Maintenance Worker positions. A critical labor shortage designation will allow the department to utilize retired employees to fill ongoing vacant positions while the department seeks out a long-term solution to the issue it faces with recruiting and retaining these positions. The department requests that positions be designated critical labor for a period of six months.

Statutory Authority:

NRS 286.510 - 286.523

REVIEWED: <i>[Signature]</i> _____
ACTION ITEM: _____



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
1263 S. Stewart Street  
Carson City, Nevada 89712

TRACY LARKIN THOMASON, P.E., *Director*

In Reply Refer to:

December 6, 2023

Dear Mr Hawkins ,

The Nevada Department of NDOT is requesting approval for a Critical Labor Shortage Designation for our Highway Maintenance workers. We have compiled the following information and can provide anything additional that may be needed.

**Positions requesting to designate as critical needs:**

- District I
  - Highway Maintenance Worker III PCN#721007 8/2022
  - Highway Maintenance Worker III PCN#171004 4/2023
  - Highway Maintenance Worker III PCN#157004 5/2022
- District II
  - Highway Maintenance Worker III PCN#271004 9/2022
  - Highway Maintenance Worker III PCN#245003 2/2023
  - Highway Maintenance Worker III PCN#270011 5/2023
- District III
  - Highway Maintenance Worker III PCN#018051 11/2022
  - Highway Maintenance Worker III PCN#351016 3/2023
  - Highway Maintenance Worker III PCN#351010 1/2023

**Why these positions are critical to the department and public:**

The Nevada Department of Transportation staffing levels are at a critical low. With staffing levels of skilled Highway Maintenance Worker IIIs at an all-time low, the Department is not able to perform the level of service to the motoring public that is acceptable or safe.

Under general supervision, Highway Maintenance Workers IIIs are responsible for the maintenance, repair, construction, sweeping, and cleaning of state highways, curbs, gutters, storm drains, right-of-way and similar facilities. Other responsibilities include crack sealing and asphalt patch repair, setting up traffic control devices and directing traffic at work sites, accident scenes, natural disaster, etc.; operating dump trucks, hauling and spreading gravel along with operating the truck as a plow/sander during the winter months; operating a variety of heavy equipment to include but not limited to; loaders, backhoes, asphalt rollers, culvert flushers, snow blowers, chip spreaders and other equipment used in highway and drainage maintenance work.

**Efforts made to recruit and maintain these positions:**

NDOT Human Resources has opened multiple recruitments through Success Factors and now NEATS. We have accepted walk-in applications/resumes, been to career fairs, done media broadcasts and promoted employees to spread the word.

**History on the vacancy rate:**

NDOT has 418 permanent Highway Maintenance Worker III positions with 171 of those positions vacant as of 12/5/23. We are currently sitting at 41% vacancy throughout the state.

**Positions roster of the vacant positions:** Please see attached Worker III Vacant Positions

Please let me know if further information is needed and thank you,



Jessica Cutts  
Assistant Chief of Administrative Services  
Nevada Department of Transportation



History of recruitments and number of qualified candidates for HMW

Location	Recruitment	Date	Eligible #
Reno	Recruitment 43705 – HWY Maintenance Worker 2	8/30/2023	3 eligibles
Reno	Recruitment 44121 – Seasonal HWY Maintenance Worker 2	9/15/2023	0 eligibles
Las Vegas	Recruitment 45132 – HWY Maintenance Worker 2	11/13/2023	34 eligibles
Carson City	Recruitment 43707 – HWY Maintenance Worker 2	9/1/2023	9 eligibles
Carson City	Recruitment 44111 – Seasonal HWY Maintenance Worker 2	9/15/2023	0 eligibles
Elko	Recruitment 45373 – HWY Maintenance Worker 2	12/4/2023	5 eligibles
Elko	Recruitment 43915 – Seasonal HWY Maintenance Worker 2	9/7/2023	3 eligibles
Ely	Recruitment 43651 – HWY Maintenance Worker 2	08/22/23	0 eligibles
Ely	Recruitment 43917 – Seasonal HWY Maintenance Woker 2	09/06/23	0 eligibles
Winnemucca	Recruitment 45370 – HWY Maintenance Worker 2	12/04/23	1 eligible

Highway maintenance worker recruitments are posted in NEATS as “Until Recruitment Needs are Satisfied”.  
 NDOT rarely gets an applicant qualified at the 2 or 3 level. All applicants would need to start at the lowest level and it takes multiple years to fully train them.  
 As of January 2, 2024, there were 91 vacant HMW positions statewide.

Agency	Agency Name	Work Loc	Duty Loc	Org	Posn	NBI	Last Namt	Vacant Date	Yrs	Mths	Days	Position Title	Description	Grade	CDL	INC	Authorized FTE	INC	Filled FTE
800	DEPARTMENT OF TRANSPORTATION	NC272	CC0290	4660	245003	VACANT,	2/24/2023	000	08	21		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC270	CC0290	4660	270009	VACANT,	10/3/2023	000	01	14		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC270	CC0290	4660	270011	VACANT,	5/5/2023	000	06	12		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	271004	VACANT,	9/19/2022	001	01	28		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC272	CC0290	4660	272004	VACANT,	7/22/2023	000	03	26		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC247	CC0290	4660	940748	VACANT,	10/19/2019	004	00	29		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC712	CC0290	4660	940750	VACANT,	9/4/2017	006	02	13		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC283	CC0290	4660	940794	VACANT,	4/28/2023	000	06	19		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	940795	VACANT,	12/2/2019	003	11	15		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC272	CC0290	4660	940799	VACANT,	12/2/2019	003	11	15		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC270	CC0290	4660	940813	VACANT,	4/20/2019	004	06	27		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	940818	VACANT,	11/24/2018	004	11	23		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC270	CC0290	4660	940819	VACANT,	4/20/2018	005	06	27		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	940821	VACANT,	12/12/2015	007	11	05		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	940823	VACANT,	1/20/2018	005	09	28		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC271	CC0290	4660	940825	VACANT,	3/10/2018	005	08	07		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC322	CN0005	4660	940828	VACANT,	3/21/2020	003	07	27		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC379	EK0065	4660	18051	VACANT,	11/1/2022	001	00	16		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC324	EK0065	4660	324003	VACANT,	5/18/2023	000	05	30		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC335	EK0065	4660	324004	VACANT,	10/3/2023	000	01	14		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	350002	VACANT,	5/8/2023	000	06	09		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	340015	VACANT,	8/13/2023	000	03	04		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC350	EK0065	4660	340813	VACANT,	5/23/2019	004	05	25		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC350	EK0065	4660	350006	VACANT,	8/1/2023	000	03	16		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC351	EK0065	4660	351010	VACANT,	1/13/2023	000	10	04		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC713	EK0065	4660	940741	VACANT,	10/19/2018	005	00	29		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC332	EK0065	4660	940745	VACANT,	4/15/2022	001	07	02		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940747	VACANT,	4/29/2023	000	06	18		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC350	EK0065	4660	940749	VACANT,	8/19/2016	007	02	29		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC350	EK0065	4660	940751	VACANT,	4/16/2021	002	06	30		9.12 HWY MAINTENANCE WORKER 3		29 N		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC351	EK0065	4660	940786	VACANT,	8/15/2022	001	03	02		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC336	EK0065	4660	940787	VACANT,	10/17/2022	001	00	31		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC336	EK0065	4660	940788	VACANT,	11/9/2022	001	00	08		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940789	VACANT,	11/2/2022	001	00	15		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC351	EK0065	4660	940829	VACANT,	12/4/2019	003	11	13		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC379	EK0065	4660	940830	VACANT,	4/17/2020	003	06	30		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940832	VACANT,	2/28/2020	003	08	18		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940835	VACANT,	4/18/2020	003	06	29		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC351	EK0065	4660	940836	VACANT,	12/10/2019	003	11	07		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940837	VACANT,	3/3/2023	000	08	14		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0
800	DEPARTMENT OF TRANSPORTATION	NC340	EK0065	4660	940838	VACANT,	10/1/2021	002	01	16		9.12 HWY MAINTENANCE WORKER 3		29 Y		1	1	0	0



800 DEPARTMENT OF TRANSPORTATION	NC157	LV0010	4660	157004 VACANT,	5/10/2022 001 06 07	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC171	LV0010	4660	171004 VACANT,	4/11/2023 000 07 06	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC101	LV0010	4660	940790 VACANT,	10/22/2018 005 00 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC145	LV0010	4660	940843 VACANT,	3/5/2018 005 08 12	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC145	LV0010	4660	940845 VACANT,	4/21/2018 005 06 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC160	LV0010	4660	940848 VACANT,	4/21/2018 005 06 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC327	RF0005	4660	940831 VACANT,	10/13/2020 003 01 04	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC331	RV0010	4660	331004 VACANT,	2/17/2023 000 09 10	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC331	RV0010	4660	940746 VACANT,	4/17/2021 002 06 30	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC240	SP0010	4660	240002 VACANT,	3/8/2021 002 08 09	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC240	SP0010	4660	240005 VACANT,	2/10/2023 000 09 07	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC240	SP0010	4660	240007 VACANT,	5/22/2023 000 05 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC241	SP0010	4660	241003 VACANT,	9/25/2023 000 01 22	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC241	SP0010	4660	241004 VACANT,	3/6/2023 000 08 11	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC241	SP0010	4660	241005 VACANT,	7/23/2022 001 03 25	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC241	SP0010	4660	241006 VACANT,	5/14/2022 001 06 03	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC241	SP0010	4660	241008 VACANT,	4/4/2022 001 07 13	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC242	SP0010	4660	242005 VACANT,	12/2/2022 000 11 15	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC242	SP0010	4660	242006 VACANT,	10/18/2021 002 00 30	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC242	SP0010	4660	242007 VACANT,	7/13/2022 001 04 04	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC243	SP0010	4660	243005 VACANT,	6/26/2023 000 04 21	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	250003 VACANT,	4/23/2022 001 06 24	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	250006 VACANT,	5/1/2023 000 06 16	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	250011 VACANT,	10/31/2022 001 00 17	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	251006 VACANT,	1/23/2023 000 09 25	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	251007 VACANT,	4/29/2023 000 06 18	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	251008 VACANT,	7/26/2023 000 03 22	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	251010 VACANT,	4/23/2022 001 06 24	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	252002 VACANT,	8/11/2022 001 03 06	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	252005 VACANT,	7/1/2022 001 04 16	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	252016 VACANT,	7/26/2021 002 03 22	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC253	SP0010	4660	253003 VACANT,	11/27/2021 001 11 20	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC253	SP0010	4660	253007 VACANT,	1/9/2023 000 10 08	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC253	SP0010	4660	253010 VACANT,	12/4/2021 001 11 13	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC270	SP0010	4660	253011 VACANT,	1/7/2023 000 10 10	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC245	SP0010	4660	270005 VACANT,	7/14/2023 000 04 03	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	940743 VACANT,	8/2/2019 004 03 15	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	940797 VACANT,	2/9/2019 004 09 08	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	940798 VACANT,	4/19/2019 004 06 28	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	940801 VACANT,	4/19/2019 004 06 28	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC236	SP0010	4660	940802 VACANT,	4/21/2017 006 06 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC250	SP0010	4660	940805 VACANT,	4/28/2023 000 06 19	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC281	SP0010	4660	940806 VACANT,	4/17/2023 000 06 30	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	940808 VACANT,	12/3/2019 003 11 14	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	940810 VACANT,	4/17/2021 002 06 30	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC251	SP0010	4660	940811 VACANT,	1/15/2018 005 10 02	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC253	SP0010	4660	940812 VACANT,	4/4/2020 003 07 13	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0

800 DEPARTMENT OF TRANSPORTATION	NC252	SP0010	4660	940814 VACANT,	1/29/2018 005 09 19	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC253	SP0010	4660	940815 VACANT,	4/20/2018 005 06 27	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC203	SS0040	4660	940784 VACANT,	2/27/2021 002 08 18	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC123	TO0035	4660	123004 VACANT,	6/9/2023 000 05 08	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC143	TO0035	4660	143003 VACANT,	9/4/2023 000 02 13	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC170	TO0035	4660	170007 VACANT,	5/12/2023 000 06 05	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC172	TO0035	4660	172003 VACANT,	6/8/2023 000 05 09	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC175	TO0035	4660	173002 VACANT,	5/6/2022 001 06 11	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC177	TO0035	4660	175004 VACANT,	11/18/2021 001 11 29	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC177	TO0035	4660	177002 VACANT,	3/18/2023 000 07 30	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC177	TO0035	4660	177004 VACANT,	8/29/2023 000 02 19	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC332	WE0030	4660	332804 VACANT,	1/25/2021 002 09 23	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC332	WE0030	4660	940833 VACANT,	11/22/2019 003 11 25	9.12 HWY MAINTENANCE WORKER 3	29 N	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC335	WE0030	4660	940834 VACANT,	10/1/2021 002 01 16	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	341005 VACANT,	4/29/2022 001 06 18	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC370	W00030	4660	370004 VACANT,	9/29/2023 000 01 18	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC370	W00030	4660	370008 VACANT,	2/27/2023 000 08 18	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC370	W00030	4660	370009 VACANT,	7/28/2023 000 03 20	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	370010 VACANT,	4/21/2023 000 06 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371002 VACANT,	11/20/2021 001 11 27	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371003 VACANT,	5/17/2023 000 05 31	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371004 VACANT,	12/11/2021 001 11 06	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371006 VACANT,	3/20/2023 000 07 28	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371008 VACANT,	5/19/2022 001 05 29	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC371	W00030	4660	371009 VACANT,	1/1/2022 001 10 16	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC372	W00030	4660	372007 VACANT,	11/2/2022 001 00 15	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374004 VACANT,	7/13/2021 002 04 04	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374006 VACANT,	5/13/2022 001 06 04	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374006 VACANT,	6/16/2023 000 05 01	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374007 VACANT,	7/23/2021 002 03 25	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374008 VACANT,	5/5/2023 000 06 12	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC374	W00030	4660	374010 VACANT,	6/21/2023 000 04 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC370	W00030	4660	940844 VACANT,	3/22/2021 002 07 26	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC372	W00030	4660	940847 VACANT,	4/28/2023 000 06 19	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC920	W00060	4660	940791 VACANT,	1/26/2023 000 09 22	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC236	YE0045	4660	940796 VACANT,	1/11/2021 002 10 06	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0
800 DEPARTMENT OF TRANSPORTATION	NC236	YE0045	4660	940822 VACANT,	2/22/2020 003 08 24	9.12 HWY MAINTENANCE WORKER 3	29 Y	1	1	0	0

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORT SERVICES	PARK CENTER TOWER, LLC	\$1,328,495
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2028</b>	<b>Located in Reno</b>
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORT SERVICES	CVV, LLC	\$161,792
		This is an amendment to modify the tenancy.	
	<b>Term of Lease:</b>	<b>07/01/2023</b> – <b>02/28/2026</b>	<b>Located in Las Vegas</b>
3.	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL DIVISION	2 BIT RANCH, LLC	\$41,965
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>12/1/2023</b> – <b>11/30/2030</b>	<b>Located in Eureka</b>
4.	OFFICE OF THE MILITARY	CFT NV DEVELOPMENTS, LLC	\$238,387
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2028</b>	<b>Located in Las Vegas</b>
5.	DEPARTMENT OF PUBLIC SAFETY – BOARD OF PAROLE COMMISSIONERS	1677 OLD HOTSPRINGS, LLC	\$2,302,825
		This is an amendment to modify the lessor.	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2028</b>	<b>Located in Carson City</b>

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	HRK 12.13.23
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Welfare Supportive Services - Reno PAO  
 1470 College Parkway  
 Carson City, Nevada 89706  
 Karen Killian  
 T: 702-538-2833 E: kkillian@dwss.nv.gov

Remarks: Renewal of existing lease. This location serves customers. This has been approved by Director Jack Robb to proceed. Current Market Rate \$2.09, Current Rate \$2.00, Negotiated at \$1.87 for the first year.

Exceptions/Special notes: Tenant Improvements - East Office: Window Blinds, Storage cabinets in a 15'X13' area. West Office: Window blinds, comparable cabinets with work surface to match existing cabinets in East office. Storage cabinets in Entry area and breakroom

2. Name of Lessor: Park Center Tower LLC

3. Address of Lessor: PO Box 39000 Dept 34166  
 San Francisco, CA 94139-9000

4. Property contact: Basin Street Properties  
 50 West Liberty, Suite 250  
 Reno, Nevada 89501  
 Attn: Jacob Chaparian  
 T: 775-954-2833 E: jchaparian@basin-street.com

5. Address of Lease property: 300 East Second Street, Suites 1200 & 1250  
 Reno, NV 89501

a. Square Footage:  Rentable  
 Usable 11,425

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
-6.5% \$ 21,364.75	12	\$ 256,377.00	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.87
3% \$ 22,005.69	12	\$ 264,068.28	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.93
0% \$ 22,005.69	12	\$ 264,068.28	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.93
3% \$ 22,665.86	12	\$ 271,990.32	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.98
0% \$ 22,665.86	12	\$ 271,990.32	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.98
						\$1.94

c. Total Lease Consideration: 60 \$ 1,328,494.20

d. Total Improvement Cost: \$0.00

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

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

g. Term: Five (5) Years

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

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: CoStar Market Rate is \$2.09 a sf, Current Rate \$2.00 a sf, Negotiated Rate \$1.87 a sf

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

n. Lease will be paid for by Agency Budget Account Number: 3233, 3238

6. This lease constitutes:  An extension of an existing lease  
 An addition to current facilities (requires estimated expenses)  
 A relocation (requires estimated expenses)  
 A new location (requires estimated expenses)  
 Remodeling only  
 Other

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

RECEIVED  
 DEC 08 2023  
 GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

Authorized Agency Signature: [Signature] Date: 12/06/2023

For Public Works Information:

7. State of Nevada Business License Information:

Form with questions a-j regarding Nevada business license information, including ownership type (LLC, INC, CORP, LP) and Nevada Business ID Number (NV20071410779).

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

Form with questions a-b regarding compliance with NRS 331.110, Section 1, Paragraph 2.

Authorized Signature: [Signature] FOR Date: 12/7/23

Public Works Division JSBM For Board of Examiners [ ] YES [ ] NO



Joe Lombardo  
Governor



Jack Robb  
Director

Matthew Tuma  
Deputy Director

Kent A. LeFevre  
Administrator

**Carson City Office:**  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701  
Phone: (775) 684-4141

Buildings & Grounds Section  
Phone: (775) 684-1800

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**PUBLIC WORKS DIVISION**

**Las Vegas Office:**  
2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

Buildings & Grounds Section  
Phone: (702) 486-4300

Date: December 13, 2023

To: Aaron Frantz, Executive Branch Budget Officer

From: Becky McCabe, Public Works Division, Leasing Services  
becky.mccabe@admin.nv.gov

Subject: Retroactive Memo for placement on the January Board of Examiners Meeting, for Department of Health and Human Service, Division of Welfare and Supportive Services for 300 East Second Street, Suite 1200 & 1250, Reno, Nevada 89501, Nevada

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This memo is clarification for a retroactive start date of January 1, 2024, for the Department of Health and Human Service, Division of Welfare and Supportive Services, the Lessor is Park Center Tower, LLC.

The negotiation for this lease started in July. The agency requested Tenant Improvements for this location and the owner was trying to put those costs in the rental rate. The agency also stalled this lease due to the IT Room needing a different cooling mechanism. The owner came up with a way to cool the room and provide a drip line for it at a rate substantially lower than it would have cost them to install the mine-split the agency was requesting. The cost for the TI's were not charged to the agency (see attached email) and the Lessor has made the IT room at the temperature the lease states. The routing of the lease for signatures was stalled due to the Thanksgiving Holiday.

Retroactive language has been added to this lease. The lease commencement date is January 1, 2024, the anticipated Board of Examiners meeting is on January 9, 2024, thus the retroactive language.

Thank You,

Becky McCabe

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	AKF 12-13-23
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

**RECEIVED**

NOV 22 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Department of Health and Human Services  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, Nevada 89706  
Karen Killian  
T: 702.631.2367 E: kkillian@dwss.nv.gov

Remarks: Division of Welfare and Supportive Services is assuming the existing lease that use to be a part of Division of Public and Behavioral Health. No terms to the existing lease are changing other then the agency who now oversees the Childcare Licensing Offices. Current Rate \$1.85 Market Rate \$2.41.

Exceptions/Special notes: During the 82nd (2023) Session of the Nevada Legislature these services were transferred.

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: CVV, LLC

4. Address of Lessor: c/o MDL Group  
5960 South Jones Boulevard

5. Property contact: Alia Glenn  
T: 702.388.1800 E: aglenn@mdlgroup.com

6. Address of Lease property: 3811 West Charleston Boulevard, Suite 210  
Las Vegas, Nevada 89102

a. Square Footage:  Rentable  
 Usable 2,681

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
\$ 4,971.66	8	\$ 39,773.28	July 1, 2023 - February 29, 2024	\$0.00	\$0.00	\$1.85
1% \$ 5,046.23	12	\$ 60,554.76	March 1, 2024 - February 28, 2025	\$0.00	\$0.00	\$1.88
2% \$ 5,121.93	12	\$ 61,463.16	March 1, 2025 - February 28, 2026	\$0.00	\$0.00	\$1.91
	32	\$ 161,791.20				

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Two (2) years and eight (8) months

h. Pass-thrus/CAM/Taxes  Landlord  Tenant

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: Current Rate \$1.85 Market Rate \$2.41

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

n. Lease will be paid for by Agency Budget Account Number: 3149

7. This lease constitutes:

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

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

**STATEWIDE LEASE INFORMATION**

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

  
\_\_\_\_\_  
Authorized Agency Signature                      11/02/2023  
Date

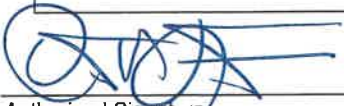
For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited-Liability Company	
f. Nevada Business ID Number:	NV20181605314	Exp: 8/31/2024
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO Paracorp Inc.
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T29041383	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

  
\_\_\_\_\_  
Authorized Signature                      11-21-23.  
Public Works Division                      Date

BM  
For Board of Examiners                       YES                       NO

Joe Lombardo  
Governor



Jack Robb  
Director

Matthew Tuma  
Deputy Director

Kent A. LeFevre  
Administrator

Carson City Office:  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701  
Phone: (775) 684-4141

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
PUBLIC WORKS DIVISION

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2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

Buildings & Grounds Section  
Phone: (775) 684-1800

Buildings & Grounds Section  
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED

NOV 22 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Date: November <sup>22</sup>21, 2023  
To: Nima Rezaie, Executive Branch Budget Officer  
From: Becky McCabe, Public Works Division, Leasing Services  
Subject: For placement on January 2024 BOE agenda

Projected BOE Date: January 9, 2024 BOE Deadline Date: December 5, 2023

Lessor: CVV, LLC

Tenant: DHHS, Division of Welfare and Supportive Services

Property Location: 3811 W. Charleston Boulevard, Suite 210, Las Vegas, Nevada 89102

This first lease amendment is to change the agency responsible for this lease.

During the 82<sup>nd</sup> (2023) Session of the Nevada Legislature, the Childcare Licensing Offices, a service that was provided by the DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH was removed from that Division and assigned to the DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF WELFARE AND SUPPORTIVE SERVICES.

This change is retroactive back to July 1, 2023. This lease expires on February 28, 2026.

The current rate is \$1.85, market rate is \$2.41.

There have been no changes to the lease terms, except the agency change.

Thank you for your time,  
Becky McCabe

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

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

**STATEWIDE LEASE INFORMATION**

- 1. Agency:
- Remarks:
- Exceptions/Special notes:
- 2. Lessee:
- 3. Name of Lessor:
- 4. Address of Lessor:
- 5. Property contact:
- 6. Address of Lease property:
  - a. Square Footage:
  - b. Cost:
  - c. Total Lease Consideration:
  - d. Total Improvement Cost:
  - e. Option to renew:
  - f. Holdover notice:
  - g. Term:
  - h. Pass-thrus/CAM/Taxes
  - i. Utilities:
  - j. Janitorial:
  - k. Repairs:
  - l. Comparable Area Market Rate Average:
  - m. Specific termination clause in lease:
  - n. Lease will be paid for by Agency Budget Account Number:
- 7. This lease constitutes:
  - An extension of an existing lease
  - An addition to current facilities (requires estimated expenses)
  - A relocation (requires estimated expenses)
  - A new location (requires estimated expenses)
  - Remodeling only
  - Other

Nevada Department of Public Safety  
 Highway Patrol Division  
 555 Wright Way  
 Carson City, Nevada 89711  
 Melissa Sabatini  
 T: 775-684-4698 E: msabatini@dps.state.nv.us

**RECEIVED**

NOV 22 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

---

Lease Renewal

---

Rural Area no market data. No Tenant improvements.  
 Month to Month lease renewing to a Five year term.

---

Department of Administration, Public Works Division, Building and Grounds

---

2 Bit Ranch 461 South Main Series, LLC

---

PO BOX 585  
 Eureka, Nevada 89316

---

Chad Bliss  
 T: 775-293-5524 E: nvwildlife91@gmail.com

---

461 South Main Street  
 Eureka, Nevada 89316

---

Rentable  
 Usable      280

---

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot	
0%	\$ 470.40	12	\$ 5,644.80	December 1, 2023 - November 30, 2024	\$0.00	\$0.00	\$1.68
2%	\$ 479.80	12	\$ 5,757.60	December 1, 2024 - November 30, 2025	\$0.00	\$0.00	\$1.71
2%	\$ 489.40	12	\$ 5,872.80	December 1, 2025 - November 30, 2026	\$0.00	\$0.00	\$1.75
2%	\$ 499.19	12	\$ 5,990.28	December 1, 2026 - November 30, 2027	\$0.00	\$0.00	\$1.78
2%	\$ 509.17	12	\$ 6,110.04	December 1, 2027 - November 30, 2028	\$0.00	\$0.00	\$1.82
2%	\$ 519.35	12	\$ 6,232.20	December 1, 2028 - November 30, 2029	\$0.00	\$0.00	\$1.85
2%	\$ 529.74	12	\$ 6,356.88	December 1, 2029 - November 30, 2030	\$0.00	\$0.00	\$1.89
		84	\$ 41,964.60				

---

Yes     No    365    Renewal terms:    One Identical Term

Landlord     Tenant

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

Five Years

Landlord     Tenant

Landlord     Tenant

Landlord     Tenant     2 day     5 day     Rural 3 day     Rural 5 day     Other (see special notes)

Major:     Landlord     Tenant    Minor:     Landlord     Tenant

Comparable Area Market Rate Average:    No Market Data Rural Area

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

Lease will be paid for by Agency Budget Account Number:    4713

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

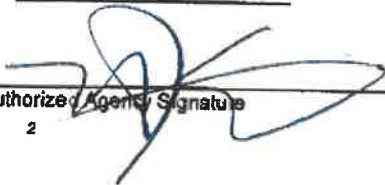
**STATEWIDE LEASE INFORMATION**

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

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

Yes  No  Dec Unit \_\_\_\_\_

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

Authorized Agency Signature  Date 11/17/2023

For Public Works Information:

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

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):		
f. Nevada Business ID Number: <u>NV20161188112</u>		Exp: <u>3/31/2024</u>
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>T32009937</u>		
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

Authorized Signature  Date 11-21-23.

Public Works Division

RG  
For Board of Examiners  YES  NO

**Joe Lombardo**  
*Governor*



**Nevada Department of  
Public Safety**  
Dedication Pride Service

**George Togliatti**  
*Director*

**Sheri Brueggemann**  
*Deputy Director*

## **Director's Office**

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

## **Memorandum**

**DATE:** December 21, 2023  
**TO:** Amy Stephenson, Director, Governor's Finance Office  
**THRU:** Kirk Hawkins, Executive Branch Budget Officer I, Governor's Finance Office  
**FROM:** Jennifer Ramos, Administrative Services Officer III  
**SUBJECT:** Retroactive Lease

---

Attached is a new lease between the Department of Public Safety, State Police, Highway Patrol and 2 Bit Ranch 461 South Main Series, LLC for which we are requesting retroactive approval.

Due to negotiations with the Lessor there was a delay on submitting the lease before December BOE. We are requesting this lease to be retroactive to December 1, 2023.

Your consideration in approval of this retroactive contract is greatly appreciated. Please contact me if you have any questions or if I can be of any assistance.

Sincerely,

**Jennifer Ramos** Digitally signed by Jennifer Ramos  
Date: 2023.12.21 10:38:29 -08'00'

Jennifer Ramos, Administrative Services Officer III  
Nevada Highway Patrol

**Please Note:** Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	TB 12/15/23
Reviewed by:	MR 12/15/23
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Office of the Military  
2460 Fairview Drive  
Carson City, NV 89701  
Devin Earl  
T: 775-887-7280 E: devin.m.earl.nfg@arm.mil

Remarks: The is a renewal of a current lease.

Exceptions/Special notes: The location is the Office of the Military, National Guard Recruiting Office. The National Guard would like to remain At this location. Agency approved yearly increases. This lease has been approved by the Director to move forward with the renewal.

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: CFT Developments, LLC

4. Address of Lessor: 1120 N. Town Center Drive, Suite 150  
Las Vegas, Nevada 89144

5. Property contact: Tyler Fernandez  
T: 626-799-9898 E: tyler.fernandez@PandaRG.com

6. Address of Lease property: 7017 Spring Mountain Road, Suite 102-A  
Las Vegas, NV 89117

a. Square Footage:  Rentable  Usable 1,264

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
2.5%	\$ 3,779.36	12	\$ 45,352.32	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$2.99
2.5%	\$ 3,873.84	12	\$ 46,486.08	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$3.06
2.5%	\$ 3,970.69	12	\$ 47,648.28	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$3.14
2.5%	\$ 4,069.95	12	\$ 48,839.40	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$3.21
2.5%	\$ 4,171.70	12	\$ 50,060.40	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$3.30
c. Total Lease Consideration:		60	\$ 238,386.48				\$3.14
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) Identical Term			
f. Holdover notice:	# of Days required	30	Holdover terms:	5% / 90			
g. Term:	Five (5) Years						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant	<input type="checkbox"/> 3 day	<input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see special notes)	
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
l. Comparable Area Market Rate Average:	Current market rate \$2.63 - Negotiated for \$2.99 with 2.5% yearly increases.						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3650						



**STATEWIDE LEASE INFORMATION**

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

*C. J. L.*

*12/14/23*

Authorized Agency Signature

Date

5

For Public Works Information:

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

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited Liability Company	
f. Nevada Business ID Number:	NV20151117075	Exp: Perpetual
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO CT Corporation System
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T32012042	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

*[Signature]* Dep. ADMR. 12/14/23  
 Authorized Signature Date  
 Public Works Division

JS  
 For Board of Examiners  YES  NO

Joe Lombardo  
Governor



Jack Robb  
Director

Matthew Tuma  
Deputy Director

Kent A. LeFevre  
Administrator

**Carson City Office:**  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701  
Phone: (775) 684-4141

Buildings & Grounds Section  
Phone: (775) 684-1800

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***PUBLIC WORKS DIVISION***

**Las Vegas Office:**  
2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

Buildings & Grounds Section  
Phone: (702) 486-4300

Date: December 7, 2023

To: Theresa Bawden, Executive Branch Budget Officer

From: Becky McCabe, Public Works Division, Leasing Services  
Becky.mccabe@admin.nv.gov

Subject: Retroactive Memo for placement on the January 9, 2024 Board of Examiners meeting, for Office of the Military for 7017 Spring Mountain Road, Suite 102-A, Las Vegas, Nevada

RECEIVED

DEC 08 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

---

This memo is a clarification for a retroactive start date of January 1, 2024, for the lease referenced above, which houses the Office of the Military.

The delay in the submittal was due to the new Lessor wanting to change the lease terms. Both the Deputy Attorney General for our agency and the Office of the Military had numerous meetings with the Lessors Legal Counsel, thus slowing down the lease being drafted, then while obtaining signatures, the General for the Office of the Military was out of town, and this delayed the submittal as well. Retroactive language has been added to this lease. The lease commencement date is January 1, 2024, the anticipated Board of Examiners meeting is on January 9, 2024, thus the retroactive language.

Thank You,

Becky McCabe

**Please Note:** Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.  
 This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

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

**STATEWIDE LEASE AMENDMENT INFORMATION**

**RECEIVED**

NOV 22 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency:

Department of Public Safety  
 Board of Parole Commissioners  
 1677 Old Hot Springs Road, Suite A  
 Carson City, Nevada 89701  
 Matthew Thrasher  
 T: 775.687.6507 E: mlthrasher@parole.nv.gov

Remarks:

This First Lease Amendment is to change ownership of the building due to it being sold. Nothing in the Amendment changes anything in the original lease other than the notices section and the addition of a new Property Management Company

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor:

1677 Old HotSprings, LLC

4. Address of Lessor:

2688 Ladbrook Road  
 Thousand Oaks, California 91361

5. Property contact:

Nevada Commercial Group, LLC  
 301 West Washington Street, Suite 1  
 Carson City, Nevada 89703  
 Samuel Douglass  
 T:775.884.1896 E: samuel@nvcg.us

6. Address of Lease property:

1677 Old Hot Springs Road, Suite A  
 Carson City, Nevada 89701

a. Square Footage:

Rentable  
 Usable 12,192

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
5%	\$ 18,044.16	12	\$216,529.92	January 1, 2020 - December 31, 2020	\$0.00	\$0.00	1.48
0%	\$ 18,044.16	12	\$216,529.92	January 1, 2021 - December 31, 2021	\$0.00	\$0.00	1.48
3%	\$ 18,653.76	12	\$223,845.12	January 1, 2022 - December 31, 2022	\$0.00	\$0.00	1.53
0%	\$ 18,653.76	12	\$ 223,845.12	October 1, 2023 - December 31, 2023	\$0.00	\$0.00	-\$1.53
3%	\$ 19,141.44	12	\$229,697.28	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.57
0%	\$ 19,141.44	12	\$229,697.28	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.57
3%	\$ 19,751.04	12	\$237,012.48	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.62
0%	\$ 19,751.04	12	\$237,012.48	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.62
3%	\$ 20,360.64	12	\$244,327.68	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.67
0%	\$ 20,360.64	12	\$244,327.68	January 1, 2029 - December 31, 2029	\$0.00	\$0.00	\$1.67
c. Total Lease Consideration:		120	\$2,302,824.96				\$1.57
d. Total Improvement Cost:					\$0.00		

c. Total Lease Consideration:

d. Total Improvement Cost:

e. Option to renew:

Yes  No 90 Renewal terms: One Identical term

f. Holdover notice:

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

g. Term:

Term (10) years

h. Pass-thrus/CAM/Taxes

Landlord  Tenant

i. Utilities:

Landlord  Tenant

j. Janitorial:

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

k. Repairs:

Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average:

at the time the lease was done it was \$1.68 - \$2.07

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3800

7. This lease constitutes:

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

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

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

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

Yes  No  Dec Unit \_\_\_\_\_

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

 11/8/23

Authorized Agency Signature

Date

31


For Public Works Information:

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

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited-Liability Company	
f. Nevada Business ID Number:	NV20232858306	Exp: Perpetual
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input type="checkbox"/> NO John F. Uhart
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T29047843	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

 11-21-23

Authorized Signature  
Public Works Division

Date

*your initials here*

For Board of Examiners

YES

NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE	COMPUTER PROJECTION SYSTEMS, LLC DBA CCS PRESENTATION	FEDERAL	\$192,754	
	Contract Description:	This is a new contract to provide audio and video conferencing equipment located at the Nevada Capitol Building located in Carson City.				
		Term of Contract:	Upon Approval - 04/30/2024	Contract # 28602		
2.	015	GOVERNOR'S OFFICE OF FINANCE - CORE.NV	AERIS ENTERPRISES, INC.	FEDERAL	\$361,800	
	Contract Description:	This is a new contract to provide software development and support related to the rollback from the SuccessFactors system to the legacy systems.				
		Term of Contract:	08/01/2023 - 06/30/2026	Contract # 28082		
3.	015	GOVERNOR'S OFFICE OF FINANCE - CORE.NV	EIDE BAILLY, LLP	FEDERAL	\$1,250,000	Sole Source
	Contract Description:	This is a new contract to provide front-end accounting support functions for the Office of the Controller.				
		Term of Contract:	Upon Approval - 09/30/2024	Contract # 28494		
4.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	WSD DIGITAL, LLC DBA REFRAME SOLUTIONS	GENERAL	\$3,044,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing support and maintenance to the Cenuity software application. This amendment increases the maximum amount from \$2,449,720 to \$5,493,720 due to the addition of a developer to assist with this project.				
		Term of Contract:	09/13/2022 - 09/30/2026	Contract # 26700		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	AMERICAN LAWN AND LANDSCAPING, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$348,240	
	Contract Description:	This is a new contract to provide landscape maintenance services for Nevada Early Intervention Services, Nevada Highway Patrol, and Department of Motor Vehicles locations in Reno.				
		Term of Contract:	Upon Approval - 01/31/2028	Contract # 28538		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BRASWELL COMMUNITY, LLC DBA GORILLA PROPERTY SERVICES	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$345,600	
	Contract Description:	This is a new contract to provide roof cleaning services for buildings at the McCarran Center campus located in Las Vegas.				
		Term of Contract:	Upon Approval - 01/31/2028	Contract # 28531		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$957,606	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Arrowhead Building located in Carson City.				
		Term of Contract:	Upon Approval - 01/31/2028	Contract # 28574		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOE BENIGNO TREE SERVICE, INC. DBA JOE BENIGNO'S TREE SERVICE & CONSULTING	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$70,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing arborist, plant health care, tree removal, trimming, landscaping, and planting as requested and approved by Buildings and Grounds. This amendment increases the maximum amount from \$97,185 to \$167,185 due to the increased need for these services.				
		Term of Contract:	09/28/2021 - 09/30/2025	Contract # 24924		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	KGA, INC. DBA KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE	GENERAL	\$151,080	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stein Hospital - Anti-Ligature Rehabilitation CIP project to include schematic design, construction documents, bid documents, and construction administration services for anti-ligature upgrades in the Allied Therapy room and for the expansion of the existing control room: CIP Project No. 23-M02-4; SPWD Contract No. 116164.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28586		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	R. BRANDON SPRAGUE, ARCHITECT P.C. DBA APTUS ARCHITECTURE	BONDS	\$253,275	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Summit View Youth Center - Gymnasium Addition and Remodel CIP Project to include schematic design, design development, construction documents, bidding, and construction administration services for the design and construction of additional multi-purpose rooms, a restroom, athletic flooring, an air conditioning system, and a closed circuit television system, as well as the replacement of the lighting and bleachers, and the addition of insulation to the wall and roof assemblies: CIP Project No. 23-C27; SPWD Contract No. 116127.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28544			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	DLR GROUP ARCHITECTURE & ENGINEERING, INC.	GENERAL	\$138,585	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Recreation Yard Cages CIP Project to include design development, construction documents, bid assistance, and construction administration services for the design and construction of 18 individual, Americans with Disabilities Act compliant, recreation yard cages: CIP Project No. 23-M41; SPWD Contract No. 116147.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28592			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	BURKE CONSTRUCTION GROUP, INC.	GENERAL	\$329,074	Professional Service
	Contract Description:	This is a new contract to provide Owner Construction Manager At Risk services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project: CIP Project No. 23-P06; SPWD Contract No. 116144.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28614			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	\$8,993,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Veterans Services - North Las Vegas Veterans Home Advance Planning CIP Project to include programming, schematic design, design development, and construction documents for a 128 bed, 120,000 square foot skilled nursing facility on the Veterans Affairs (VA) campus in North Las Vegas on land to be donated to the State by the VA Sierra Nevada Health Care System: CIP Project No. 23-P04; SPWD Contract No. 116145.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28575			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.	GENERAL	\$120,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Old Gym Building Seismic Stabilization and Rehabilitation Advance Planning CIP Project to include topographic survey and project programming for the seismic stabilization and rehabilitation of the Old Gym, Building #20: CIP Project No. 23-P09; SPWD Contract No. 116120.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28594			
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	KGA, INC. DBA KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE	GENERAL	\$12,797,379	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project to include planning/conceptual design, schematic design, design development, and construction documents for a new facility to serve individuals awaiting adjudication and needing treatment to competency, which will accommodate approximately 282 beds to meet the anticipated need for the next 15 years: CIP Project No. 23-P06; SPWD Contract No. 116111.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28534			



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	BONDS	\$1,185,545	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Southern Nevada Small Arms Range CIP project to include schematic design, design development, construction documents, bidding, and construction administration services for the design and construction of a small arms range consisting of a four-lane rifle and pistol target range, a control tower, restrooms, classroom, ammunition breakdown building, lead recovery system, operations and storage building, covered pad with bleachers, parking area, and access to existing roads: CIP Project No. 23-C33; SPWD Contract No. 116155.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28576		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	J-U-B ENGINEERS, INC.	BONDS 50% OTHER: AGENCY FUNDED CIP 36% FEDERAL 14%	\$250,691	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Cave Lake State Park - Cave Creek Dam Rehabilitation CIP Project: CIP Project No. 21-C04; SPWD Contract No. 114263. This amendment increases the maximum amount from \$877,651 to \$1,128,342 due to additional design, surveying, and permitting for the dam rehabilitation.				
		Term of Contract:	12/14/2021 - 06/30/2025	Contract # 25142		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	CORE WEST, INC.	BONDS	\$96,515,202	Professional Service
	Contract Description:	This is a new contract to provide Owner Construction Manager At Risk services for the Department of Motor Vehicles - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 116165.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28579		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK	BONDS	\$1,087,394	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles - Silverado Ranch Facility CIP project to include construction administration, architectural, and engineering services for the construction of a full service Department of Motor Vehicles facility, including Commercial Driver's License services: CIP Project No. 23-C02; SPWD Contract No. 115808.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28577			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE, L.L.P.	BONDS	\$120,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Education Building - Office Renovation CIP Project to include schematic design, mechanical, electrical and structural engineering services, architectural services, construction documents, and cost consulting for the renovation of 2,470 square-feet of storage space into an open office area, including converting interior lighting to LED fixtures, heating, ventilation, and air conditioning modifications, life safety system upgrades, renovations to the restrooms, and window installations: CIP Project No. 23-C16; SPWD Contract No. 116118.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28593			
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	BLACK EAGLE CONSULTING, INC.	BONDS	\$170,885	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project to include construction/materials testing, inspections, and site visits: CIP Project No. 23-C03; SPWD Contract No. 116119.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28595			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD. DBA H & K ARCHITECTS	BONDS	\$200,000	Professional Service
	Contract Description:		This is a new contract to provide professional architectural/engineering services for the Nevada State Library and Archives - Basement Tenant Improvement CIP project to include schematic design, design development, construction documents, bidding, and construction administration services for the replacement of mechanical engineering components, interior and select exterior lighting, and carpeting, the installation of insulation at perimeter walls, and the repair and removal of concrete steps: CIP Project No. 23-C15; SPWD Contract No. 116138.			
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28582		
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	IN2IT ARCHITECTURE	OTHER: AGENCY FUNDED CIP	\$570,000	Professional Service
	Contract Description:		This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - Deferred Maintenance CIP Project to include schematic design, construction documents, bidding, and construction administration services for the design and construction of deferred maintenance projects for buildings 1, 2, 4, 5, and 6 at the West Charleston campus: CIP Project No. 24-A010-2; SPWD Contract No. 116117.			
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28543		
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	KLEINFELDER, INC.	OTHER: AGENCY FUNDED CIP	\$36,502	Professional Service
	Contract Description:		This is the first amendment to the original contract which provides professional architectural/engineering services for the Las Vegas Readiness Center - Site Drainage Improvements (FMS7) CIP Project: CIP Project No. 23-A006; SPWD Contract No. 115239. This amendment increases the maximum amount from \$87,064 to \$123,566 due to the addition of 300 linear feet of reinforced concrete boxes located on the property.			
		Term of Contract:	03/16/2023 - 06/30/2025	Contract # 27234		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	KNIT	OTHER: AGENCY FUNDED CIP	\$798,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - Forensics Facility Renovation Building 3A CIP Project to include architectural and structural design, engineering services, cost estimating, and health care compliance for the renovation of building 3A, including new furniture and repairs to patient units, anti-ligature upgrades, fire system inspections and repairs, exterior yard renovations, and miscellaneous upgrades as required by the State Bureau of Health Care Quality and Compliance: CIP Project No. 24-A009; SPWD Contract No. 116141.				
	Term of Contract:	Upon Approval - 12/31/2026	Contract # 28537			
26.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - DIVISION OF TOURISM - TOURISM AND CULTURAL AFFAIRS ADMINISTRATION	ESTIPONA VIALPANDO PARTNERS, INC. DBA ESTIPONA GROUP	OTHER: LODGING TAX	\$1,525,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides ongoing creative development, media buying, public relations and event planning, and digital services.				
	Term of Contract:	Upon Approval - 01/15/2026	Contract # 28611			
27.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - APPLICATION SUPPORT	NAVIANT, INC.	OTHER: INTERNAL SERVICE FUNDS	\$120,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-15248 which provides cloud services. This service agreement provides a managed service for Hyland OnBase software.				
	Term of Contract:	Upon Approval - 12/31/2024	Contract # 28548			
28.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - OFFICE OF THE CHIEF INFORMATION OFFICER	INFO-TECH RESEARCH GROUP, INC.	OTHER: INTERNAL SERVICE FUNDS	\$209,144	
	Contract Description:	This is a new contract to provide research and advisory services related to information technology.				
	Term of Contract:	Upon Approval - 12/31/2024	Contract # 28600			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - ARCHIVES AND PUBLIC RECORDS	DIGITAL TRANSITIONS MFG, LLC	GENERAL 80% OTHER: IFC CONTINGENCY 20%	\$162,964	Sole Source
	Contract Description:	This is a new contract to provide equipment and training for the digitization of documents and microfilm. Term of Contract: 01/10/2024 - 06/30/2024 Contract # 28516				
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$730,178	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) and the Graduate Medical Education (GME) Supplemental Payment Programs participated by non-state governmental owned and operated hospitals. This amendment increases the maximum amount from \$5,076,036 to \$5,806,214 due to the increased Outpatient Public UPL and GME supplemental payments. Term of Contract: 07/01/2020 - 06/30/2024 Contract # 22751				
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$655,510	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) and Graduate Medical Education (GME) Supplemental Payment Programs. This amendment increases the maximum amount from \$9,251,303 to \$9,906,813 due to the increased Inpatient and Outpatient Public UPL and GME supplemental payments. Term of Contract: 07/01/2020 - 06/30/2024 Contract # 22728				

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$123,449	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$136,196 to \$259,645 due to the increased Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22754			
33.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$206,280	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$318,863 to \$525,143 due to the increased Inpatient and Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22734			
34.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	MINERAL COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$887,749	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$447,451 to \$1,335,200 due to the increased Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22758			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	MINERAL COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$1,060,801	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$869,373 to \$1,930,174 due to the increased Inpatient and Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22736			
36.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$245,942	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$551,260 to \$797,202 due to the increased Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22761			
37.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$321,537	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$879,716 to \$1,201,253 due to the increased Inpatient and Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22740			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$241,303	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$539,546 to \$780,849 due to the increased Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22765			
39.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$180,588	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$830,602 to \$1,011,190 due to the increased Inpatient and Outpatient Public UPL supplemental payments.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22743			
40.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MANATT HEALTH STRATEGIES, LLC	GENERAL 50% FEDERAL 50%	\$2,790,300	
	Contract Description:	This is a new contract to provide procurement acquisition support services.				
	Term of Contract:	Upon Approval - 12/31/2025	Contract # 28605			



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MERCER HEALTH & BENEFITS, LLC	OTHER: PRESCRIPTION DRUG REBATES 50% FEDERAL 50%	\$408,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides technical assistance, auditing services, and training.				
		Term of Contract:	Upon Approval - 12/31/2024	Contract # 28535		
42.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MERCER HEALTH & BENEFITS, LLC	OTHER: ARNOLD FOUNDATION GRANT	\$236,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides technical support and assistance and training for the Medicare and Medicaid integration for Medicare Dual Special Needs Plans.				
		Term of Contract:	Upon Approval - 12/31/2024	Contract # 28598		
43.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER LC	FEE: CERTIFIED PUBLIC EXPENDITURE AUDIT 50% FEDERAL 50%	\$147,360	
	Contract Description:	This is the first amendment to the original contract which provides ongoing audit reviews of cost reports submitted by governmental entities that certify public expenditures. This amendment increases the maximum amount from \$1,425,360 to \$1,572,720 due to the increased need for these services.				
		Term of Contract:	10/01/2023 - 09/30/2027	Contract # 27405		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	FEDERAL	\$9,235,131	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing reimbursement for outpatient and inpatient mental health services, targeted case management, and administrative services. This amendment increases the maximum amount from \$12,514,376.00 to \$21,749,507.31 due to the increased need for these services.				
	Term of Contract:	10/01/2021 - 09/30/2025	Contract # 24453			
45.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HOMETOWN HEALTH PLAN, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25800			
46.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	SELECTHEALTH, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
	Term of Contract:	01/01/2025 - 12/31/2025	Contract # 28397			
47.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	COMAGINE HEALTH	FEDERAL	\$404,066	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17887 which provides community building, program evaluation, training and data analysis, and reporting development. This service agreement provides consulting services related to staff infection control.				
	Term of Contract:	01/01/2024 - 06/30/2024	Contract # 28573			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	WEST PUBLISHING CORPORATION	GENERAL 50% FEDERAL 50%	\$244,439	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-14048 which provides access to online legal research databases. This service agreement provides ongoing access to the FraudCaster system for case management and fraud detection services.				
		Term of Contract:	01/01/2024 - 01/31/2025	Contract # 28381		
49.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	COOK'S DIRECT, INC.	FEDERAL	\$155,000	
	Contract Description:	This is a new contract to provide installation of culinary equipment at the Southern Desert Correctional Center.				
		Term of Contract:	Upon Approval - 08/03/2026	Contract # 28488		
50.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	SCHWAN'S FOOD SERVICE, INC.	FEDERAL	\$5,502,023	
	Contract Description:	This is the second amendment to the original contract which provides ongoing food purchasing services to local school districts throughout Nevada for the National School Lunch and Breakfast Programs. This amendment extends the termination date from June 30, 2024 to August 31, 2026 and increases the maximum amount from \$4,545,863 to \$10,047,886 due to the continued need for these services.				
		Term of Contract:	08/09/2022 - 08/31/2026	Contract # 26516		
51.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS	CAPTECH VENTURES, INC.	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$2,149,590	
	Contract Description:	This is a new contract to provide software enhancements to the existing Workers' Compensation Claims and Regulatory Data System.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28590		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	902	GOVERNOR'S OFFICE OF WORKFORCE INNOVATION - NEVADA P20 WORKFORCE REPORTING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION	GENERAL	\$250,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing operation and maintenance of the Statewide Longitudinal Data System services.				
	Term of Contract:	07/01/2023 - 06/30/2025	Contract # 28098			
53.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO COLLEGE OF SOUTHERN NEVADA	FEDERAL	\$500,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing apprenticeship training programs.				
	Term of Contract:	12/12/2023 - 06/30/2026	Contract # 28243			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28602**

Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: Computer Projection Systems, LLC
Agency Code: <b>010</b>	Contractor Name: <b>Computer Projection Systems, LLC dba CCS Presentation</b>
Appropriation Unit: <b>1000-17</b>	Address: <b>2870 S. Jones Boulevard # 3</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146</b>
If "No" please explain: Not Applicable	Contact/Phone: Gilbert Medina 702-869-0020
	Vendor No.: PUR0004170
	NV Business ID: NV19991030769

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

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

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

Agency Reference #: 01GO-S2496 JS

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2024**

Contract term: **119 days**

4. Type of contract: **Contract**

Contract description: **Conference Equip**

5. Purpose of contract:

**This is a new contract to provide audio and video conferencing equipment located at the Nevada Capitol Building located in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$192,754.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

What conditions require that the work be done? Conferencing Equipment is outdated and needs to be replaced and updated.

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

State employees do not have the expertise for this type of installation.

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):

Key Code Media  
CCS Presentation Systems

b. Solicitation Waiver: **Not Applicable**

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

Why was this vendor chosen in preference to others? Pursuant to RFP #01GO-S2496, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/30/2023 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

**No** b. If "No", please explain:

**doing business as**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	12/06/2023 08:05:06 AM
Division Approval	nmann	12/07/2023 13:36:43 PM
Department Approval	ssands	12/07/2023 13:38:22 PM
Contract Manager Approval	ssands	12/07/2023 13:38:25 PM
EITS Approval	ljean	12/08/2023 12:17:44 PM
Budget Analyst Approval	cpalme2	12/19/2023 08:10:32 AM
BOE Agenda Approval	cpalme2	12/19/2023 08:12:03 AM
BOE Final Approval	Pending	



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

**MEMORANDUM**

**TO:** Dale Ann Luzzi, Director of Operations, GFO  
Brenda Berry, Administrative Services Officer IV, GFO  
Peter Dingee, PMO Manager, EITS, DOA

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Jason Benshoof, IT Chief, Client Services Unit, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – GFO – TIN 716 – *Capitol Building Audio\Video Conferencing Replacement* – BA 1000

**DATE:** June 12, 2023

We have completed our review for the Governor's Finance Office's (GFO) – *Capitol Building Audio\Video Conferencing Replacement* – TIN 716.

The submitted TIN, for an estimated value of \$160,000 in the FY24/FY25 biennium (100% ARPA State and Local Fiscal Recovery funding), is to replace the audio\video conferencing infrastructure housed in the Old Assembly Chambers that is located in the Carson City Capitol building.

Due to the estimated cost of the project an RFP will be submitted. The proposal is for a turn-key AV system with the following features: integrated Microsoft Teams conferencing including a BYOD (build your own device) feature for conferencing, 4k video, premium audio, and five years of technical support.

The technical requirements necessitate an advanced audio-visual and control setup. Audio requirements comprise two premium column array speakers with 24 steerable elements each, optimized for voice intelligibility at all volume levels. The system's DSP audio amplifier will be programmed using a 3D model of the room for custom tuning, mitigating microphone feedback. The video setup will employ IP-based transport devices connected via a managed network switch for matrix-switching. The video inputs

will be encoded and transported across an HDCP compliant network to the appropriate decoders. The system will support flexible routing of any input to any combination of video outputs. The controller setup will enable control of all video routing, audio levels, and conferencing connections through a 10" tabletop touch panel with a custom graphical interface, as well as a 24" Dell touchscreen monitor, which will also facilitate previewing of video sources and control over the streaming device and the entire AV system.

Potential security risks could arise in any video conferencing setup; therefore, it is crucial to have a robust security framework including network security measures, regular device and software updates, strong access control policies, and physical security controls in place.

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

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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

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



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28082**

Agency Name: **GOVERNOR'S FINANCE OFFICE**  
Agency Code: **015**

Legal Entity Name: **AERIS ENTERPRISES, INC.**  
Contractor Name: **AERIS ENTERPRISES, INC.**  
Address: **59 DAMONTE RANCH PKWY STE B292**

Appropriation Unit: **1325-08**

Is budget authority available?: **Yes**

City/State/Zip: **RENO, NV 89521-1907**

If "No" please explain: Not Applicable

Contact/Phone: Joseph Fix 775/851-3262

Vendor No.: T81082046A

NV Business ID: NV20011516008

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2023**

Anticipated BOE meeting date 01/2024

Retroactive? **Yes**

If "Yes", please explain

**The Division of Human Resource Management (DHRM) is requesting consideration for a retroactive effective date of August 1, 2023, to facilitate functionality for minimum impact to users.**

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

Contract term: **2 years and 334 days**

4. Type of contract: **Contract**

Contract description: **software support**

5. Purpose of contract:

**This is a new contract to provide software development and support related to the rollback from the SuccessFactors system to the legacy systems.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$361,800.00**

Other basis for payment: FY24 approx. \$204,300;FY25 approx. \$157,500;

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor is the primary developer for of the software the State depends on for HR applications. This contract will ensure adequate support is provided for these applications. This contract will support State employees who manage and determine the work to be completed by the vendor.

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

This contract will provide supplemental support to State employees and the vendor possesses knowledge of the applications necessary to provide detailed analysis and maintenance support including solutions when issues arise involving the core code of each program.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

yes, since 2009, with various state agencies DHRM, GFO, OPM

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

**No** If "Yes", please provide details of the litigation 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	mlynn	10/23/2023 14:01:14 PM
Division Approval	jkidd	10/23/2023 15:35:01 PM
Department Approval	ssands	10/23/2023 15:47:19 PM
Contract Manager Approval	ssands	12/07/2023 14:30:24 PM
EITS Approval	ljean	12/08/2023 12:17:08 PM
Budget Analyst Approval	stilley	12/19/2023 09:25:51 AM
BOE Agenda Approval	stilley	12/19/2023 09:25:53 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**OFFICE OF THE CHIEF INFORMATION OFFICER**  
**WITHIN THE OFFICE OF THE GOVERNOR**

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Jack Robb, Director, DOA  
Michelle Garton, Deputy Administrator, DHRM, DOA  
Maria Gassaway, Administrative Services Officer III, DHRM, DOA  
Jason Benshoof, IT Chief, Client Services Unit, OCIO

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, State Chief Enterprise Architect, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – DHRM – TIN 753 – *Aeris Contract - Post-rollback to legacy systems activities* – BA 1363

**DATE:** August 8, 2023

We have completed our review for the Department of Administration (DOA), Division of Human Resources Management's (DHRM) – *Aeris Contract - Post-rollback to legacy systems activities*– TIN 753.

The submitted TIN, for an estimated value of \$739,800.00 in the FY24/FY25 biennium (100% General Fund), is for system upgrades to Human Resources software applications.

The new Aeris contract is designed to provide continuous and sufficient support for Human Resources software applications. Upon closure of SMART21, several enhancements and upgrades were identified as necessary to ensure that NEATS has functionality that is comparable to what SMART21's SuccessFactors previously offered. This contract will facilitate implementation of said functionality improvements in the legacy HR systems. Improvements include enhanced resume features in NEATS, the expansion of NEATS timesheet event codes, and the integration of an online W-4 form, among others. These improvements will benefit both State of Nevada employees and job applicants, thus bolstering recruitment

and retention efforts. This contract is essential for augmenting the HR legacy systems in the interim period before deployment of a new ERP system.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as personal identification information is transported, stored, and/or processed using the solution, and it must comply with federal and other security standards. The partnership with Aeris ensures an alignment with these standards, making it a critical step towards improving the overall system while maintaining the security and integrity of the data involved.

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

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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

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

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Mandee Bowsmith**  
*Administrator*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Division of Human Resource Management***  
209 E. Musser Street, Suite 101 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | <http://hr.nv.gov> | Fax: (775) 684-0122

**MEMORANDUM**

December 7, 2023

TO: Amy Stephenson, Director – Governor’s Finance Office

CC: Shauna Tilley, Executive Branch Budget Officer II – Governor’s Finance Office

FROM: Mandee Bowsmith, Administrator

SUBJECT: Retroactive Consideration Request – AERIS Contract

---

The Division of Human Resource Management (DHRM) is requesting consideration for a retroactive effective date of August 1, 2023. We are working to finalize and execute the scope of work for the support contract for HR Advantage.

This contract must be retroactive to accommodate work done for the HR system rollback to NV APPS from Success Factors. We were under the impression that the current contract for support services would suffice to cover the scope of work required for the rollback support. We have subsequently learned that there was a need for greater support, as well as modest upgrades to NV APPS to allow the software to function in the interim between now and when the HR Advantage 4 upgrade is scheduled to go live.

The DHRM is working with our partners at the Governor’s Finance Office and the Administrative Services Division to ensure no further retroactive considerations will be necessary for support of HR Advantage.

Please advise if you have any questions.

Thank you.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28494**

Agency Name: **GOVERNOR'S FINANCE OFFICE**  
Agency Code: **015**  
Appropriation Unit: **1325-08**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Eide Bailly, LLP**  
Contractor Name: **Eide Bailly, LLP**  
Address: **5441 Kietzke Lane, Suite 150**  
City/State/Zip: **Reno, NV 89511**  
Contact/Phone: **Kurt Schlicker 775-689-9234**  
Vendor No.: **T29026023B**  
NV Business ID: **NV20201801760**

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2024**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

**This is a new contract to provide front-end accounting support functions for the Office of the Controller.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,250,000.00**

Payment for services will be made at the rate of \$250.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Eide Bailly has been the auditor for the ACFR of the State of Nevada for the past 10 years, they are intimately aware of our systems, ongoing issues, and would be the best professional services to bring in and up to speed quickly in order to get our financial reporting back to more timely releases. The SCO through our SCFR internal team would still be fully responsible for all work validation and review to ensure independence of the data being prepared and the data being audited.

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

If we were to put this out to a competitive bid, we would have to include several months of instruction from our team just to teach the new accounting firm how to use our systems and it would not ultimately achieve the goal of more timely financial reporting in the next fiscal year. ACFR reporting would continue to be delayed at the same rate if not longer, and we would not be able to obtain the 1099 reporting assistance that we require in December and January of 2024.

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

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

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

Not Applicable

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

**Approval #: 231102**

**Approval Date: 11/07/2023**

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

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlynn	11/08/2023 16:33:19 PM
Division Approval	jkidd	11/08/2023 16:37:57 PM
Department Approval	ssands	11/08/2023 16:39:11 PM
Contract Manager Approval	ssands	11/08/2023 16:39:17 PM
Budget Analyst Approval	cpalme2	12/14/2023 12:09:05 PM
BOE Agenda Approval	cpalme2	12/19/2023 08:12:20 AM
BOE Final Approval	Pending	



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

<b>Purchasing Use Only:</b>	
Approval#:	231102 (ca)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>		State of Nevada, Governor's Office of Finance, Office of Project Management on behalf of the State of Nevada Controller's Office
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Brian Bowles, Administrator</i>	<i>7752407534</i>	<i>brianb@opm.nv.gov</i>
	<i>James Smack, Chief Deputy Controller</i>	<i>7756845658</i>	<i>jsmack@sco.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Eide Bailly</i>
	Contact Name:	<i>Kurt Schlicker</i>
	<b>Complete Address:</b> City, State, and Zip Code	<i>5441 Kietzke Lane, Suite 150, Reno, NV 89511</i>
	Telephone Number:	<i>775-689-9234</i>
Email Address:	<i>kschlicker@eidebailly.com</i>	

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Contract:	Start Date:	<i>Upon BOE app.</i>	End Date:
			<i>9/30/2024</i>	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>\$1,250,000</i>
	Federal Funds:	<i>0</i>
	Grant Funds:	<i>0</i>

*Rec'd 10/31/23*



	Other (Explain):	0
--	------------------	---

<b>Purchasing Use Only:</b>	
Approval #:	2311020 2025

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b> <i>Not to exceed \$1,250,000</i>
-----------	--

<b>2</b>	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b> <i>Training of state agencies on reporting requirements, finding errors in the bank reconciliation, ACFR note preparation, GASB 96 implementation, and 1099 reporting compliance. A full statement of work provided by Eide Bailly is attached to the contract, including approximate hours for each section detailed herein.</i>
----------	--

<b>3</b>	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b> <i>Eide Bailly has been the auditor for the ACFR of the State of Nevada for the past 10 years, they are intimately aware of our systems, ongoing issues, and would be the best professional services to bring in and up to speed quickly in order to get our financial reporting back to more timely releases. The SCO through our ACFR internal team would still be fully responsible for all work validation and review to ensure independence of the data being prepared and the data being audited.</i>
----------	---

<b>4</b>	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b> <i>If we were to put this out to a competitive bid, we would have to include several months of instruction from our team just to teach the new accounting firm how to use our systems and it would not ultimately achieve the goal of more timely financial reporting in the next fiscal year. ACFR reporting would continue to be delayed at the same rate if not longer, and we would not be able to obtain the 1099 reporting assistance that we require in December and January of 2024.</i>
----------	--

<b>5</b>	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			<b>x</b>
	<b>a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</b>		
	<b>b. <u>If not</u>, why were alternatives not evaluated?</b> <i>Eide Bailly has been the provider for so many of our audit and financial reporting services throughout the state to this point, they will be ready to assist our office on day one without training or large amounts of support.</i>		

Purchasing Use Only:

Approval #:

2311020 3045

	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p><b>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></p>					x
6	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>					
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
			\$			
			\$			
			\$			
			\$			
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<p><i>The SCO presently has 4 open positions on the ACFR team, with an additional retirement happening next spring, a total of 85 plus years of institutional knowledge that has recently retired or due to retire in the coming months. It is particularly difficult to replace these positions, and it takes at least two years to bring a new hire up to the level they need to perform at required levels. Part of the remaining SCO team is assisting CORE.NV project with subject matter experts, and their work will still need to be completed. This contract will not only help us fill our experience gaps, it will also help our team to support the CORE.NV ERP project to meet the aggressive deadlines of that important project.</i></p>


8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<p><i>See above to understand the state relationship with Eide Bailly. The basis for the not to exceed amount is based upon 5000 hours at an average of \$250 per hour per the statement of work provided by Eide Bailly. Eide Bailly does similar work in other states, and provided our team does the review work between the work being completed by this contract and the audit work being completed by Eide Bailly, neither Eide Bailly, LCB or the state recognizes any conflict of interest.</i></p>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<p><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></p>		x

	a. <i>If yes, please provide details regarding future obligations or needs.</i>

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

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

  
 \_\_\_\_\_  
 Signature of Agency Representative Initiating Request

JANE SMITH - CHIEF ADMIN CONTRACTOR 10/30/23  
 Print Name of Agency Representative Initiating Request Date

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

Brian Bowles, Administrator, GFO – Office of Project Management 10/30/2023  
 Print Name of Agency Head Authorizing Request Date

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

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

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

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

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

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

#231102@ 5/5

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**

Approved by:



\_\_\_\_\_  
Administrator, Purchasing Division or Designee

11/7/23

\_\_\_\_\_  
Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26700</b>	Amendment Number: <b>2</b>
Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>WSD DIGITAL, LLC DBA REFRAME SOLUTIONS</b>
Agency Code: <b>040</b>	Contractor Name: <b>WSD DIGITAL, LLC DBA REFRAME SOLUTIONS</b>
Appropriation Unit: <b>1050-42</b>	Address: <b>REFRAME SOLUTIONS PO BOX 216</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DERRY, NH 03038-0216</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Greg Amato 978-387-9085</b>
	Vendor No.: <b>T29043588</b>
	NV Business ID: <b>NV20201919313</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2022**  
Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **4 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Cenuity Maint & Supp**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing support and maintenance to the Cenuity software application. This amendment increases the maximum amount from \$2,449,720 to \$5,493,720 due to the addition of a developer to assist with this project.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,188,800.00	\$2,188,800.00	\$2,188,800.00	Yes - Action
a. Amendment 1:	\$260,920.00	\$260,920.00	\$260,920.00	Yes - Action
2. Amount of current amendment (#2):	\$3,044,000.00	\$3,044,000.00	\$3,044,000.00	Yes - Action
3. New maximum contract amount:	\$5,493,720.00			
and/or the termination date of the original contract has changed to:		09/30/2026		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In 2019, the Secretary of State's office deployed a new Commercial Recordings business registry application. Three years post release, a significant backlog of critical and urgent fixes remains unresolved by the previous contractor. As a direct nexus to domestic and international commerce, and a source of over \$200M in state general fund revenue, it is imperative that the application is operational 24/7 and that official filings and public records processed through our office are recorded accurately and timely.

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

The Secretary of State's office acquired the software application (Cenuity) source code from the previous contractor. SOS staff do not have the requisite skills and expertise to fully and solely complete this effort.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 220804**

**Approval Date: 08/05/2022**

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

This contractor employs staff with specific knowledge, expertise and direct domain experience with Nevada's Business, UCC and Notary systems, and has knowledge of the statutory business processes and filing rules enabling them to quickly support the Secretary of State's office in maintaining operations seamlessly.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	dbowma1	12/14/2023 12:20:12 PM
Division Approval	dbowma1	12/14/2023 12:20:15 PM
Department Approval	dbowma1	12/14/2023 12:20:19 PM
Contract Manager Approval	adale	12/19/2023 10:58:19 AM
EITS Approval	ljean	12/19/2023 13:41:59 PM
Budget Analyst Approval	mranki1	12/19/2023 13:48:26 PM
BOE Agenda Approval	mranki1	12/19/2023 13:48:29 PM



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

**MEMORANDUM**

**TO:** Scott Anderson, Chief Deputy Secretary of State, SOS  
Sheri Hudder, Administrative Services Officer, SOS  
Tim Horgan, Chief IT Manager, SOS

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – SOS – TIN 592 – *FY23-25 Cenuity Ongoing Enhancements and M&S* – BA 1050

**DATE:** August 5, 2022

We have completed our review for the Secretary of State's (SOS) – *FY23-25 Cenuity Ongoing Enhancements and M&S* – TIN 592.

The submitted TIN, for an estimated value of \$1,915,658.00 in the FY22/FY23 biennium and \$1,104,000.00 in the FY24/FY25 biennium (100% General Fund), is to provide ongoing maintenance and support of Cenuity software, in addition to software enhancements previously submitted as TIN number T40200326084528. There has been a vendor change, but the provided service remains essentially the same.

Cenuity is mission-critical, third-party software used by the agency for filing, management, and retrieval of commercial documents such as business licenses, corporate documents, Uniform Commercial Code filings, notary appointments, and trademarks filings. Contracted support is essential to SOS staff in the maintenance, troubleshooting, and enhancement of the product. Every year, over 200 million dollars pass through this system into the state's General Fund.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as the solution is subject to federal and/or other security standards and users will be accessing it from



outside of SilverNet.

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

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

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

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



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

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

<b>Purchasing Use Only:</b>	
Approval#:	220804 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME HERE:</b>	Secretary of state	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Scott Anderson, Chief Deputy Secretary of State	(775) 684-5711	scotta@sos.nv.gov
	Debbie Bowman, Deputy for Operations	(775) 684-5656	DebbieBowman@sos.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	WSD Digital, LLC (branded as "ReFrame Solutions")
	Contact Name:	Greg Amato, Director of Sales and Capture
	<b>Complete Address:</b> City, State, and Zip Code	750 Main Street, Suite 327 Hartford, CT 06103
	Telephone Number:	(860) 559-6354
	Email Address:	greg.a@wsddigital.com

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	Sept 2022 BOE approval	End Date: Aug 2025 / Aug 30, 2025

1f	<b>Funding:</b>	
	State Appropriated:	Yes. Funding is currently available in FY2023 (Approved TIN-T40200326084); future funding to be approved by legislature through the budget request.
	Federal Funds:	
	Grant Funds:	

Rec'd 08/01/22 3:31pm

Other (Explain):

Purchasing Use Only:

Approval #:

220804 @

1g Total Estimated Value of this Service Contract, Amendment or Purchase:  
\$2,188,800

2 Provide a description of work/services to be performed or commodity/good to be purchased:  
*The services to be provided include assisting SOS IT staff in maintaining, supporting and enhancing the Commercial Recordings back-end processing system known as Cenuity.*  
*The Commercial Recordings Division conducted an RFP and awarded a \$9.8M contract in 2016; the product went live in July 2019. After more than 2 ½ years post release, the majority of “bugs” and change request backlog remain unresolved and now is critical and urgent, as the state is facing potential lawsuits filed by its constituents. There is great concern with the continuity of the awarded vendor. Since go-live, the vendor merged with another organization, changed leadership, and continuously struggles to provide proper resources to us. If the system is not properly maintained and stability is unreliable, we are simply unable to operate. The SOS intends to acquire the source code and take over the maintenance of the product with the assistance of this new vendor.*

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:  
*This vendor employs staff with specific knowledge and experience with this code base, direct domain knowledge and experience with Nevada’s Business, UCC and Notary systems, and has knowledge of the statutory business processes and filing rules enabling them to quickly support the SOS in maintaining system operations seamlessly. Because of their detailed knowledge, they will also be able to deliver bug fixes and system changes in a timely manner.*

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:  
*It is critical that the Commercial Recordings Division provide accurate official recordings for the 350,000+ business entities on file to banks and lending institutions internationally, as well as the U.S. stock market. It is absolutely imperative that we are operational 24/7 with only scheduled routine maintenance interruptions. Late or inaccurate recordings could significantly impact commerce. The Commercial Recordings Division generates approx. \$200M of state General Fund revenue annually through this system. When the SOS acquires the source code, the current vendor’s contract for support and maintenance will be immediately terminated. A competitive bid will not draw bidders who will be willing and able to rescue and maintain a system that is not their own product, nor one that they have no experience in. More importantly, if we are unable to seamlessly transition and keep the system operating during the 1+ year timeframe to competitively bid and allow for knowledge transfer to an unfamiliar vendor, the state will likely be sued. If our system is not operational and we are unable to process filings accurately, the Commercial Recordings Division will accrue a backlog of paper filings in-house requiring manual processing and adjustments. With 16 vacant positions in the*

*division and an ongoing challenge to hire staff, we will not be able to process the backlog in a reasonable amount of time and official public records will not be available to the general public, as required by statute.*

*This vendor also provides the SOS with a proprietary product that was implemented under emergency during the COVID-19 pandemic. We intend to integrate this product with our processing system. Because of the proprietary code, this is the only vendor who would be able to accomplish that task.*

*Please note: The software is over six years and will require replacement within the next five years. We must keep this system operational and have all data issues resolved prior to replacement. We estimate a three-to-five-year relationship with this vendor to assist the SOS in resolving outstanding issues and get to a place to be able to competitively bid a replacement system.*

**Were alternative services or commodities evaluated?**

**Check One:**

Yes

No

**X**

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

*We have considered alternative options with the current vendor. One of the options included an "upgrade" to a newer software version at a cost of over \$1M dollars. This upgrade will require a migration – our data is not suitable for a migration of any kind. Also, the vendor has not performed. They have demonstrated a steadily decreasing capacity to support their own product.*

*We are unaware of any other vendors with the knowledge and experience with this code and our processes.*

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

5

Purchasing Use Only:	
Approval #:	220804 (C)

6	<p><b>Has the agency purchased this service or commodity in the past? Check One:</b></p> <p><i>The original contract was awarded via RFP to another vendor and included maintenance and support of the product. The original contract was extended via solicitation waivers because the vendor never completed the project within the contracted timeframes.</i></p> <p><i>This request is new because the state will have ownership of the source code and is hiring a company to assist the SOS IT staff in the maintenance and support of the code.</i></p> <p><b>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></p>	Yes	No																																				
	<p>a. <i>If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term</th> <th rowspan="2">Value</th> <th rowspan="2">Short Description</th> <th rowspan="2">Type of Procurement ENTER RFP#, RFQ#, Waiver #</th> </tr> <tr> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	Start Date	End Date																															X
Term		Value	Short Description				Type of Procurement ENTER RFP#, RFQ#, Waiver #																																
Start Date	End Date																																						

7	<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p>
	<p><i>If the waiver is denied, the SOS will be unable to maintain the Commercial Recordings system during outages, or implement long overdue bug fixes or code changes. Our system is not in proper condition to be replaced – it must be fixed first. As described in question 4, it is critical to be able to maintain continuous support and not interrupt international commerce or stall state revenues with an inoperable system. The current vendor has not performed and does not have proper resources to support our needs. When the SOS acquires the source code, the current vendor’s contract for support and maintenance will be immediately terminated.</i></p>

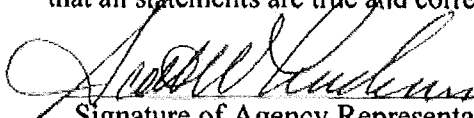
8	<p><b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b></p>
	<p><i>We are unable to consider any new products because of the grave condition of our database. We considered options with the current vendor but determined they are not feasible. All other vendors who provide business registry systems have their own product and would not support or provide simple maintenance on a competitor’s product. This vendor has specific code knowledge and experience with this system and is able to provide assistance to SOS IT staff once we acquire the code and take over the maintenance and support internally.</i></p>

#220804 @

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

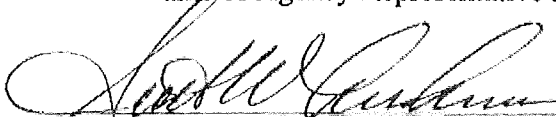
<del>Purchasing Use Only:</del>	
Approval #:	

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

  
Signature of Agency Representative Initiating Request

Scott W. Anderson  
Print Name of Agency Representative Initiating Request

8/1/2022  
Date

  
Signature of Agency Head Authorizing Request

Scott W. Anderson  
Print Name of Agency Head Authorizing Request

8/1/2022  
Date

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

**\*\*NOTE:** Agency must include TIN approval memo as an attachment in CETS \*\*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

# 220804 (2)

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

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

Approved by:

*Kevin D. Doty*

\_\_\_\_\_  
Administrator, Purchasing Division or Designee

*08/05/2022*

\_\_\_\_\_  
Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28538**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>AMERICAN LAWN AND LANDSCAPING, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>AMERICAN LAWN AND LANDSCAPING, LLC</b>
Appropriation Unit:	<b>1349-12</b>	Address:	<b>3810 FAIRVIEW ROAD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511</b>
If "No" please explain:	Not Applicable		
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2028</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>
Agency Reference #:	RFP # 08DOA-S2482 JS		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
 Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2028**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Landscape Maintenanc**

5. Purpose of contract:

**This is a new contract to provide landscape maintenance services for Nevada Early Intervention Services, Nevada Highway Patrol, and Department of Motor Vehicles locations in Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$348,240.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State must maintain a safe, secure, presentable grounds at State of Nevada properties for state employees, visitors, and the surrounding community.

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

Buildings and Grounds do not have the manpower needed to maintain these properties.

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):

CTAF LLC  
American Lawn & Landscaping

b. Solicitation Waiver: **Not Applicable**



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

Pursuant to RFP #08DOA-S2482, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/11/2023 Anticipated re-bid date: 07/01/2027

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	slon5	11/21/2023 13:11:05 PM
Division Approval	jkidd	11/22/2023 11:05:30 AM
Department Approval	ssands	11/27/2023 07:43:52 AM
Contract Manager Approval	ssands	11/27/2023 07:43:55 AM
Budget Analyst Approval	klay0	12/05/2023 11:29:21 AM
BOE Agenda Approval	vmilazz1	12/18/2023 18:42:24 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: **28531**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Braswell Community, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>Braswell Community, LLC dba Gorilla Property Services</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3789 Via Gaetano</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89052</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Roderick Braswell 702-344-6018</b>
	Vendor No.: <b>T32012993</b>
	NV Business ID: <b>NV20191608956</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

Agency Reference #: **RFP #08DOA-S2537 JS**

2. Contract start date:

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

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2028**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Roof Cleaning**

5. Purpose of contract:

**This is a new contract to provide roof cleaning services for buildings at the McCarran Center campus located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$345,600.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Roofs for buildings need to be maintained regularly.**

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

**Buildings and Grounds does not have the manpower needed to maintain these buildings**

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):

**Servpro of Carson City  
Harris Las Vegas LLC  
Braswell Community LLC**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2537, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/12/2023 Anticipated re-bid date: 08/01/2028

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

doing business as

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/17/2023 08:41:57 AM
Division Approval	jkidd	11/27/2023 16:35:14 PM
Department Approval	ssands	11/28/2023 08:45:55 AM
Contract Manager Approval	ssands	11/28/2023 08:46:01 AM
Budget Analyst Approval	klay0	12/04/2023 14:51:01 PM
BOE Agenda Approval	vmilazz1	12/18/2023 18:35:21 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: **28574**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: Enterprise Janitorial, Inc.
Agency Code: <b>082</b>	Contractor Name: <b>Enterprise Janitorial, Inc.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO Box 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511</b>
If "No" please explain: Not Applicable	Contact/Phone: Ana Arroyo 775-691-2939
	Vendor No.: T32003728A
	NV Business ID: NV20141642364
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2028</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % Buildings and Grounds Rent Income</b>
Agency Reference #: RFP # 08DOA-S2504 JS	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
 Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2028**  
Contract term: **4 years and 31 days**

4. Type of contract: **Contract**  
Contract description: **Janitorial**

5. Purpose of contract:  
**This is a new contract to provide ongoing janitorial services for the Arrowhead Building located in Carson City.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$957,605.76**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.**

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):  
**WOW C leaning Corp  
Enterprise Janitorial**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2504 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/26/2023 Anticipated re-bid date: 07/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current-Admin/B&G-Satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/30/2023 08:16:25 AM
Division Approval	nmann	11/30/2023 11:55:17 AM
Department Approval	ssands	11/30/2023 11:55:38 AM
Contract Manager Approval	ssands	11/30/2023 11:55:42 AM
Budget Analyst Approval	klay0	12/04/2023 15:30:50 PM
BOE Agenda Approval	vmilazz1	12/18/2023 18:38:24 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: <b>24924</b>	Amendment Number: <b>1</b>
	Legal Entity Name: <b>JOE BENIGNO TREE SERVICE, INC. DBA JOE BENIGNO'S TREE SERVICE &amp; CONSULTING</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Contractor Name: <b>JOE BENIGNO TREE SERVICE, INC. DBA JOE BENIGNO'S TREE SERVICE &amp; CONSULTING</b>
Agency Code: <b>082</b>	Address: <b>1460 Industrial Way</b>
Appropriation Unit: <b>1349-12</b>	City/State/Zip: <b>Gardnerville, NV 89410</b>
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>775-265-9665</b>
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T27008575</b>
	NV Business ID: <b>NV20081585740</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **4 years and 3 days**

4. Type of contract: **Contract**

Contract description: **Arborist Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing arborist, plant health care, tree removal, trimming, landscaping, and planting as requested and approved by Buildings and Grounds. This amendment increases the maximum amount from \$97,185 to \$167,185 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$97,185.00	\$97,185.00	\$97,185.00	Yes - Info
2. Amount of current amendment (#1):	\$70,000.00	\$70,000.00	\$167,185.00	Yes - Action
3. New maximum contract amount:	\$167,185.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Buildings and Grounds Section maintains State properties for the safety of the employees and public.

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

This is outside the Buildings and Grounds expertise as most of the work requires heavy-duty equipment and trained personal.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes, State Public Works, Buildings and Grounds Section has contracted with this vendor with satisfactory service.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/16/2023 08:27:35 AM
Division Approval	tmilazz1	11/17/2023 14:32:01 PM
Department Approval	ssands	11/17/2023 14:34:08 PM
Contract Manager Approval	ssands	11/17/2023 14:34:18 PM
Budget Analyst Approval	klay0	11/21/2023 12:06:13 PM
BOE Agenda Approval	vmilazz1	12/18/2023 18:23:42 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28586**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>KGA, INC. DBA KITTRELL GARLOCK &amp; ASSOCIATES DBA KGA ARCHITECTURE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>KGA, INC. DBA KITTRELL GARLOCK &amp; ASSOCIATES DBA KGA ARCHITECTURE</b>
Appropriation Unit:	<b>1535-55</b>	Address:	<b>9075 W. DIABLO DR., FL. 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89148-7604</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-6900
		Vendor No.:	T80931708
		NV Business ID:	NV20201742190

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116164

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Stein Hospital - Anti-Ligature Rehabilitation CIP project to include schematic design, construction documents, bid documents, and construction administration services for anti-ligature upgrades in the Allied Therapy room and for the expansion of the existing control room: CIP Project No. 23-M02-4; SPWD Contract No. 116164.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$151,080.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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



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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Heather Holmstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 10:24:26 AM
Division Approval	nmann	12/05/2023 10:24:29 AM
Department Approval	nmann	12/05/2023 10:24:31 AM
Contract Manager Approval	lwildes	12/05/2023 10:48:12 AM
Budget Analyst Approval	klay0	12/13/2023 08:43:01 AM
BOE Agenda Approval	vmilazz1	12/18/2023 16:59:55 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: **28544**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>R. BRANDON SPRAGUE, ARCHITECT P.C. DBA APTUS ARCHITECTURE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>R. BRANDON SPRAGUE, ARCHITECT P.C. DBA APTUS ARCHITECTURE</b>
Appropriation Unit:	<b>1535-54</b>	Address:	<b>241 W. CHARLESTON BLVD., STE. 145</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89102</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-839-1200
		Vendor No.:	T32015063
		NV Business ID:	NV20061812588

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116127

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Summit View Youth Center - Gymnasium Addition and Remodel CIP Project to include schematic design, design development, construction documents, bidding, and construction administration services for the design and construction of additional multi-purpose rooms, a restroom, athletic flooring, an air conditioning system, and a closed circuit television system, as well as the replacement of the lighting and bleachers, and the addition of insulation to the wall and roof assemblies: CIP Project No. 23-C27; SPWD Contract No. 116127.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$253,275.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Philip DeLa Mare, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/01/2023 15:16:04 PM
Division Approval	nmann	12/01/2023 15:16:07 PM
Department Approval	nmann	12/01/2023 15:16:10 PM
Contract Manager Approval	lwildes	12/01/2023 15:18:38 PM
Budget Analyst Approval	klay0	12/06/2023 15:35:28 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:58:39 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: **28592**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DLR GROUP ARCHITECTURE &amp; ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DLR GROUP ARCHITECTURE &amp; ENGINEERING, INC.</b>
Appropriation Unit: <b>1550-47</b>	Address: <b>6225 N. 24TH ST., STE. 250</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PHOENIX, AZ 85016</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>602-381-8580</b>
	Vendor No.: <b>T32009274</b>
	NV Business ID: <b>NV20121109037</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
<input type="checkbox"/> Federal Funds	0.00 %	Bonds	0.00 %
<input type="checkbox"/> Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116147

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Recreation Yard Cages CIP Project to include design development, construction documents, bid assistance, and construction administration services for the design and construction of 18 individual, Americans with Disabilities Act compliant, recreation yard cages: CIP Project No. 23-M41; SPWD Contract No. 116147.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$138,585.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 11:17:44 AM
Division Approval	nmann	12/05/2023 11:17:47 AM
Department Approval	nmann	12/05/2023 11:17:49 AM
Contract Manager Approval	lwildes	12/05/2023 11:23:19 AM
Budget Analyst Approval	klay0	12/08/2023 08:44:41 AM
BOE Agenda Approval	vmilazz1	12/18/2023 17:16:38 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: **28614**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BURKE CONSTRUCTION GROUP, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>BURKE CONSTRUCTION GROUP, INC.</b>
Appropriation Unit: <b>1558-20</b>	Address: <b>385 PILOT RD., STE. D</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-3526</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-367-1040</b>
	Vendor No.: <b>T32007101</b>
	NV Business ID: <b>NV19841005880</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116144

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is a new contract to provide Owner Construction Manager At Risk services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project: CIP Project No. 23-P06; SPWD Contract No. 116144.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$329,074.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results

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

No If "Yes", please provide details of the litigation 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:

Heather Holstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 16:39:29 PM
Division Approval	nmann	12/05/2023 16:39:31 PM
Department Approval	nmann	12/05/2023 16:39:34 PM
Contract Manager Approval	lwildes	12/05/2023 16:40:24 PM
Budget Analyst Approval	klay0	12/12/2023 15:21:23 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:03:00 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: **28575**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>CARPENTER SELLERS DEL GATTO ARCHITECTS, PC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>CARPENTER SELLERS DEL GATTO ARCHITECTS, PC</b>
Appropriation Unit:	<b>1558-19</b>	Address:	<b>8882 SPANISH RIDGE AVE.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89148-1303</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-251-8896
		Vendor No.:	T80997582
		NV Business ID:	NV19871041301

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116145

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Veterans Services - North Las Vegas Veterans Home Advance Planning CIP Project to include programming, schematic design, design development, and construction documents for a 128 bed, 120,000 square foot skilled nursing facility on the Veterans Affairs (VA) campus in North Las Vegas on land to be donated to the State by the VA Sierra Nevada Health Care System: CIP Project No. 23-P04; SPWD Contract No. 116145.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,993,700.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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



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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/04/2023 11:59:02 AM
Division Approval	nmann	12/04/2023 11:59:05 AM
Department Approval	nmann	12/04/2023 11:59:10 AM
Contract Manager Approval	lwildes	12/04/2023 12:27:16 PM
Budget Analyst Approval	klay0	12/07/2023 15:49:10 PM
BOE Agenda Approval	vmilazz1	12/18/2023 18:04:17 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: **28594**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.</b>
Appropriation Unit:	<b>1558-23</b>	Address:	<b>5485 RENO CORPORATE DR., STE. 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2262</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	<b>775-332-6640</b>
		Vendor No.:	<b>T80984709</b>
		NV Business ID:	<b>NV19941047730</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116120

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Old Gym Building Seismic Stabilization and Rehabilitation Advance Planning CIP Project to include topographic survey and project programming for the seismic stabilization and rehabilitation of the Old Gym, Building #20: CIP Project No. 23-P09; SPWD Contract No. 116120.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

Other basis for payment: Yes. SPWD, and currently with satisfactory results.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Legislative approved CIP Projects**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Philip De La Mare, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 12:08:03 PM
Division Approval	nmann	12/05/2023 12:08:05 PM
Department Approval	nmann	12/05/2023 12:08:07 PM
Contract Manager Approval	lwildes	12/05/2023 12:33:19 PM
Budget Analyst Approval	klay0	12/08/2023 15:40:41 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:11:04 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: **28534**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>KGA, INC. DBA KITTRELL GARLOCK &amp; ASSOCIATES DBA KGA ARCHITECTURE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>KGA, INC. DBA KITTRELL GARLOCK &amp; ASSOCIATES DBA KGA ARCHITECTURE</b>
Appropriation Unit:	<b>1558-20</b>	Address:	<b>9075 W. DIABLO DR., FL. 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89148-7604</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-6900
		Vendor No.:	T80931708
		NV Business ID:	NV20201742190
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2027</b>		

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116111

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project to include planning/conceptual design, schematic design, design development, and construction documents for a new facility to serve individuals awaiting adjudication and needing treatment to competency, which will accommodate approximately 282 beds to meet the anticipated need for the next 15 years: CIP Project No. 23-P06; SPWD Contract No. 116111.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,797,379.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Heather Holmstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/01/2023 13:40:44 PM
Division Approval	nmann	12/01/2023 13:40:47 PM
Department Approval	nmann	12/01/2023 13:40:50 PM
Contract Manager Approval	lwildes	12/01/2023 13:44:04 PM
Budget Analyst Approval	klay0	12/06/2023 16:04:02 PM
BOE Agenda Approval	vmilazz1	12/18/2023 18:09:44 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: **28576**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1577-72**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Address: **8882 SPANISH RIDGE AVE.**

City/State/Zip: **LAS VEGAS, NV 89148-1303**

Contact/Phone: **702-251-8896**

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116155

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Southern Nevada Small Arms Range CIP project to include schematic design, design development, construction documents, bidding, and construction administration services for the design and construction of a small arms range consisting of a four-lane rifle and pistol target range, a control tower, restrooms, classroom, ammunition breakdown building, lead recovery system, operations and storage building, covered pad with bleachers, parking area, and access to existing roads: CIP Project No. 23-C33; SPWD Contract No. 116155.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,185,544.90**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Legislative approved CIP Project**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Javier Barrera, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/04/2023 14:02:55 PM
Division Approval	nmann	12/04/2023 14:02:58 PM
Department Approval	nmann	12/04/2023 14:03:01 PM
Contract Manager Approval	lwildes	12/04/2023 14:11:39 PM
Budget Analyst Approval	klay0	12/07/2023 11:45:35 AM
BOE Agenda Approval	vmilazz1	12/18/2023 18:01:03 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25142</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>J-U-B ENGINEERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>J-U-B ENGINEERS, INC.</b>
Appropriation Unit: <b>1591-39</b>	Address: <b>5190 NEIL RD., STE. 500</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-8521440</b>
	Vendor No.: <b>T32010158</b>
	NV Business ID: <b>NV19741000794</b>

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 %
<b>X</b> Federal Funds	<b>14.00 %</b>	<b>X</b> Bonds	<b>50.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>36.00 % Agency Funded CIP</b>

Agency Reference #: 114263

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**  
 Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 198 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional architectural/engineering services for the Cave Lake State Park - Cave Creek Dam Rehabilitation CIP Project: CIP Project No. 21-C04; SPWD Contract No. 114263. This amendment increases the maximum amount from \$877,651 to \$1,128,342 due to additional design, surveying, and permitting for the dam rehabilitation.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$807,931.00	\$807,931.00	\$807,931.00	Yes - Action
a. Amendment 1:	\$69,720.00	\$69,720.00	\$69,720.00	Yes - Info
2. Amount of current amendment (#2):	\$250,691.00	\$250,691.00	\$320,411.00	Yes - Action
3. New maximum contract amount:	\$1,128,342.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP



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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 16:00:21 PM
Division Approval	nmann	12/05/2023 16:00:32 PM
Department Approval	nmann	12/05/2023 16:00:45 PM
Contract Manager Approval	lwildes	12/05/2023 16:09:47 PM

Budget Analyst Approval  
BOE Agenda Approval

klay0  
vmilazz1

12/12/2023 15:59:59 PM  
12/18/2023 17:07:02 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28579**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE WEST, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CORE WEST, INC.</b>
Appropriation Unit: <b>1593-24</b>	Address: <b>7150 CASCADE VALLEY CT.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0455</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-794-0550</b>
	Vendor No.: <b>T81092744</b>
	NV Business ID: <b>NV19861002524</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116165

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **CMAR**

5. Purpose of contract:

**This is a new contract to provide Owner Construction Manager At Risk services for the Department of Motor Vehicles - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 116165.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,515,202.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Justus Pang, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/04/2023 15:24:29 PM
Division Approval	nmann	12/04/2023 15:24:31 PM
Department Approval	nmann	12/04/2023 15:24:34 PM
Contract Manager Approval	lwildes	12/05/2023 07:51:53 AM
Budget Analyst Approval	klay0	12/08/2023 13:44:10 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:31:48 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: **28577**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK</b>
Agency Code: <b>082</b>	Contractor Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK</b>
Appropriation Unit: <b>1593-24</b>	Address: <b>314 S. WATER ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015-7311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-456-3000</b>
	Vendor No.: <b>T80883470</b>
	NV Business ID: <b>NV2021004081</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 115808

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles - Silverado Ranch Facility CIP project to include construction administration, architectural, and engineering services for the construction of a full service Department of Motor Vehicles facility, including Commercial Driver's License services: CIP Project No. 23-C02; SPWD Contract No. 115808.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,087,394.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Legislative approved CIP Projects**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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:

Justus Pang, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/07/2023 16:16:25 PM
Division Approval	nmann	12/07/2023 16:16:28 PM
Department Approval	nmann	12/07/2023 16:16:30 PM
Contract Manager Approval	lwildes	12/08/2023 07:28:09 AM
Budget Analyst Approval	klay0	12/08/2023 07:36:46 AM
BOE Agenda Approval	vmilazz1	12/18/2023 17:14:01 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28593**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1594-28**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BERGER HANNAFIN ARCHITECTURE, L.L.P.**

Contractor Name: **BERGER HANNAFIN ARCHITECTURE, L.L.P.**

Address: **312 W. THIRD ST.**

City/State/Zip: **CARSON CITY, NV 89703-4238**

Contact/Phone: **775-882-6455**

Vendor No.: **T29045612**

NV Business ID: **NV20101506066**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116118

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Department of Education Building - Office Renovation CIP Project to include schematic design, mechanical, electrical and structural engineering services, architectural services, construction documents, and cost consulting for the renovation of 2,470 square-feet of storage space into an open office area, including converting interior lighting to LED fixtures, heating, ventilation, and air conditioning modifications, life safety system upgrades, renovations to the restrooms, and window installations: CIP Project No. 23-C16; SPWD Contract No. 116118.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Heather Holmstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 11:45:10 AM
Division Approval	nmann	12/05/2023 11:45:12 AM
Department Approval	nmann	12/05/2023 11:45:15 AM
Contract Manager Approval	lwildes	12/05/2023 12:34:05 PM
Budget Analyst Approval	klay0	12/08/2023 15:25:52 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:43:35 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: **28595**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BLACK EAGLE CONSULTING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>BLACK EAGLE CONSULTING, INC.</b>
Appropriation Unit: <b>1594-26</b>	Address: <b>1345 CAPITAL BLVD., STE. A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7140</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-359-6600</b>
	Vendor No.: <b>T27002047</b>
	NV Business ID: <b>NV19971293847</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116119

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project to include construction/materials testing, inspections, and site visits: CIP Project No. 23-C03; SPWD Contract No. 116119.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$170,885.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 12:27:22 PM
Division Approval	nmann	12/05/2023 12:27:25 PM
Department Approval	nmann	12/05/2023 12:27:27 PM
Contract Manager Approval	lwildes	12/05/2023 12:32:39 PM
Budget Analyst Approval	klay0	12/11/2023 11:37:16 AM
BOE Agenda Approval	vmilazz1	12/18/2023 18:14:19 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: **28582**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, LTD. DBA H &amp; K ARCHITECTS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, LTD. DBA H &amp; K ARCHITECTS</b>
Appropriation Unit:	<b>1594-27</b>	Address:	<b>5485 RENO CORPORATE DR., STE. 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2262</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>775-332-6640</b>
		Vendor No.:	<b>T80984709</b>
		NV Business ID:	<b>NV19941047730</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116138

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada State Library and Archives - Basement Tenant Improvement CIP project to include schematic design, design development, construction documents, bidding, and construction administration services for the replacement of mechanical engineering components, interior and select exterior lighting, and carpeting, the installation of insulation at perimeter walls, and the repair and removal of concrete steps: CIP Project No. 23-C15; SPWD Contract No. 116138.**

6. NEW CONTRACT

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

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Heather Holstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/04/2023 15:55:52 PM
Division Approval	nmann	12/04/2023 15:55:54 PM
Department Approval	nmann	12/04/2023 15:55:56 PM
Contract Manager Approval	lwildes	12/05/2023 07:31:32 AM
Budget Analyst Approval	klay0	12/08/2023 13:14:37 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:19:44 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: **28543**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>IN2IT ARCHITECTURE</b>
Agency Code: <b>082</b>	Contractor Name: <b>IN2IT ARCHITECTURE</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>5135 S. DURANGO DR. #103</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89113</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 95, Deferred Maintenance.	Contact/Phone: <b>702-852-2252</b>
	Vendor No.: <b>T29045148</b>
	NV Business ID: <b>NV20131112567</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

Agency Reference #: 116117

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - Deferred Maintenance CIP Project to include schematic design, construction documents, bidding, and construction administration services for the design and construction of deferred maintenance projects for buildings 1, 2, 4, 5, and 6 at the West Charleston campus: CIP Project No. 24-A010-2; SPWD Contract No. 116117.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$570,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Southern Nevada Adult Mental Health Services

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:

Justus Pang, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/01/2023 14:35:49 PM
Division Approval	nmann	12/01/2023 14:35:52 PM
Department Approval	nmann	12/01/2023 14:35:55 PM
Contract Manager Approval	lwildes	12/01/2023 14:45:48 PM
Budget Analyst Approval	klay0	12/06/2023 14:28:52 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:46:44 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: <b>27234</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>KLEINFELDER, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>KLEINFELDER, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>6960 SMOKE RANCH ROAD, STE. 110</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: <b>702-2558100</b>
	Vendor No.: <b>T29046160B</b>
	NV Business ID: <b>NV19801004246</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

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

Agency Reference #: **115239**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2023**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **2 years and 107 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the Las Vegas Readiness Center - Site Drainage Improvements (FMS7) CIP Project: CIP Project No. 23-A006; SPWD Contract No. 115239. This amendment increases the maximum amount from \$87,064 to \$123,566 due to the addition of 300 linear feet of reinforced concrete boxes located on the property.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$87,064.00	\$87,064.00	\$87,064.00	Yes - Info
2. Amount of current amendment (#1):	\$36,502.00	\$36,502.00	\$123,566.00	Yes - Action
3. New maximum contract amount:	\$123,566.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency submitted application - Nevada Army National Guard

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2023 14:40:24 PM
Division Approval	nmann	12/05/2023 14:40:34 PM



Department Approval	nmann	12/05/2023 14:40:43 PM
Contract Manager Approval	lwildes	12/05/2023 15:27:27 PM
Budget Analyst Approval	klay0	12/13/2023 09:58:40 AM
BOE Agenda Approval	vmilazz1	12/18/2023 16:52:50 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28537**

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

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: 116141

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2026**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - Forensics Facility Renovation Building 3A CIP Project to include architectural and structural design, engineering services, cost estimating, and health care compliance for the renovation of building 3A, including new furniture and repairs to patient units, anti-ligature upgrades, fire system inspections and repairs, exterior yard renovations, and miscellaneous upgrades as required by the State Bureau of Health Care Quality and Compliance: CIP Project No. 24-A009; SPWD Contract No. 116141.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$798,500.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Southern Nevada Adult Mental Health Services

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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:

Justus Pang, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/04/2023 15:38:12 PM
Division Approval	nmann	12/04/2023 15:38:15 PM
Department Approval	nmann	12/04/2023 15:38:17 PM
Contract Manager Approval	lwildes	12/05/2023 07:30:51 AM
Budget Analyst Approval	klay0	12/08/2023 14:36:52 PM
BOE Agenda Approval	vmilazz1	12/18/2023 17:38:47 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28611**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>ESTIPONA VIALPANDO PARTNERS, INC. DBA ESTIPONA GROUP</b>
Agency Code: <b>101</b>	Contractor Name: <b>ESTIPONA VIALPANDO PARTNERS, INC. DBA ESTIPONA GROUP</b>
Appropriation Unit: <b>1520-31</b>	Address: <b>PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>EDWARD ESTIPONA 775-420-0910</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

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

Agency Reference #: **RFQ 99SWC-S2340**

2. Contract start date:

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

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/15/2026**

Contract term: **2 years and 15 days**

4. Type of contract: **Contract**

Contract description: **Marketing**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides ongoing creative development, media buying, public relations and event planning, and digital services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,525,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The department has restructured to allow more administrative and marketing support to the cultural agencies within the Department of Tourism and Cultural Affairs: Division of Museums and History, Nevada Arts Council, and the Nevada Indian Commission. Formerly, the Division of Tourism provided all the marketing and communications resources for the entire department, which is inefficient and also overburdened that marketing team and their contracted consultants. Contracting with a dedicated marketing agency will give these three agencies the kind of promotional power they need to fulfill their missions for Nevada residents.

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

To accomplish the needs of the cultural agencies, the department will use various channels to advertise and generate awareness of these agencies. DTCA staff does not possess the professional expertise needed.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ #99SWC-S2340, this vendor was selected because the agency has worked with them in the past and their work has been satisfactory.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

NAC, 2008-2009. Quality service.

Multiple agencies 014, 018, 406. Multiple contracts.

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

**No** If "Yes", please provide details of the litigation 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	amathies	12/05/2023 14:23:17 PM
Division Approval	amathies	12/05/2023 14:23:19 PM
Department Approval	amathies	12/05/2023 14:23:22 PM
Contract Manager Approval	amathies	12/05/2023 14:23:24 PM
Budget Analyst Approval	stilley	12/18/2023 17:26:37 PM
BOE Agenda Approval	stilley	12/18/2023 17:26:40 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: **28548**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: Naviant, Inc.
Agency Code: <b>180</b>	Contractor Name: <b>Naviant, Inc.</b>
Appropriation Unit: <b>1365-26</b>	Address:
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Verona, Wi 53593</b>
If "No" please explain: Not Applicable	Contact/Phone: 8886864624
	Vendor No.: T32013666
	NV Business ID: NV20222589218
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2025</b>

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Naviant Service Agree**

5. Purpose of contract:

**This is a new contract to provide a managed service for Hyland OnBase software.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

Payment for services will be made at the rate of \$10,000.00 per Month

Other basis for payment: As invoiced by the contractor and approved by the state

#### II. JUSTIFICATION

7. What conditions require that this work be done?

During the FY24-25 Legislative session, OCIO Client Services Unit (CSU) acquired the Naviant contract and support from NSLAPR, which supports the OnBase software project. Obtaining a resource directly from Naviant will enable CSU and OCIO to be supported on the administration of the system.

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

This is a specialized service

9. Were quotes or proposals solicited? No

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

[Empty text box]

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

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contract start 3/29/2023 Originated with NSLAPR. Quality was satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	jbrya1	11/29/2023 10:30:15 AM
Division Approval	jbensho1	11/29/2023 12:22:30 PM
Department Approval	ddodge	11/29/2023 14:26:08 PM
Contract Manager Approval	thudder	12/01/2023 10:38:22 AM
EITS Approval	ljean	12/01/2023 10:48:52 AM
Budget Analyst Approval	mranki1	12/04/2023 15:13:50 PM
BOE Agenda Approval	mranki1	12/04/2023 15:13:55 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: **28600**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES**  
Agency Code: **180**  
Appropriation Unit: **1373-26**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **INFO-TECH RESEARCH GROUP, INC.**  
Contractor Name: **INFO-TECH RESEARCH GROUP, INC.**  
Address: **3960 Howard Hughes Parkway Suite 500**  
City/State/Zip: **Las Vegas, NV 89169**  
Contact/Phone: **Nathan Driscoll 888-670-8889**  
Vendor No.: **T32011000**  
NV Business ID: **NV20141739178**

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Research & Advisory**

5. Purpose of contract:

**This is a new contract to provide research and advisory services related to information technology.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$209,143.59**

Payment for services will be made at the rate of \$104,571.79 per six months

#### II. JUSTIFICATION

7. What conditions require that this work be done?

OCIO continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure OCIO stays current with rapidly advancing IT changes, Info-Tech has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Info-Tech's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

**This is a specialized service**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**



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

[Empty text box]

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbrya1	12/05/2023 10:31:28 AM
Division Approval	ddodge	12/05/2023 10:51:18 AM
Department Approval	ddodge	12/05/2023 10:51:22 AM
Contract Manager Approval	thudder	12/05/2023 10:51:43 AM
EITS Approval	ljean	12/05/2023 11:37:19 AM
Budget Analyst Approval	mranki1	12/06/2023 09:41:17 AM
BOE Agenda Approval	mranki1	12/06/2023 09:41:19 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28516**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: Digital Transitions Mfg, LLC
Agency Code: <b>332</b>	Contractor Name: <b>Digital Transitions Mfg, LLC</b>
Appropriation Unit: <b>1052-16</b>	Address: <b>50 WOODBURY RD Suite 2B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HUNTINGTON, NY 11743</b>
If "No" please explain: Not Applicable	Contact/Phone: Carol Wilczewski 212-529-6825
	Vendor No.: T32015050
	NV Business ID: NV20232931389

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

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

<b>X</b> General Funds	<b>80.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>20.00 % IFC Contingency</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **171 days**

4. Type of contract: **Contract**

Contract description: **Digitizing**

5. Purpose of contract:

**This is a new contract to provide equipment and training for the digitization of documents and microfilm.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$162,964.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Library Archives and Public Records (NSLAPR) divisions Imaging & Preservation Services (IPS) program must transition from microfilm services to large-scale digitization to fulfill reformatting requests from state agencies and local government entities.

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

This equipment and associated processes are completely new to NSALPR. Installation of equipment requires expertise not held in-house. Training must be conducted by an expert.

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

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

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

**Not Applicable**

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

**Approval #: 231005**

**Approval Date: 10/24/2023**

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

[Empty text box]

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jvictor	12/01/2023 16:05:08 PM
Division Approval	nmann	12/01/2023 16:11:56 PM
Department Approval	ssands	12/11/2023 16:07:49 PM
Contract Manager Approval	ssands	12/19/2023 08:35:10 AM
Budget Analyst Approval	Iramire7	12/19/2023 08:42:40 AM
BOE Agenda Approval	stilley	12/19/2023 09:02:39 AM
BOE Final Approval	Pending	



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

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

<i>Purchasing Use Only:</i>	
Approval#:	231005 (C)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<i>STATE AGENCY NAME REQUIRED:</i>	NSLAPR	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Cyndi Shein, Deputy Administrator Archives & Records	775-684-3306	cshein@admin.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	Digital Transitions
	Contact Name:	Carol Wilczewski
	<b>Complete Address:</b>	35 West 35 <sup>th</sup> St. 10 <sup>th</sup> Floor, Suite#1001-1002
	City, State, and Zip Code	New York, NY 10001
	Telephone Number:	212-529-6825
Email Address:	caw@digitaltransitions.com	

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Contract:	Start Date:	01-01-2024	End Date: 06-30-2024

1f	<b>Funding:</b>	
	State Appropriated:	Assembly Bill 486 (\$146,459) and contingency funds (\$35,125) for this contract and associated computers that will be purchased separately

Federal Funds:	
Grant Funds:	
Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	231005 @

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$162,964.00

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	Delivery and installation of all equipment listed in the invoice. Onsite training for NSLAPR staff on how to use the equipment and postproduction software.  TTN#598

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<p>The Imaging &amp; Preservation Services program in the State Library, Archives, and Records Division (NSLAPR), requires a high-resolution imaging system for digital preservation of large-scale historical records created and used by State agencies. The system must efficiently produce preservation quality captures of unique, irreplaceable documentation without damaging the often fragile originals (dating back to the late 1800s). The Division seeks to purchase the Digital Transitions (DT) Element digitization solution, the <b>only such system achieving four-star compliance with Federal Agencies Digital Guidelines Initiative's (FADGI) <i>Technical Guidelines for Digitizing Cultural Heritage Materials</i></b>. Compliance with this digitization standard is mandated by the National Archives and Records Administration for preservation of permanent government records: <u>36 CFR1236 Subpart E</u>. Since the digital version of a record can replace the original as the official record, it is essential that the digital versions of State records comply with national standards and be "durable, accurate, complete and clear" (NRS 239.051(4)).</p> <p>Digital Transitions (DT) provides equipment and support to government bodies such as the National Archives and Records Administration, the Smithsonian Institute, Washington State Archives, the California State Archives, Hawai'i State Archives, Florida Department of State, and the two major university libraries in Nevada (UNR and UNLV). The Deputy Administrator, Archives &amp; Records personally contacted digitization programs that have been using Phase One cameras for several years. Every one of them strongly recommends Digital Transitions products and services:</p> <p>Adam Jansen, State Archivist, Hawai'i State Archives: We highly recommend the DT products over all others as it is hands down the best system we've encountered (plus very expandable).</p> <p>Beth Golding, Chief, Bureau of Archives and Records Management, Florida Department of State: "We are deliriously happy with our Phase One system from Digital Transitions."</p> <p>Nathan Gerth, Head of Digital Services, UNR Libraries: The value of going with Digital Transitions is staff time saved. DT sets up the equipment and trains staff onsite. All components are made to work</p>

together seamlessly. DT provides ongoing remote support for the life of the product. This saves staff time required to set up and troubleshoot issues throughout the years.

Aaron Mayes, Curator of Visual Resources, UNLV Libraries: We strongly recommend DT products/support and plan to buy additional equipment from them. Prior to switching everything over, I processed 1,000 full-sized (80 megapixels) files. The previous machines churned through those images in 96 minutes. On the new machines, it took nine and a half minutes.

**4 Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:**

Research revealed that Digital Transitions is the only North American source of the DT Element System, comprised of the Phase One iXH150MP camera, lens, software, and supporting lighting, stands and other required system elements as well as installation and training. Digital Transitions also is the only vendor authorized by the camera manufacturer, Phase One, for sales and support in the United States.

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
<b>5</b>	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></p> <p>In researching options, the Division found no companies or equipment with proven track records in compliance with FADGI at the four-star rating. The closest competitor to the DT set up is the Zeutschel equipment for digitization of bound, flat and large format materials. The Division had a Zeutschel large format scanner that failed because the Zeutschel company discontinued the model after only four years. Rather than standing by their product and repairing equipment, Zeutschel prefers to sell customers new equipment. UNLV had the same experience with their Zeutschel; they were unable to repair it.</p> <p>For reference, the <u>Crowley Company</u> is one of several companies that offers Zeutschel equipment.</p>		
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>		

Purchasing Use Only:

Approval #:

2310050

	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p><b>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></p>					X
6	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Provide Type of Procurement RFP#, RFQ#, Waiver #</i>	<i>CETS #</i>
	<i>Start Date</i>	<i>End Date</i>				
			\$			
			\$			
			\$			
			\$			
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?	
	Loss of time and efficiency in providing reformatting services to State agencies. There is a queue of agencies (Parks, NDOT, Water Resources, etc.) waiting to have oversized fragile materials digitized by NSLAPR. Going out to bid adds an unnecessary delay.	

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?	
	Online research, site visits to UNR and UNLV digitization labs, emails to State Archives across the nation.	

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

Purchasing Use Only:	
Approval #:	2310050

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.



Signature of Agency Representative Initiating Request

Cyndi Shein, Deputy Administrator, Archives & Records  
 Print Name of Agency Representative Initiating Request

10-24-2023  
 Date



Signature of Agency Head Authorizing Request

Michael Strom, Administrator, NSLAPR  
 Print Name of Agency Head Authorizing Request

10-24-2023  
 Date

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

Name of agency or entity who provided information of review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

<b>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</b>	
---	--

Approved by:



Administrator, Purchasing Division or Designee

10/24/13  
 Date





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

**MEMORANDUM**

**TO:** Laura Freed, Director, DOA  
Cyndi Shein, Deputy Administrator, Archives & Records, DOA  
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA  
Jennifer Victor, Budget Analyst, DOA

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
Jon Mathews, IT Chief, Communication, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NSLAPR – TIN 598 – *NSLAPR Building Capacity to Meet Digitization Needs of State and Local Entities* – BA 1052

**DATE:** August 22, 2022

We have completed our review for the Nevada State Library Archives and Public Records' (NSLAPR) – *NSLAPR Building Capacity to Meet Digitization Needs of State and Local Entities* – TIN 598.

The submitted TIN, for an estimated value of \$155,024.99 in the FY24/FY25 biennium (100% General Fund), is to support NSLAPR's Imaging & Preservation Services (IPS) program to reformat documents from paper and microfilm to a digital format that will save space and facilitate document retrieval, per NRS 378.255 and NRS 378.280.

This enhancement requires expanding NSLAPR's digital storage capacity on local and networked servers to support workflow efficiencies, secure storage, and transfer of records. Expected benefits include rapid capture of documents, modernized workflows, and automated post-production steps, thereby resulting in efficiencies that empower IPS to meet the growing demand for large-scale preservation-quality digital reformatting, as over the past decade, most agencies have requested digital formats of their records rather

than microfilm.

This enhancement supports the governor's priority to increase "government efficiency and innovation." Implementing modern digitization equipment and efficient workflows will facilitate timely responses to information requests and thereby "provide Nevadans with quality access to government through efficient and innovative services." Digitization will empower agencies to serve records via email to families who cannot come to Carson City in person during business hours to retrieve documents.

The agency considers the investment and final implementation to have an ongoing low security risk, as IPS already handles confidential documents and has procedures in place to safeguard sensitive information.

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

It is expected that this solution will follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22751** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Humboldt County Hospital District**

Agency Code: **403** Contractor Name: **Humboldt County Hospital District**

Appropriation Unit: **3157-00** Address: **118 E Haskell St**

Is budget authority available?: **Yes** City/State/Zip: **Winnemucca, NV 89445**

If "No" please explain: **Not Applicable** Contact/Phone: **Kimberley Plummer 775-623-5222**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Voluntary Contributi**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) and the Graduate Medical Education (GME) Supplemental Payment Programs participated by non-state governmental owned and operated hospitals. This amendment increases the maximum amount from \$5,076,036 to \$5,806,214 due to the increased Outpatient Public UPL and GME supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,076,036.00	\$5,076,036.00	\$5,076,036.00	Yes - Action
2. Amount of current amendment (#1):	\$730,178.00	\$730,178.00	\$730,178.00	Yes - Action
3. New maximum contract amount:	\$5,806,214.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The hospital district has been contracted with DHCFP since January 1999 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/16/2023 17:03:29 PM
Division Approval	laaron	11/29/2023 21:03:11 PM
Department Approval	sruyballi	12/01/2023 11:34:34 AM
Contract Manager Approval	trya4	12/01/2023 12:03:55 PM
Budget Analyst Approval	nrezaie	12/12/2023 14:45:43 PM
BOE Agenda Approval	nrezaie	12/12/2023 14:45:46 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22728** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Humboldt County Hospital District**

Agency Code: **403** Contractor Name: **Humboldt County Hospital District**

Appropriation Unit: **3157-00** Address: **118 E Haskell St**

Is budget authority available?: **Yes** City/State/Zip: **Winnemucca, NV 89445**

If "No" please explain: **Not Applicable** Contact/Phone: **Kimberley Plummer 775-623-5222**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UPL IGT**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) and Graduate Medical Education (GME) Supplemental Payment Programs. This amendment increases the maximum amount from \$9,251,303 to \$9,906,813 due to the increased Inpatient and Outpatient Public UPL and GME supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,251,303.00	\$9,251,303.00	\$9,251,303.00	Yes - Action
2. Amount of current amendment (#1):	\$655,510.00	\$655,510.00	\$655,510.00	Yes - Action
3. New maximum contract amount:	\$9,906,813.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The hospital district has been contracted with DHCFP since January 1999 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/16/2023 17:06:47 PM
Division Approval	laaron	11/29/2023 21:08:07 PM
Department Approval	sruyballi	12/01/2023 11:34:52 AM
Contract Manager Approval	trya4	12/01/2023 12:04:19 PM
Budget Analyst Approval	nrezaie	12/12/2023 10:00:03 AM
BOE Agenda Approval	nrezaie	12/12/2023 10:00:07 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22754** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Lincoln County Hospital District**

Agency Code: **403** Contractor Name: **Lincoln County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 1010**

Is budget authority available?: **Yes** City/State/Zip: **Caliente, NV 89008**

If "No" please explain: **Not Applicable** Contact/Phone: **Jo Lynn Cardinal 775-726-3171**

Vendor No.:  NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Voluntary Contributi**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$136,196 to \$259,645 due to the increased Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$136,196.00	\$136,196.00	\$136,196.00	Yes - Action
2. Amount of current amendment (#1):	\$123,449.00	\$123,449.00	\$123,449.00	Yes - Action
3. New maximum contract amount:	\$259,645.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since November 2004 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/16/2023 16:51:08 PM
Division Approval	laaron	11/29/2023 20:58:41 PM
Department Approval	sruyballi	12/01/2023 11:33:58 AM
Contract Manager Approval	trya4	12/01/2023 12:03:00 PM
Budget Analyst Approval	nrezaie	12/12/2023 11:48:04 AM
BOE Agenda Approval	nrezaie	12/12/2023 11:48:08 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22734** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Lincoln County Hospital District**

Agency Code: **403** Contractor Name: **Lincoln County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 1010**

Is budget authority available?: **Yes** City/State/Zip: **Caliente, NV 89008**

If "No" please explain: **Not Applicable** Contact/Phone: **Jo Lynn Cardinal 775-726-3171**

Vendor No.:  NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UPL IGT**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$318,863 to \$525,143 due to the increased Inpatient and Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$318,863.00	\$318,863.00	\$318,863.00	Yes - Action
2. Amount of current amendment (#1):	\$206,280.00	\$206,280.00	\$206,280.00	Yes - Action
3. New maximum contract amount:	\$525,143.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since November 2004 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/16/2023 16:59:19 PM
Division Approval	laaron	11/29/2023 21:00:52 PM
Department Approval	sruyballi	12/01/2023 11:34:15 AM
Contract Manager Approval	trya4	12/01/2023 12:03:30 PM
Budget Analyst Approval	nrezaie	12/12/2023 08:35:58 AM
BOE Agenda Approval	nrezaie	12/12/2023 08:36:02 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22758** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Mineral County Hospital District**

Agency Code: **403** Contractor Name: **Mineral County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 1510**

Is budget authority available?: **Yes** City/State/Zip: **Hawthorne, NV 89415**

If "No" please explain: **Not Applicable** Contact/Phone: **Sandi Lehman 775-945-2461**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Voluntary Contributi**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$447,451 to \$1,335,200 due to the increased Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$447,451.00	\$447,451.00	\$447,451.00	Yes - Action
2. Amount of current amendment (#1):	\$887,749.00	\$887,749.00	\$887,749.00	Yes - Action
3. New maximum contract amount:	\$1,335,200.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

County employees and contractors are required to do this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since January 1999 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/28/2023 18:21:10 PM
Division Approval	laaron	11/29/2023 20:31:26 PM
Department Approval	sruyballi	12/01/2023 11:32:01 AM
Contract Manager Approval	trya4	12/01/2023 12:00:05 PM
Budget Analyst Approval	nrezaie	12/12/2023 09:29:40 AM
BOE Agenda Approval	nrezaie	12/12/2023 09:30:33 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22736** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Mineral County Hospital District**

Agency Code: **403** Contractor Name: **Mineral County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 1510**

Is budget authority available?: **Yes** City/State/Zip: **Hawthorne, NV 89415**

If "No" please explain: **Not Applicable** Contact/Phone: **Sandi Lehman 775-945-2461**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UPL IGT**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$869,373 to \$1,930,174 due to the increased Inpatient and Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$869,373.00	\$869,373.00	\$869,373.00	Yes - Action
2. Amount of current amendment (#1):	\$1,060,801.00	\$1,060,801.00	\$1,060,801.00	Yes - Action
3. New maximum contract amount:	\$1,930,174.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

County employees and contractors are required to do this work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since January 1999 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/28/2023 18:24:54 PM
Division Approval	laaron	11/29/2023 20:41:02 PM
Department Approval	sruyballi	12/01/2023 11:32:48 AM
Contract Manager Approval	trya4	12/01/2023 12:00:34 PM
Budget Analyst Approval	nrezaie	12/12/2023 09:54:39 AM
BOE Agenda Approval	nrezaie	12/12/2023 09:54:50 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22761** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Pershing County Hospital District**

Agency Code: **403** Contractor Name: **Pershing County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 661**

Is budget authority available?: **Yes** City/State/Zip: **Lovelock, NV 89419**

If "No" please explain: **Not Applicable** Contact/Phone: **Debbie Mock 775-273-2621**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Voluntary Contributi**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$551,260 to \$797,202 due to the increased Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$551,260.00	\$551,260.00	\$551,260.00	Yes - Action
2. Amount of current amendment (#1):	\$245,942.00	\$245,942.00	\$245,942.00	Yes - Action
3. New maximum contract amount:	\$797,202.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since February 2002 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/30/2023 10:11:35 AM
Division Approval	laaron	12/04/2023 18:32:07 PM
Department Approval	staciew4	12/05/2023 09:33:05 AM
Contract Manager Approval	swes2	12/05/2023 12:59:49 PM
Budget Analyst Approval	nrezaie	12/12/2023 11:32:54 AM
BOE Agenda Approval	nrezaie	12/12/2023 11:33:04 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22740** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Pershing County Hospital District**

Agency Code: **403** Contractor Name: **Pershing County Hospital District**

Appropriation Unit: **3157-00** Address: **PO Box 661**

Is budget authority available?: **Yes** City/State/Zip: **Lovelock, NV 89419**

If "No" please explain: **Not Applicable** Contact/Phone: **DEBBIEM@PERSHINGHOSPITAL.ORG  
775-273-2621**

Vendor No.:  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**  
 Anticipated BOE meeting date **01/2024**

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**  
 Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**  
 Contract description: **UPL IGT**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$879,716 to \$1,201,253 due to the increased Inpatient and Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$879,716.00	\$879,716.00	\$879,716.00	Yes - Action
2. Amount of current amendment (#1):	\$321,537.00	\$321,537.00	\$321,537.00	Yes - Action
3. New maximum contract amount:	\$1,201,253.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP since February 2002 and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/30/2023 10:15:48 AM
Division Approval	laaron	12/04/2023 18:33:29 PM
Department Approval	staciew4	12/05/2023 09:32:11 AM
Contract Manager Approval	swes2	12/05/2023 12:59:32 PM
Budget Analyst Approval	nrezaie	12/12/2023 09:42:32 AM
BOE Agenda Approval	nrezaie	12/12/2023 09:42:39 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22765** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **South Lyon County Hospital District**

Agency Code: **403** Contractor Name: **South Lyon County Hospital District**

Appropriation Unit: **3157-00** Address: **31 South Main St**

Is budget authority available?: **Yes** City/State/Zip: **Yerington, NV 89447**

If "No" please explain: **Not Applicable** Contact/Phone: **David Bezard 775-463-6531**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Voluntary Contributi**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Program participated by non-state government owned and operated hospitals. This amendment increases the maximum amount from \$539,546 to \$780,849 due to the increased Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$539,546.00	\$539,546.00	\$539,546.00	Yes - Action
2. Amount of current amendment (#1):	\$241,303.00	\$241,303.00	\$241,303.00	Yes - Action
3. New maximum contract amount:	\$780,849.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The hospital district has been contracted with DHCFP for several years and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/20/2023 09:38:30 AM
Division Approval	laaron	11/29/2023 20:48:05 PM
Department Approval	sruyballi	12/01/2023 11:33:07 AM
Contract Manager Approval	trya4	12/01/2023 12:01:10 PM
Budget Analyst Approval	nrezaie	12/12/2023 10:10:30 AM
BOE Agenda Approval	nrezaie	12/12/2023 10:10:36 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22743</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>South Lyon County Hospital District</b>
Agency Code: <b>403</b>	Contractor Name: <b>South Lyon County Hospital District</b>
Appropriation Unit: <b>3157-00</b>	Address: <b>31 S Main St</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Yerington, NV 89447</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Bezard 775-463-6531</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2024</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UPL IGT**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit (UPL) Supplemental Payment Programs for non-state government-owned and operated hospitals. The supplemental payment programs pay the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$830,602 to \$1,011,190 due to the increased Inpatient and Outpatient Public UPL supplemental payments.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$830,602.00	\$830,602.00	\$830,602.00	Yes - Action
2. Amount of current amendment (#1):	\$180,588.00	\$180,588.00	\$180,588.00	Yes - Action
3. New maximum contract amount:	\$1,011,190.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Services can only be provided by employees/contractors of the County Hospital.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/20/2023 09:34:14 AM
Division Approval	laaron	11/29/2023 20:55:17 PM
Department Approval	sruyballi	12/01/2023 11:33:39 AM
Contract Manager Approval	trya4	12/01/2023 12:01:49 PM
Budget Analyst Approval	nrezaie	12/12/2023 10:05:13 AM
BOE Agenda Approval	nrezaie	12/12/2023 10:05:29 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28605**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Manatt Health Strategies, LLC
Agency Code:	<b>403</b>	Contractor Name:	<b>Manatt Health Strategies, LLC</b>
Appropriation Unit:	<b>3158-04</b>	Address:	<b>2049 Century Park East Suite 1700</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Los Angeles, CA 90067</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Patricia Boozang 310-312-4000
		Vendor No.:	T32011562
		NV Business ID:	NV20201698341

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP # 40DHHS-S2471 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **PASS**

5. Purpose of contract:

**This is a new contract to provide procurement acquisition support services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,790,300.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. FY2024: \$697,575; FY2025: \$1,395,150; FY26: \$697,575

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State requires assistance with ensuring compliance with State and Federal rules, regulations and sub-regulatory guidance for RFP development.

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 with combined State and Federal regulatory experience 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?

Pursuant to RFP 40DHHS-S2471 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/28/2023 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:

2022-2023 DHCFFP and pending BOE approval for RFP 40DHHS-S2481. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Lisa Koehler, MAIII Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	12/05/2023 12:55:55 PM
Division Approval	laaron	12/05/2023 13:28:59 PM
Department Approval	staciew4	12/05/2023 16:21:25 PM
Contract Manager Approval	swes2	12/05/2023 16:30:52 PM
Budget Analyst Approval	nrezaie	12/07/2023 09:06:33 AM
BOE Agenda Approval	nrezaie	12/19/2023 08:36:15 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28535**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Mercer Health & Benefits, LLC
Agency Code:	<b>403</b>	Contractor Name:	<b>Mercer Health &amp; Benefits, LLC</b>
Appropriation Unit:	<b>3158-04</b>	Address:	<b>2325 East Camelback Rd. Suite 600</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Phoenix, AZ 85016</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Frederick Gibison 408-395-1023
		Vendor No.:	T32007146
		NV Business ID:	NV20041250294

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 %
<b>X</b> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>50.00 % Prescription Drug Rebates</b>

Agency Reference #: RFQ 99SWC-S2340 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **PBM Audit & Review**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides technical assistance, auditing services, and training.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$408,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. FY 2024: \$204,000; FY 2025: \$204,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **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?

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple contracts with DHCFP 2020 - current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/28/2023 18:11:33 PM
Division Approval	laaron	11/29/2023 21:14:20 PM
Department Approval	sruyballi	12/01/2023 11:28:55 AM
Contract Manager Approval	trya4	12/01/2023 12:05:02 PM
Budget Analyst Approval	nrezaie	12/18/2023 14:59:10 PM
BOE Agenda Approval	nrezaie	12/18/2023 14:59:19 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: **28598**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Mercer Health & Benefits, LLC
Agency Code:	<b>403</b>	Contractor Name:	<b>Mercer Health &amp; Benefits, LLC</b>
Appropriation Unit:	<b>3158-42</b>	Address:	<b>2325 East Camelback Rd. Suite 600</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Phoenix, AZ 85016</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Frederick Gibison 408-395-1023
		Vendor No.:	T32007146
		NV Business ID:	NV20041250294

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Arnold Foundation Grant</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **DSNP Technical Asst**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides technical support and assistance and training for the Medicare and Medicaid integration for Medicare Dual Special Needs Plans.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$236,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. FY2024: \$141,793; FY2025: \$94,207

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? **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?

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple contracts with DHCFP 2020 - current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Kirsten Coulombe, Social Services Chief III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	12/05/2023 13:31:04 PM
Division Approval	laaron	12/05/2023 17:12:33 PM
Department Approval	staciew4	12/06/2023 09:31:42 AM
Contract Manager Approval	swes2	12/06/2023 11:13:49 AM
Budget Analyst Approval	nrezaie	12/18/2023 14:35:04 PM
BOE Agenda Approval	nrezaie	12/18/2023 14:45:29 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: <b>27405</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Myers and Stauffer LC</b>
Agency Code: <b>403</b>	Contractor Name: <b>Myers and Stauffer LC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>100 Eastshore Drive, Ste. 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Glen Allen, VA 23509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Johanna Linkenhoker 888-832-0856</b>
	Vendor No.: <b>T81098965</b>
	NV Business ID: <b>NV20001070243</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	50.00 % <b>Certified Public Expenditure Audit</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #40DHHS-S2211 (RV)**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2023**  
 Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **CPE Audit**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing audit reviews of cost reports submitted by governmental entities that certify public expenditures. This amendment increases the maximum amount from \$1,425,360 to \$1,572,720 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,425,360.00	\$1,425,360.00	\$1,425,360.00	Yes - Action
2. Amount of current amendment (#1):	\$147,360.00	\$147,360.00	\$147,360.00	Yes - Action
3. New maximum contract amount:	\$1,572,720.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Necessity to ensure accuracy in certified public expenditure reimbursement to the governmental entities for targeted case management, school health services, administrative services, senior services, adult day health services, and emergency medical transportation services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DHCFP does not have the resources to conduct these reviews annually.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S2211, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/22/2022 Anticipated re-bid date: 01/01/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 State Agency Divisions. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/09/2023 11:21:11 AM
Division Approval	laaron	11/13/2023 15:52:17 PM
Department Approval	sruyballi	11/15/2023 11:44:03 AM
Contract Manager Approval	trya4	11/15/2023 14:10:27 PM
Budget Analyst Approval	nrezaie	12/11/2023 09:02:16 AM
BOE Agenda Approval	nrezaie	12/11/2023 09:02:23 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24453** Amendment Number: **1**

Legal Entity Name: **DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Contractor Name: **DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agency Code: **403** Address: **4150 Technology Way Suite 300**

Appropriation Unit: **3243-18** City/State/Zip: **Carson City, NV 89706**

Is budget authority available?: **Yes** Contact/Phone: **Derek Castro 775-684-4200**

If "No" please explain: **Not Applicable** Vendor No.:  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2021**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **TCM and Admin Scvs**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides ongoing reimbursement for outpatient and inpatient mental health services, targeted case management, and administrative services. This amendment increases the maximum amount from \$12,514,376.00 to \$21,749,507.31 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,514,376.00	\$12,514,376.00	\$12,514,376.00	Yes - Action
2. Amount of current amendment (#1):	\$9,235,131.31	\$9,235,131.31	\$9,235,131.31	Yes - Action
3. New maximum contract amount:	\$21,749,507.31			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DPBH provides Certified Public Expenditures allowable services to include inpatient, outpatient and Targeted Case Management services to Medicaid-eligible clients. This contract will allow DHCFP to reimburse DPBH for these services, and administrative costs, in accordance with Medicaid Services Manual chapters 400 and 2500.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in another State agency are administering the program.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DPBH, a state agency has been engaged with DHCFP for many years. Work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/20/2023 09:22:24 AM
Division Approval	laaron	11/27/2023 08:55:00 AM
Department Approval	sruyali	11/29/2023 10:33:28 AM
Contract Manager Approval	trya4	12/15/2023 08:19:38 AM
Budget Analyst Approval	nrezaie	12/15/2023 08:59:44 AM
BOE Agenda Approval	nrezaie	12/15/2023 08:59:49 AM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **25800** Amendment Number: **1**  
 Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Hometown Health Plan, Inc.**  
 Agency Code: **403** Contractor Name: **Hometown Health Plan, Inc.**  
 Appropriation Unit: **3243-14** Address: **10315 Professional Circle**  
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89521**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Tabatha Eddy 775-982-3721**  
 Vendor No.:  
 NV Business ID: **NV19871019956**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**  
 Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DNSP**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP 1/1/22 - current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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

aroma2

12/05/2023 12:00:36 PM

Division Approval	laaron	12/05/2023 13:33:44 PM
Department Approval	staciew4	12/05/2023 16:21:37 PM
Contract Manager Approval	swes2	12/05/2023 16:30:33 PM
Budget Analyst Approval	nrezaie	12/08/2023 11:57:06 AM
BOE Agenda Approval	nrezaie	12/08/2023 11:57:13 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28397**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>SelectHealth, Inc.</b>
Agency Code: <b>403</b>	Contractor Name: <b>SelectHealth, Inc.</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>5381 S. Green St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Murray, UT 84123</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Star Christensen 801-641-2245</b>
	Vendor No.:
	NV Business ID: <b>NV19931103107</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2025**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**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:

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/16/2023 11:31:21 AM
Division Approval	laaron	11/29/2023 21:12:21 PM
Department Approval	sruyballi	12/01/2023 11:28:38 AM
Contract Manager Approval	trya4	12/01/2023 12:04:40 PM
Budget Analyst Approval	nrezaie	12/08/2023 12:10:02 PM
BOE Agenda Approval	nrezaie	12/08/2023 12:19:51 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: **28573**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	COMAGINE HEALTH
Agency Code:	<b>406</b>	Contractor Name:	<b>COMAGINE HEALTH</b>
Appropriation Unit:	<b>3219-13</b>	Address:	<b>10700 Meridian N. Ave. Suite 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Seattle, WA 98133-9008</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Dana Hawes 801/892-6645
		Vendor No.:	T27042408
		NV Business ID:	NV20151443417

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **Yes**

If "Yes", please explain

**DPBH MSA that allowed programs to issue work orders and the need to replace them with service agreements was not communicated until September 25, 2023. A discrepancy in template use generated by State Purchasing was not made available until 10/19/23 coupled with vendor delays, caused delay in the timely submission of documents.**

3. Termination Date: **06/30/2024**

Contract term: **180 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17887 which provides community building, program evaluation, training and data analysis, and reporting development. This service agreement provides consulting services related to staff infection control.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$404,066.00**

Other basis for payment: See detailed cost schedule

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Infection prevention in healthcare facilities is vital to the health and safety of the residents and staff of the facility. It is essential that the employees are up to date on all trainings related to infection prevention to ensure outbreaks of disease do not occur.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The HAI program has a standing relationship with Comagine Health, and they have been working on these trainings since April 2023

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The agency has been working with Comagine Health to provide services since April 2023 and are pleased with the services they provide.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

18.40%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Statewide contract 99SWC-NV23-17887

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	ijanssen	12/05/2023 10:39:38 AM
Division Approval	ijanssen	12/05/2023 10:39:42 AM
Department Approval	ijanssen	12/05/2023 10:39:45 AM
Contract Manager Approval	ijanssen	12/05/2023 10:39:49 AM
Budget Analyst Approval	cdavis	12/15/2023 07:33:57 AM
BOE Agenda Approval	nrezaie	12/15/2023 07:38:11 AM
BOE Final Approval	Pending	

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical  
Officer

## MEMORANDUM

**DATE:** November 27, 2023

**TO:** Kitty DeSocio, ASO IV  
Division of Public and Behavioral Health

**THROUGH:** Kagan Griffin, Office of State Epidemiology Operating Manager  
Division of Public and Behavioral Health

DocuSigned by:  
Kagan Griffin  
1EC88C2C6A6140E...

11/27/2023

**FROM:** Kailynn Griffith, HPS I *Kailynn Griffith*  
Office of State Epidemiology- ELC program

**RE:** Retroactive approval for BA 3219 SA 18300 Comagine Health

Please accept this service agreement as retroactive to January 1, 2024. DPBH staff was not informed about the expiration of the DPBH MSA that allowed programs to issue work orders and the need to replace them with service agreements until September 25, 2023. Likewise, correct templates for the MSA 99SWC-S2340 Service Agreements were not sent out until October 19, 2023. Additional questions regarding how to accurately complete these service agreements and the contractual thresholds were sent out the weeks following. Unfortunately, due to these delays and additional delays with the vendor, our program was unable to send the draft service agreement over to Contract Unit (CU) for approval until November 7, 2023, which CU informed us, was the last day they could accept submissions for December BOE.

After receiving no notification of the award moving forward in the approval process, a follow-up email was sent to CU on November 16, 2023. Program received notice of corrections needed on November 22, 2023; corrections were made, and the service agreement was submitted back to CU for approval on November 27, 2023. All of these events lead to the program missing the deadline for the December BOE meeting; therefore, the award must now go to the January 5, 2024 BOE meeting. If the service agreement is not approved to be retroactive, there will be a five-day gap in vital services as the current work order expires on December 31, 2023.

If you have any questions or concerns, please reach out to Kailynn Griffith at [kgriffith@health.nv.gov](mailto:kgriffith@health.nv.gov)



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28381**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>WEST PUBLISHING CORPORATION</b>
Agency Code: <b>407</b>	Contractor Name: <b>WEST PUBLISHING CORPORATION</b>
Appropriation Unit: <b>3228-26</b>	Address: <b>THOMSON REUTERS GRC 610 OPPERMAN DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>EAGAN, MN 55123-1340</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Stacy Gibson 800/328-4880</b>
	Vendor No.: <b>PUR0001037</b>
	NV Business ID: <b>NV19971102844</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2025**

Contract term: **1 year and 31 days**

4. Type of contract: **Other (include description): Service Agreement via Statewide Contract (99SWC-NV23-14048)**

Contract description: **Fraud Detection Svcs**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-14048 which provides access to online legal research databases. This service agreement provides ongoing access to the FraudCaster system for case management and fraud detection services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$244,439.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**SNAP law and regulations require state agencies administering the program to maintain fraud prevention efforts and investigate program violations by SNAP participants.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the resources or expertise to provide this service.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **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?

State agencies are required to use 'Good of the State' (Statewide contracts) whenever possible.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor currently is under contract with the State of Nevada and other using agencies.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Jason Lewis, Chief, Investigations & Recovery Ph: 775-448-5159

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbarlo1	11/27/2023 11:19:45 AM
Division Approval	bbarlo1	11/27/2023 11:20:32 AM
Department Approval	rthomps1	11/27/2023 11:54:12 AM
Contract Manager Approval	mpomerle	11/27/2023 12:46:49 PM
EITS Approval	ljean	11/27/2023 13:35:32 PM
Budget Analyst Approval	afrantz	12/05/2023 10:29:19 AM
BOE Agenda Approval	afrantz	12/05/2023 10:29:23 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Robert Thompson, Administrator, DWSS, DHHS  
Crystal Buscay, Chief of Fiscal Services, DWSS, DHHS  
Bart London, Chief IT Manager, DWSS, DHHS  
Jason Lewis, Chief of Investigations and Recovery, DWSS, DHHS

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DWSS – TIN 700 – *I&R Case Management and Fraud Detection* – BA 3228

**DATE:** May 8, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services' (DWSS) – *I&R Case Management and Fraud Detection* – TIN 700.

The submitted TIN, with an estimated value of \$451,381.00 for the FY24/FY25 biennium and an additional \$800,000.00 for the FY26/FY27 biennium (42% Federal fees, 33% General Fund, and 25% Other funding), aims to replace or update the current software solution to enhance case management, reporting, and fraud detection services. As the existing contract is nearing expiration, a new or updated solution will be sought through the RFP process. The proposed solution should encompass case management, fraud detection, data reporting, search functionality, and document storage. DWSS will administer the contract(s) resulting from this RFP, starting immediately upon execution and continuing for four (4) years from the implementation date.

The new solution will manage personal identification information and will be accessed outside of SilverNet, making it subject to federal and/or other security standards. Despite this, the agency believes that the investment and final implementation present a low ongoing security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28488**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
Agency Code: **440**  
Appropriation Unit: **3710-18**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Cook's Direct, Inc.**  
Contractor Name: **Cook's Direct, Inc.**  
Address: **27725 Diehl Rd.**  
City/State/Zip: **Warrenville, IL 60555**  
Contact/Phone: **Teri Teclaw 800-956-5571**  
Vendor No.: **PUR0000929**  
NV Business ID: **NV20212194177**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/03/2026**

Contract term: **2 years and 214 days**

4. Type of contract: **Contract**

Contract description: **Culinary Install**

5. Purpose of contract:

**This is a new contract to provide installation of culinary equipment at the Southern Desert Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$155,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**New culinary equipment at Southern Desert requires professional installation at Southern Desert Correctional Center.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**NDOC does not have qualified personnel to perform this. No State agency offers this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**MSA 99SWC-NV24-18498**

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjacob	12/07/2023 13:50:15 PM
Division Approval	kshe1	12/07/2023 15:36:40 PM
Department Approval	kshe1	12/07/2023 15:36:43 PM
Contract Manager Approval	kshe1	12/07/2023 15:36:46 PM
Budget Analyst Approval	klay0	12/12/2023 10:34:35 AM
BOE Agenda Approval	vmilazz1	12/13/2023 12:01:37 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: **26516** Amendment Number: **2**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **SCHWAN'S FOOD SERVICE, INC.**

Agency Code: **550** Contractor Name: **SCHWAN'S FOOD SERVICE, INC.**

Appropriation Unit: **1362-21** Address: **PO Box 860544**

Is budget authority available?: **Yes** City/State/Zip: **Minneapolis, MN 55486**

If "No" please explain: Not Applicable Contact/Phone: **LESLIE NAPOLITANO 507-537-8504**

Vendor No.: **T32012636A**

NV Business ID: **NV20071402897**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 55AGR-S1856 PSM: tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2022**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years and 23 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Pizza Prod**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing food purchasing services to local school districts throughout Nevada for the National School Lunch and Breakfast Programs. This amendment extends the termination date from June 30, 2024 to August 31, 2026 and increases the maximum amount from \$4,545,863 to \$10,047,886 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,067,283.00	\$3,067,283.00	\$3,067,283.00	Yes - Action
a. Amendment 1:	\$1,478,580.00	\$1,478,580.00	\$1,478,580.00	Yes - Action
2. Amount of current amendment (#2):	\$5,502,023.00	\$5,502,023.00	\$5,502,023.00	Yes - Action
3. New maximum contract amount:	\$10,047,886.00			
and/or the termination date of the original contract has changed to:		08/31/2026		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use processed food products in their lunch program which creates this necessity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only USDA approved manufacturers may do so.

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):

Nardone Brothers Baking Co.  
Richardre, Inc. dba Ardella's  
Schwan's Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1856, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/10/2022 Anticipated re-bid date: 03/10/2026

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:

Department of Agriculture - 2012 through 2016 - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

dpoppeng

11/09/2023 10:16:23 AM



Division Approval	mmarkovi	11/09/2023 12:32:17 PM
Department Approval	avigi1	11/13/2023 10:48:39 AM
Contract Manager Approval	cprasa1	11/13/2023 12:32:03 PM
Budget Analyst Approval	dspeed1	12/12/2023 17:02:46 PM
BOE Agenda Approval	vmilazz1	12/18/2023 16:28:32 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28590**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: <b>CAPTECH VENTURES, INC.</b>
Agency Code: <b>742</b>	Contractor Name: <b>CAPTECH VENTURES, INC.</b>
Appropriation Unit: <b>4680-17</b>	Address: <b>7100 FOREST AVE STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RICHMOND, VA 23226-3742</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Hilary Toole 646-408-1050</b>
	Vendor No.: <b>T32003965</b>
	NV Business ID: <b>NV20161024271</b>
To what State Fiscal Year(s) will the contract be charged? <b>2024-2025</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % WORKERS' COMPENSATION AND SAFETY FUND</b>

Agency Reference #: **74BAI-S2436**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **CARDS Enhancement**

5. Purpose of contract:

**This is a new contract to provide software enhancements to the existing Workers' Compensation Claims and Regulatory Data System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,149,590.00**

Other basis for payment: **As mutually agreed upon per pre approved deliverable item**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**CARDS was originally implemented in 2017. Currently CARDS is outdated and requires significant software and system upgrades to bring it up to date.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**DIR lacks the staffing and technical expertise to upgrade CARDS.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #74BAI-S2436, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/21/2023 Anticipated re-bid date: 08/21/2025

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2017 - Original contract to create CARDS and subsequent maintenance with the Division of Industrial Relations. Services have been satisfactory.  
2023 - CARDS maintenance contract through 2025 with the Division of Industrial Relations. Services have been satisfactory.  
Current vendor.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	ecerv1	12/08/2023 08:57:11 AM
Division Approval	ecerv1	12/11/2023 08:21:06 AM
Department Approval	ecerv1	12/11/2023 08:21:09 AM
Contract Manager Approval	ecerv1	12/11/2023 08:21:11 AM
EITS Approval	ljean	12/11/2023 09:20:47 AM
Budget Analyst Approval	jhelto1	12/12/2023 16:30:47 PM
BOE Agenda Approval	stilley	12/18/2023 16:05:30 PM





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Victoria Carreon, DIR Administrator, DIR, B&I  
Alan Vance, B&I Fiscal, B&I  
Grant Reynolds, DIR IT Manager III, DIR, B&I  
Hayley Weedn, WCS Business Process Analyst II, DIR, B&I

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – B&I – TIN 388 – *DIR-WCS CARDS Phase II (Enhancements) Project* – BA 4680

**DATE:** April 19, 2022

We have completed our review for the Department of Business and Industry (B&I), Division of Industrial Relations' (DIR) – *DIR-WCS CARDS Phase II (Enhancements) Project* – TIN 388.

The submitted TIN, for an estimated value of \$2,149,590 in the FY24/FY25 biennium (100% Worker's Compensation Annual Assessment), is to enhance the existing Claims and Regulatory Data System (CARDS) by improving interfaces to external stakeholders.

CARDS is a custom software solution that was originally implemented in April 2017 and is generally sufficient to support external stakeholders; however, several areas have been identified as needing improvement and will be evaluated as part of the RFI/RFP process:

- Automate the Annual Assessment process
- Adding an Online Payment Portal
- Improve Report Functions for Insurers/TPAs
- Expand External User Base

- Expanding Form Submissions
- Introducing E-signature Options

The agency's overall urgency to complete this technology investment is driven by the need for improved processing and data management. The agency considers the investment and final implementation to have an ongoing moderate security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28098**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: Board of Regents, Nevada System of Higher Education
Agency Code: <b>902</b>	Contractor Name: <b>Board of Regents, Nevada System of Higher Education</b>
Appropriation Unit: <b>3270-25</b>	Address: <b>System Administration 2601 ENTERPRISE RD RENO, NV 89512</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89512</b>
If "No" please explain: Not Applicable	Contact/Phone: Patricia Charlton 775-633-7022
	Vendor No.: D35000808
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3784-25-GOWIN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 10/2023

Retroactive? **Yes**

If "Yes", please explain

**OWINN's NPWR manager has been working, until recently, with DETR's DAG to separate out all the NPWR partners from the Data Sharing Agreements to focus this interlocal on the data system services that support NPWR.**

3. Termination Date: **06/30/2025**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **NPWR - NSHE**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing operation and maintenance of the Statewide Longitudinal Data System services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Payment for services will be made at the rate of \$250,000.00 per contract

Other basis for payment: Initiate payment upon invoice submission

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This agreement is entered into by GOWINN and NSHE, as part of the services for the data link between the agencies through the Nevada Statewide Longitudinal Data System (SLDS), aka Nevada P-20 to Workforce Research Data System (NPWR).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work completed by NSHE

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been providing this service satisfactorily since SFY 2019.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Kristen Dwyer, NPWR Manager Ph: 702-486-3528

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msanch12	11/13/2023 14:29:09 PM
Division Approval	sterr2	11/15/2023 08:17:34 AM
Department Approval	sterr2	11/15/2023 08:17:37 AM
Contract Manager Approval	wcune1	11/29/2023 16:23:51 PM
Budget Analyst Approval	vfajota	12/01/2023 12:57:29 PM
BOE Agenda Approval	mranki1	12/04/2023 14:41:14 PM
BOE Final Approval	Pending	





**MEMORANDUM**

**DATE:** October 13, 2023

**TO:** Venus B. Fajota, Executive Branch Budget Officer  
Department of Administration

**FROM:** Christopher Sewell, Director, DETR  
**Through:** Walter Cuneo, FM Contracts Manager, DETR

**SUBJECT:** RETROACTIVE CONTRACT  
NSHE Interlocal for NPWR: CETS 28098

---

On behalf of the Department of Employment, Training and Rehabilitation (DETR), the Office of Workforce Innovation (OWINN) respectfully requests approval of a retroactive start date of July 1, 2023 to the interlocal contract CETS 28098 to the Nevada System of Higher Education (NSHE).

This interlocal contract and corresponding start date will allow NSHE to support the work to the Nevada P-20 to Workforce Research Data System (NPWR). The purpose of this contract is for the services NSHE provides to the NPWR system, which has the approved budget of \$250,000 in State General Fund appropriation (SFY24: \$125,000, SFY25: \$125,000), Budget Account 3270, CAT 25.

The previous contract providing these services to the NPWR system had funding tied into the data sharing with all the NPWR partners, which are now being separated so the interlocal contract is for the services that NSHE will provide in support of the work to the system, and not the overall purpose of NPWR.

Kristen Dwyer, OWINN's NPWR Manager, has been working with the DAG on this process, and who is in full agreement to separate out the partners with the services. The DAG has review this interlocal already, to ensure the change with the prior format is acceptable and he is good with this new format for NSHE. Kristen has also been in contact with the DETR Fiscal Management and Contracts teams, and they have approved this submission for the retroactive memo.

Thank you for your consideration of this request.

Walter Cuneo  
Contract Manager

**Approved by:**



---

Christopher Sewell  
Director, DETR

Date: 10-13-23

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28243**

Agency Name:	<b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO COLLEGE OF SOUTHERN NEVADA</b>
Agency Code:	<b>902</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO COLLEGE OF SOUTHERN NEVADA</b>
Appropriation Unit:	<b>4770-11</b>	Address:	<b>CSN CONTROLLERS OFFICE 3200 E CHEYENNE AVE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Stavan Corbett 702-651-4017</b>
		Vendor No.:	<b>D35000800</b>
		NV Business ID:	<b>Government Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3791-26-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2023**

Anticipated BOE meeting date **01/2024**

Retroactive? **Yes**

If "Yes", please explain

**The Department of Employment, Training and Rehabilitation (DETR) respectfully requests approval of the attached contract with the College of Southern Nevada (CSN) be retroactive to December 12, 2023. The College of Southern Nevada needs to prepare for ROADS ("Realizing Opportunities for the American Dream to Succeed") participants to start in the Winter 2024 semester. If they must wait for the contract to be executed in January, they will not be able to offer courses to participants in time.**

3. Termination Date: **06/30/2026**

Contract term: **2 years and 200 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CSN-ROADS**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing apprenticeship training programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The ROADS program is expanding to the Southern region of Nevada to capitalize on the existing strengths and resources of CSN and its partners to focus on industry-determined priorities in order to align training with industry demands.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR does not have the training resources to accomplish this program on its own.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to ESD since March 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	10/30/2023 11:14:58 AM
Division Approval	sterr2	11/07/2023 07:03:45 AM
Department Approval	sterr2	12/06/2023 08:48:21 AM
Contract Manager Approval	wcune1	12/06/2023 10:07:24 AM
Budget Analyst Approval	twollan1	12/14/2023 13:12:14 PM
BOE Agenda Approval	mranki1	12/15/2023 08:59:20 AM
BOE Final Approval	Pending	



**MEMORANDUM**

**DATE:** November 3, 2023

**TO:** Amy Stephenson, Clerk  
State Board of Examiners (BOE)

**FROM:** Karlene Johnson, ESD Deputy Administrator  
Department of Employment, Training and Rehabilitation (DETR)

**SUBJECT:** Retroactive Contract for ROADS project with College of Southern Nevada

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The Department of Employment, Training and Rehabilitation (DETR) respectfully requests approval of the attached contract with the College of Southern Nevada (CSN) be retroactive to December 12, 2023.

A hold was initially placed on this contract pending a review of obligations for the category, which took longer than expected and was not prioritized appropriately due to financial management staff not being fully cognizant of the tight time-frames required on this contract correlating with winter semester preparation for the College of Southern Nevada. To prevent this in the future, DETR is implementing an improved communication protocol in regard to all pending contracts between fiscal and programmatic staff to ensure review and processing of said contracts and ensure timely submittal.

The College of Southern Nevada needs to prepare for ROADS ("Realizing Opportunities for the American Dream to Succeed") participants to start in the Winter 2024 semester. If they must wait for the contract to be executed in January, they will not be able to offer courses to participants in time.

Thank you for your consideration of this request.

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ELEVATIONS ADULT DAY SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
		Term of Contract:	Upon Approval - 12/30/2027	Contract # 28606		
2.		VARIOUS STATE AGENCIES	INFORMED CHOICES EMPLOYMENT SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology, community work experience, counseling, customized employment and disability support, educational tutoring, educational support, employment support, job development, pre-employment, and rehabilitation and supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 12/30/2027	Contract # 28506		
3.		VARIOUS STATE AGENCIES	OUR HOME BY MARGARET, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community-based living arrangements, group home, host home and homeless youth, mental health, and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 12/30/2027	Contract # 28604		
4.		VARIOUS STATE AGENCIES	PEACE LOVE SLOTHS, LTD.	OTHER: VARIOUS AGENCIES	\$700,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing mental health services. This amendment increases the maximum amount from \$300,000 to \$1,000,000 due to an increased need for these services.				
		Term of Contract:	05/10/2022 - 01/31/2026	Contract # 25758		
5.		VARIOUS STATE AGENCIES	RISING STARS, 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 - 12/30/2027	Contract # 28510		

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28606**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Elevations Adult Day Services, LLC
Agency Code: <b>MSA</b>	Contractor Name: <b>Elevations Adult Day Services, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>4465 S Buffalo Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89147</b>
If "No" please explain: Not Applicable	Contact/Phone: Terria Oliver 702-665-4514
	Vendor No.: T29047688
	NV Business ID: NV20232684477

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ14518

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2027**

Contract term: **3 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing job development services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**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	ldeloach	12/05/2023 14:08:28 PM
Division Approval	ldeloach	12/05/2023 14:08:30 PM
Department Approval	ldeloach	12/05/2023 14:08:33 PM
Contract Manager Approval	ascaffid	12/05/2023 15:38:05 PM
Budget Analyst Approval	Iramire7	12/06/2023 09:09:47 AM
BOE Agenda Approval	stilley	12/18/2023 17:57:16 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: **28506**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Informed Choices Employment Services, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Informed Choices Employment Services, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1290 W Horizon Ridge Parkway Apt 1121</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Henderson, NV 89012</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher Bellias 215-730-5739
		Vendor No.:	T29047434
		NV Business ID:	NV20232840014

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ14556

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2027**

Contract term: **3 years and 364 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, community work experience, counseling, customized employment and disability support, educational tutoring, educational support, employment support, job development, pre-employment, and rehabilitation and supportive services for the blind and visually impaired.**

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	ldeloach	12/05/2023 13:04:49 PM
Division Approval	ldeloach	12/05/2023 13:04:52 PM
Department Approval	ldeloach	12/05/2023 13:04:56 PM
Contract Manager Approval	ascaffid	12/05/2023 13:30:23 PM
Budget Analyst Approval	Iramire7	12/06/2023 09:07:42 AM
BOE Agenda Approval	stilley	12/18/2023 18:01:30 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: **28604**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Our Home By Margaret, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Our Home By Margaret, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>5100 Foggia Ave</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89130</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Margaret Miller 631-935-4583
		Vendor No.:	T29047689
		NV Business ID:	NV20222637268

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ14476

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2027**

Contract term: **3 years and 364 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, group home, host home and homeless youth , mental health, and supportive living arrangement services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to 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	ldeloach	12/05/2023 14:04:10 PM
Division Approval	ldeloach	12/05/2023 14:04:13 PM
Department Approval	ldeloach	12/05/2023 14:04:16 PM
Contract Manager Approval	ascaffid	12/05/2023 15:22:06 PM
Budget Analyst Approval	Iramire7	12/06/2023 09:04:09 AM
BOE Agenda Approval	stilley	12/18/2023 17:29:39 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: **25758** Amendment Number: **1**  
 Legal Entity Name: **Peace Love Sloths, Ltd.**  
 Agency Name: **MSA MASTER SERVICE AGREEMENTS** Contractor Name: **Peace Love Sloths, Ltd.**  
 Agency Code: **MSA** Address: **316 California Ave**  
 Appropriation Unit: **9999 - All Categories** Suite **106**  
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89509**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Faraaz Merchant 775-301-1054**  
 Vendor No.: **T29043972**  
 NV Business ID: **NV20212008413**  
 To what State Fiscal Year(s) will the contract be charged? **2022-2026**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737-RV**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2022**  
 Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **01/31/2026**  
 Contract term: **3 years and 267 days**

4. Type of contract: **MSA**  
 Contract description: **Direct Client Srvcs**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing mental health services. This amendment increases the maximum amount from \$300,000 to \$1,000,000 due to an increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$700,000.00	\$700,000.00	\$700,000.00	Yes - Action
3. New maximum contract amount:	\$1,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**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	Ideloach	12/05/2023 14:13:25 PM
Division Approval	Ideloach	12/05/2023 14:13:29 PM
Department Approval	Ideloach	12/05/2023 14:13:32 PM
Contract Manager Approval	ascaffid	12/05/2023 15:41:24 PM
Budget Analyst Approval	Iramire7	12/08/2023 15:14:49 PM
BOE Agenda Approval	stillley	12/18/2023 16:35:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28510**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Rising Stars, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Rising Stars, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1405 Vegas Valley Drive #71</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89169</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lola Ragadio McClain 619-227-8501</b>
	Vendor No.: <b>PENDING</b>
	NV Business ID: <b>NV20222342937</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737-RV VQ14093**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2027**

Contract term: **3 years and 364 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?

**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	ldeloach	12/05/2023 13:13:51 PM
Division Approval	ldeloach	12/05/2023 13:13:54 PM
Department Approval	ldeloach	12/05/2023 13:13:57 PM
Contract Manager Approval	ascaffid	12/05/2023 13:29:43 PM
Budget Analyst Approval	Iramire7	12/06/2023 09:02:50 AM
BOE Agenda Approval	stilley	12/18/2023 18:04:11 PM
BOE Final Approval	Pending	



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	REAL NEVADA, LLC DBA GREAT BASIN LAW	OTHER: STATUTORY CONTINGENCY	\$75,000	Professional Service
	Contract Description:	This is a new contract to provide outside counsel services for Case No. 21-062-C, consolidated with Case No. 21-21-082C, Case No. 22-107C, Case No. 21-082C, and Case No. 22-102-C. Term of Contract: 01/04/2023 - 12/31/2024 Contract # 28083				
2.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	THE LAWTON LAW FIRM, P.C.	OTHER: REGULATORY ASSESSMENTS	\$37,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing professional services as an expert witness and full litigation support for the cost of capital, depreciation, and other issues related to utilities' rate making and cost recovery proposals. This amendment increases the maximum amount of the contract from \$100,000 to \$137,000 due to the increased need for these services. Term of Contract: 05/12/2022 - 05/11/2024 Contract # 25920				
3.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	CARAHSOFT TECHNOLOGY CORP	GENERAL	\$64,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-7083 which provides cloud services. This service agreement will provide a credit card fraud detection and prevention solution that stops online and mobile fraud in real-time. Term of Contract: 12/12/2023 - 04/30/2024 Contract # 28501				
4.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	VOTINGWORKS	GENERAL	\$99,600	
	Contract Description:	This is a new contract to provide software and remote support for pilot Risk-Limiting Audits to help election officials scale post-election tabulation audits, validate election outcomes, and promote public trust. Term of Contract: 12/04/2023 - 06/30/2027 Contract # 28201				
5.	060	CONTROLLER'S OFFICE	MYTHICS, LLC	GENERAL	\$62,066	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-6590 which provides software licensing, support, and related services. This service agreement provides Oracle web-based software, licensing, and support for Nevada's Advantage Financial System. Term of Contract: 12/12/2023 - 10/28/2026 Contract # 28471				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ADT COMMERCIAL, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$39,951	
	Contract Description:	This is a new contract to provide monitoring of the fire alarm system in the Eureka Building, Mineral Building, Lander Building, Churchill Building, Washoe Building, Nevada Building and parking garage, Lincoln Building, and White Pine Building at the McCarran Center located in Las Vegas.				
		Term of Contract:	11/13/2023 - 11/30/2024	Contract # 28500		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	REYMAN BROTHERS CONSTRUCTION, INC.	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$22,220	
	Contract Description:	This is a new contract to provide installation of new doors and panic devices at building #6 at the Stewart Facility.				
		Term of Contract:	12/12/2023 - 10/31/2024	Contract # 28495		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SUMMIT PLUMBING CO., LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$14,968	
	Contract Description:	This is a new contract to provide copper domestic water line replacement at the Governor's Mansion.				
		Term of Contract:	11/21/2023 - 11/07/2024	Contract # 28485		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	UNITED LAWN AND LANDSCAPING, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$60,000	
	Contract Description:	This is a new contract to provide snow removal and ice melt services for the Silver Sage Drive location in Carson City.				
		Term of Contract:	11/30/2023 - 11/07/2027	Contract # 28487		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$67,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing septic services, video inspections, hydro-flushing, and provides Toxicity Characteristic Leaching Procedure and Total Petroleum Hydrocarbons analytical testing in state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$8,000 to \$75,000 due to additional properties being added.				
		Term of Contract:	04/11/2023 - 04/30/2027	Contract # 27447		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - COMPUTER FACILITY	HOFFMAN PLUMBING, LLC	OTHER: INTERNAL SERVICE FUNDS	\$2,662	
	Contract Description:	This is the first amendment to the original contract which provides the installation of four drinking water fountains at the Carson City IT facility. This amendment increases the maximum amount from \$7,880.00 to \$10,542.50 due to the increased need for these services.				
	Term of Contract:	09/07/2023 - 06/30/2024	Contract # 28044			
12.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	JORGENSON & KOKA, LLP DBA LAUREN ABELA	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$24,000	
	Contract Description:	This is the first amendment to the original contract which provides physician assistant healthcare services. This amendment increases the maximum amount from \$48,000 to \$72,000 due to the increased need for these services.				
	Term of Contract:	01/01/2022 - 12/31/2024	Contract # 25475			
13.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	ESMERALDA COUNTY LIBRARIES	OTHER: REVENUE	\$12,800	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
	Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27992			
14.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	PERSHING COUNTY LIBRARY	OTHER: REVENUE	\$25,600	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
	Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28000			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - FUND FOR RESILIENT NEVADA	NEVADA PUBLIC HEALTH FOUNDATION, INC.	OTHER: OPIOID SETTLEMENT FUNDS	\$61,240	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides consultation services to implement jail medication-assisted treatment programming, case management, community continuation of care planning, technology solutions for managing substance use disorders and behavioral health at-risk populations.				
	Term of Contract:	01/01/2024 - 12/31/2024	Contract # 28529			
16.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - STATE INDEPENDENT LIVING COUNCIL	DAVIDSON & BELLUSO, INC.	FEDERAL	\$30,870	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17891 which provides marketing services. This service agreement provides ongoing website hosting and maintenance for the Statewide Independent Living Council.				
	Term of Contract:	01/01/2024 - 07/31/2027	Contract # 28384			
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	EXECUTIVE PEST SERVICES, LLC	GENERAL	\$14,600	
	Contract Description:	This is a new contract to provide ongoing pest control services.				
	Term of Contract:	03/01/2024 - 02/28/2026	Contract # 28278			
18.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	LITTLE HILLS HEALTHCARE, LLC DBA CENTERPOINTE HOSPITAL	FEDERAL	\$45,000	
	Contract Description:	This is a new contract to provide emergency placement of a youth.				
	Term of Contract:	10/12/2023 - 02/28/2024	Contract # 28365			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	JANET CAHILL, PHD	FEDERAL	\$30,012	
	Contract Description:	This is a new contract to provide child protective service training to intensive family services staff, rural providers, and clinicians.				
		Term of Contract:	11/22/2023 - 06/30/2027	Contract # 28409		
20.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CARSON CITY	GENERAL 58% OTHER: COUNTY ASSESSMENT 25% FEDERAL 17%	\$18,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing random, observed, and rapid response drug and alcohol testing services for clients.				
		Term of Contract:	11/22/2023 - 09/30/2027	Contract # 26871		
21.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	AQUA1, INC. DBA CULLIGAN RED ROCK WATER	FEE: PESTICIDE REGISTRATION	\$37,797	
	Contract Description:	This is a new contract to provide maintenance to the deionized water system.				
		Term of Contract:	12/07/2023 - 11/30/2027	Contract # 28248		
22.	550	DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY, INC.	OTHER: COST ALLOCATION	\$56,436	
	Contract Description:	This is the first amendment to the original contract which provides maintenance and repair services to the heating, ventilation, and air conditioning systems at the Elko and Las Vegas headquarters. This amendment increases the maximum amount from \$71,133 to \$127,569 due to the increased need for these services.				
		Term of Contract:	07/13/2021 - 07/12/2025	Contract # 24434		
23.	550	DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	RUBY ROSE LANDSCAPE & TREE SERVICE, LLC	FEE: CRAFT BEVERAGE PASSPORT 26% FEDERAL 74%	\$35,440	
	Contract Description:	This is a new contract to provide landscape and snow removal services at the Elko facility.				
		Term of Contract:	04/01/2024 - 04/30/2028	Contract # 28344		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	KALKOMEY ENTERPRISES, LLC	FEE: SPORTSMEN REVENUE	\$76,651	
	Contract Description:	This is the second amendment to the original contract which provides ongoing design, production, publishing, printing, and distribution of various wildlife publications. This amendment increases the maximum amount from \$800,000 to \$876,651 due to the increased need for these services.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22416		
25.	702	DEPARTMENT OF WILDLIFE - HABITAT	DUCKS UNLIMITED, INC.	FEE: DUCK STAMP	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide engineering services for project survey and design for a wetland enhancement project at the Fernley Wildlife Management Area.				
		Term of Contract:	11/28/2023 - 12/31/2025	Contract # 28260		
26.	702	DEPARTMENT OF WILDLIFE - HABITAT	SANITARY SEPTIC SERVICE, INC.	FEDERAL	\$20,000	
	Contract Description:	This is a new contract to provide outhouse and septic pumping services on the Eastern Wildlife Management Area Complex.				
		Term of Contract:	11/28/2023 - 08/31/2027	Contract # 28258		
27.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	BLUE LOCKER COMMERCIAL DIVING SERVICES, LLC	FEE: UTILITY SURCHARGE	\$19,000	
	Contract Description:	This is a new contract to provide water storage tank cleaning and inspections at Western Region Parks.				
		Term of Contract:	12/01/2023 - 06/30/2024	Contract # 28442		
28.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	ASSOCIATED UNDERWATER	GENERAL	\$51,880	Sole Source
	Contract Description:	This is a new contract to provide professional diving services at the South Fork Dam.				
		Term of Contract:	12/07/2023 - 06/30/2024	Contract # 28572		
29.	710	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - DIVISION OF OUTDOOR RECREATION	TAHOE REGIONAL PLANNING AGENCY	GENERAL	\$20,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide financial support through the Tahoe Resource Planning Agency to the Lake Tahoe Destination Stewardship Council for the ongoing, coordinated implementation of the Lake Tahoe Destination Stewardship Plan.				
		Term of Contract:	12/05/2023 - 06/30/2024	Contract # 27852		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES						
30.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	WESTERN DOOR AND GATE, LLC	FEDERAL	\$17,613							
							Contract Description: This is a new contract to provide gate replacement.					
							Term of Contract: 11/29/2023 - 09/30/2025 Contract # 28480					
31.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	TOM CLARK SOLUTIONS	FEE: LICENSURE	\$42,000							
							Contract Description: This is a new contract to provide government relations services.					
							Term of Contract: 01/01/2024 - 12/31/2024 Contract # 28399					
32.	B031	LICENSING BOARDS AND COMMISSIONS - OCCUPATIONAL THERAPY	J.K. BELZ & ASSOCIATES DBA BELZ & CASE GOVERNMENT AFFAIRS	FEE: LICENSURE	\$51,000							
							Contract Description: This is a new contract to provide government relations services.					
							Term of Contract: 01/01/2024 - 12/31/2025 Contract # 28366					

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28083**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>Real Nevada, LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>Real Nevada, LLC dba Great Basin Law</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>1783 Trek Trail</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Wayne Klomp 775-770-0386</b>
	Vendor No.: <b>T32011936</b>
	NV Business ID: <b>NV20212152151</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % STATUTORY CONTIGENCY</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/04/2023**

Anticipated BOE meeting date **01/2024**

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to January 4, 2023, due to Commission's immediate need for legal services and meet its required deadlines.**

3. Termination Date: **12/31/2024**

Contract term: **1 year and 362 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract to provide outside counsel services for Case No. 21-062-C, consolidated with Case No. 21-21-082C, and Case No. 22-107C, Case No. 21-082C, Case No. 22-102-C.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the services of outside counsel due to a conflict.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this matter.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?



d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**It is a DBA of the business entity.**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Leslie Nino Piro, General Counsel Ph: 702-486-3077

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	08/08/2023 14:15:22 PM
Division Approval	jhoba2	08/09/2023 13:30:59 PM
Department Approval	jhoba2	08/09/2023 13:31:05 PM
Contract Manager Approval	tlyon1	08/09/2023 15:19:55 PM
Budget Analyst Approval	vmilazz1	11/30/2023 14:58:25 PM

AARON D. FORD  
*Attorney General*

KYLE E. N. GEORGE  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701


TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**To:** Shauna Tilley, Executive Branch Budget Officer  
Jennifer Hamilton, Executive Branch Budget Officer  
Governor's Finance Office BT  
PJ  
GFB

**From:** Tanya Lyons, Management Analyst II 

**Date:** August 8, 2023

**Subject:** Retroactive Contract Approval for Contract #28083 Real Nevada  
LLC dba Great Basin Law

---

We request that this contract be retroactively approved to January 4, 2023, due to Commission's immediate need for legal services and meet its required deadlines.

AARON D. FORD  
*Attorney General*

KYLE E. N. GEORGE  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

MEMORANDUM

*Budd 08/16/23*  
**To:** ~~Jennifer Hamilton~~, Executive Branch Budget Officer  
Governor's Finance Office *See for Amy Stephenson, COB*

**From:** Tanya Lyons, Management Analyst II *TL*

**Date:** August 8, 2023

**Subject:** Statutory Contingency Contract Approval for Contract #28083 for Real Nevada LLC dba Great Basin Law

---

We are requesting statutory contingency approval for Contract #28083 for Real Nevada LLC dba Great Basin Law. This is a new contract to provide outside counsel services to advise the Commission for an ethics complaint case.

The conflict of interest in consolidated Case Nos. 21-062C, 21-082C, and 22-102C (collectively, the "Ethics Complaints") arose unexpectedly during the normal course of the representation. Because the Ethics Complaints are confidential by law, the OAG did not have prior access to the pleadings. Additionally, the conflict was discovered at the earliest possible opportunity since the representation had just begun.

General Counsel timely informed Chief DAG Greg Ott of the conflict and that Special Counsel must be retained to advise the Commission on the Ethics Complaints. General Counsel further requested OAG fiscal to inform GFO that a need for outside counsel had arisen in this matter.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25920** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **THE LAWTON LAW FIRM, PC**

Agency Code: **030** Contractor Name: **THE LAWTON LAW FIRM, PC**

Appropriation Unit: **1038-10** Address: **STE R-275**

Is budget authority available?: **Yes** City/State/Zip: **12600 HILL COUNTRY BLVD**

If "No" please explain: **Not Applicable** Contact/Phone: **Daniel Lawton 512/322-0019**

Vendor No.: **T27025088**

NV Business ID: **NV20101246795**

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Regulatory Assessments</b>

Agency Reference #: 23034

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2022**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/11/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing professional services as an expert witness and full litigation support for the cost of capital, depreciation and other issues related to utilities' rate making and cost recovery proposals. This amendment increases the maximum amount of the contract from \$100,000 to \$137,000 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
2. Amount of current amendment (#1):	\$37,000.00	\$37,000.00	\$37,000.00	Yes - Info
3. New maximum contract amount:	\$137,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Specialized knowledge and testimony of an expert witness is required by the Bureau of Consumer Protection to assist in evaluating the filings as well as the particular requirements to represent consumers' interests.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized knowledge and credentials of an experienced expert in the field which is not available in a State agency is needed in complex contested matters before the Nevada Public Utilities Commission.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor was chosen for their specialized expertise, availability and reasonable rates.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2010 with the Bureau of Consumer Protection and all work performed has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	11/27/2023 11:23:04 AM
Division Approval	jhoba2	11/27/2023 11:23:08 AM
Department Approval	jhoba2	11/27/2023 11:23:14 AM
Contract Manager Approval	jhoba2	11/27/2023 11:23:18 AM
Budget Analyst Approval	vmilazz1	11/27/2023 11:50:00 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28501**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>CARASOFT TECHNOLOGY CORP</b>
Agency Code: <b>040</b>	Contractor Name: <b>CARASOFT TECHNOLOGY CORP</b>
Appropriation Unit: <b>1050-42</b>	Address: <b>1890 PRESTON WHITE DR STE 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RESTON, VA 20191</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Chris.Fagan@carahsoft.com 703/871-8500</b>
	Vendor No.: <b>T27011089</b>
	NV Business ID: <b>NV20151127305</b>

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **040**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2023**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2024**

Contract term: **139 days**

4. Type of contract: **Contract**

Contract description: **TruValidate**

5. Purpose of contract:

**This is a new service agreement under Master Service Agreement 99SWC-NV21-7083 which provides cloud services. This service agreement will provide a credit card fraud detection and prevention solution that stops online and mobile fraud in real-time.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Credit card fraud is a fast-growing phenomenon. This tool will save the State money, and reduce the time spent by the agency on research and analysis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or expertise to provide this platform.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **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?

Statewide Contract

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is a statewide contract procured by the State Purchasing Division.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	11/30/2023 14:39:09 PM
Division Approval	dbowma1	11/30/2023 14:39:14 PM
Department Approval	dbowma1	11/30/2023 14:39:18 PM
Contract Manager Approval	adale	12/11/2023 07:28:33 AM
EITS Approval	ljean	12/11/2023 09:21:24 AM
Budget Analyst Approval	mranki1	12/12/2023 08:31:17 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28201**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>VotingWorks</b>
Agency Code: <b>040</b>	Contractor Name: <b>VotingWorks</b>
Appropriation Unit: <b>1050-41</b>	Address: <b>548 Market Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Francisco, CA 94104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steve Trout 503-300-2600</b>
	Vendor No.: <b>T29043575</b>
	NV Business ID: <b>NV20201917115</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2027</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2023**

Anticipated BOE meeting date 09/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 208 days**

4. Type of contract: **Contract**

Contract description: **Risk Limiting Audit**

5. Purpose of contract:

**This is a new contract to provide software and remote support for pilot Risk-Limiting Audits to help election officials scale post-election tabulation audits, validate election outcomes and promote public trust.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,600.00**

Payment for services will be made at the rate of \$24,900.00 per Fiscal Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS293.394 requires that the Secretary of State adopt regulations for conducting a risk-limiting audit of elections.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the expertise or resources required to do this work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Verified Voting  
SolarWinds  
Free & Fair  
VotingWorks**



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they were the only vendor to provide a proposal.

d. Last bid date: 05/12/2023 Anticipated re-bid date: 03/30/2027

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been engaged under contract with the Secretary of State in previous years and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	dbowma1	11/30/2023 15:13:09 PM
Division Approval	dbowma1	11/30/2023 15:13:15 PM
Department Approval	dbowma1	11/30/2023 15:13:26 PM
Contract Manager Approval	adale	11/30/2023 15:36:33 PM
EITS Approval	ljean	12/01/2023 14:19:51 PM
Budget Analyst Approval	mranki1	12/04/2023 15:38:12 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28471**

Agency Name: <b>CONTROLLER'S OFFICE</b>	Legal Entity Name: <b>MYTHICS, LLC</b>
Agency Code: <b>060</b>	Contractor Name: <b>MYTHICS, LLC</b>
Appropriation Unit: <b>1130-26</b>	Address: <b>4525 MAIN ST., STE. 1500</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>VIRGINIA BEACH, VA 23462-3398</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ryan Bozeman 757/773-7262</b>
	Vendor No.: <b>PUR0002721</b>
	NV Business ID: <b>NV20232735253</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2027</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/28/2026**

Contract term: **2 years and 320 days**

4. Type of contract: **Contract**

Contract description: **Mythics, LLC**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV21-6590 which provides software licensing, support, and related services. This service agreement provides Oracle web based software, licensing, and support for Nevada's Advantage Financial System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,066.15**

Other basis for payment: \$19,882.80 for FY 2024, \$20,678.11 for FY 2025, \$21,505.24 for FY 2026.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Oracle web based software is required to run Nevada's Advantage financial system. The Statewide contract with the original manufacturer, Oracle, ended in December 2020. This is an individual service agreement between the vendor and the State Controllers Office and is pursuant to Nevada's statewide contract with Mythics, LLC under 99SWC-NV21-6590.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized software required to operate the state's primary and only financial system. Without this Licensing and support, the Advantage system would be inoperable and transactions would cease statewide.

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?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Controller's Office, satisfied with service(s) provided.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	jtilto1	11/07/2023 14:24:38 PM
Division Approval	jsmack	11/07/2023 15:16:42 PM
Department Approval	jsmack	11/07/2023 15:16:45 PM
Contract Manager Approval	sbro21	11/07/2023 15:18:10 PM
Budget Analyst Approval	klay0	12/12/2023 14:37:39 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28500**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ADT Commercial, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ADT Commercial, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1501 Yamato Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Boca Raton, FL 33431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott Wulforst 775-287-810</b>
	Vendor No.: <b>T29047302</b>
	NV Business ID: <b>NV20111234098</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**To allow the vendor to coordinate with the Fire Marshal for approval to begin installation of equipment and to transfer services from Thomas and Mack's liability to the State of Nevada as soon as possible.**

3. Termination Date: **11/30/2024**

Contract term: **1 year and 18 days**

4. Type of contract: **Contract**

Contract description: **Fire Alarm Monitor**

5. Purpose of contract:

**This is a new contract to monitor the fire alarm system in the Eureka Building, Mineral Building, Lander Building, Churchill Building, Washoe Building, Nevada Building and Parking Garage, Lincoln Building, and White Pine Building at the McCarran Center located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,951.00**

Payment for services will be made at the rate of \$160.00 per Standard Labor hour

Other basis for payment: \$263.00 per hour - After hours; \$260.00 per hour - Weekend/Holiday

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The fire alarm monitoring for all buildings purchased need to commence no later than December 1, 2023, to take the liability off Thomas and Mack.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise and personnel

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Johnson Controls  
ADT Commercial  
Intraworks

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best and lowest bid received.

d. Last bid date: 10/11/2023 Anticipated re-bid date: 10/11/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**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	bmcDani	11/09/2023 15:22:14 PM
Division Approval	jkidd	11/20/2023 13:20:28 PM
Department Approval	ssands	11/21/2023 14:17:40 PM
Contract Manager Approval	ssands	12/04/2023 07:22:32 AM
Budget Analyst Approval	klay0	12/06/2023 09:39:37 AM

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Kent A. LeFevre**  
*Administrator*

**Carson City Office:**  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701  
Phone: (775) 684-4141

*Buildings & Grounds Section*  
*Phone: (775) 684-1800*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***PUBLIC WORKS DIVISION***

**Las Vegas Office:**  
2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

*Buildings & Grounds Section*  
*Phone: (702) 486-4300*

MEMORANDUM

DATE: December 06, 2023

TO: Kelly Lay, Executive Branch Budget Officer

FROM: David Dutra, Deputy Administrator 

SUBJECT: Retroactive Contract for Fire Alarm Monitoring – McCarran Buildings

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The State Public Works Division, Buildings and Grounds Section is requesting the service agreement contract with ADT Commercial be retroactive to November 13, 2023, to allow the vendor to coordinate with the Fire Marshal for approval to begin installation of equipment at nine (9) buildings on the McCarran Campus. Services need to be transferred from Thomas and Mack's (T&M) liability to the State of Nevada as soon as possible to prevent further cost obligations to T&M.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28495**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>REYMAN BROTHERS CONSTRUCTION, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>REYMAN BROTHERS CONSTRUCTION, INC.</b>
Appropriation Unit: <b>1349-14</b>	Address: <b>151 S. 18TH ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-5581</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/356-0150</b>
	Vendor No.: <b>T80966566</b>
	NV Business ID: <b>NV19931038130</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2024**

Contract term: **323 days**

4. Type of contract: **Contract**

Contract description: **Doors/Panic Devices**

5. Purpose of contract:

**This is a new contract to provide new doors and panic devices on additional doors at the Stewart Facility, Building #6.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,219.72**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is a CAT14-FY24-023 to replace doors and add panic devices to additional doors at Stewart #6.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the equipment or the manpower needed to complete this service.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This is a CAT 14-FY24-023 under Public Works.**

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:

Phil Nemanic, Facility Supervisor II Ph: 775-691-1952

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/13/2023 09:49:43 AM
Division Approval	jkidd	11/13/2023 13:38:34 PM
Department Approval	ssands	11/13/2023 13:47:59 PM
Contract Manager Approval	tledzma	12/11/2023 09:15:56 AM
Budget Analyst Approval	klay0	12/12/2023 08:12:15 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28485**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: Summit Plumbing Company, LLC
Agency Code: <b>082</b>	Contractor Name: <b>Summit Plumbing Company, LLC</b>
Appropriation Unit: <b>1349-14</b>	Address: <b>1749 Timber Ct.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GARDNERVILLE, NV 89410</b>
If "No" please explain: Not Applicable	Contact/Phone: Paul Kearney 7752679987
	Vendor No.: T29008376
	NV Business ID: NV19991021762

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/07/2024**

Contract term: **352 days**

4. Type of contract: **Contract**

Contract description: **Plumbing**

5. Purpose of contract:

**This is a new contract to provide the replacement of the remaining section of copper domestic water line at the Governor's Mansion.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,968.15**

Other basis for payment: Total price includes labor and material (Attachment CC Vendors Response).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

CAT14-FY24-008. Replace the remaining section of the copper domestic line at the Governor's Mansion. The partial line in question is the section running from the city valve-box to the existing Christy-box installed as part of the earlier and partial water line replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the manpower needed to facilitate this need.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor is currently under contract with the agency. Agency is pleased with vendor's performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Sean Whitney, Facility Supervisor III Ph: 775-690-4526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/07/2023 14:40:25 PM
Division Approval	jkidd	11/07/2023 16:28:04 PM
Department Approval	ssands	11/14/2023 10:37:51 AM
Contract Manager Approval	ssands	11/17/2023 14:23:24 PM
Budget Analyst Approval	klay0	11/21/2023 09:51:42 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28487**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>UNITED LAWN AND LANDSCAPING, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>UNITED LAWN AND LANDSCAPING, LLC</b>
Appropriation Unit:	<b>1349-12</b>	Address:	<b>PO Box 3389</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89702</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Todd Thomsen 775-233-5504
		Vendor No.:	T32014625
		NV Business ID:	NV20181089744

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Buildings Rent Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/07/2027**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **Snow Removal**

5. Purpose of contract:

**This is a new contract to provide snow removal and ice melt services for the Silver Sage Drive location in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$540.00 per Push

Other basis for payment: FY24 \$15,000; FY25 \$15,000; FY26 \$15,000; FY27 \$15,000. Please view attachment CC (Vendor's response) for additional rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds will use this contract for snow removal and ice melt services at newly acquired state owned Silver Sage property in Carson City.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower or equipment needed to facilitate this need.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Atlas Facilities  
Cutting Edge  
United Lawn and Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: \_\_\_\_\_ Anticipated re-bid date: \_\_\_\_\_

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Dave Bell, Grounds Supervisor III Ph: 775-690-8750

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/08/2023 09:42:19 AM
Division Approval	jkidd	11/27/2023 09:25:14 AM
Department Approval	ssands	11/30/2023 13:19:55 PM
Contract Manager Approval	ssands	11/30/2023 13:19:58 PM
Budget Analyst Approval	nhovden	11/30/2023 15:27:57 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number:	<b>27447</b>	Amendment Number:	<b>1</b>
Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE</b>
Appropriation Unit:	<b>1349-12</b>	Address:	<b>WATERS VACUUM TRUCK SERVICE PO BOX 18160</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-0160</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	<b>JUSTIN WATERS 775/825-1595</b>
		Vendor No.:	<b>T80206180A</b>
		NV Business ID:	<b>NV19781005671</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDINGS AND GROUNDS RENT INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/30/2027**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Sewer/Plumbing Svcs**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing septic services, video inspections, and hydro-flushing, and provides Toxicity Characteristic Leaching Procedure (TCLP) and Total Petroleum Hydrocarbons (TPH) analytical testing when needed in state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$8,000 to \$75,000 due to additional properties being added.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,000.00	\$8,000.00	\$8,000.00	No
2. Amount of current amendment (#1):	\$67,000.00	\$75,000.00	\$75,000.00	Yes - Info
3. New maximum contract amount:	\$75,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Ongoing services needed for pumping sewer lines, hydro-flushing, video inspections, vacuum truck services. Provide TCLP and TPH analytical testing for sand/oil separators when needed

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the tools, materials, or manpower needed to facilitate this need.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the proposed scope of work with the lowest bid.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2011 - present - Buildings and Grounds - Work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/16/2023 08:30:11 AM
Division Approval	tmilazz1	11/17/2023 14:31:00 PM
Department Approval	ssands	11/17/2023 14:51:15 PM
Contract Manager Approval	ssands	11/21/2023 08:23:10 AM
Budget Analyst Approval	klay0	11/21/2023 08:24:16 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28044** Amendment Number: **1**  
 Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **HOFFMAN PLUMBING**  
 Agency Code: **180** Contractor Name: **HOFFMAN PLUMBING**  
 Appropriation Unit: **1385-07** Address: **PO BOX 1945**  
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89702**  
 If "No" please explain: Not Applicable Contact/Phone: **775/882-4533**  
 Vendor No.: **T32013997**  
 NV Business ID: **NV20161398316**

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Service Fees</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2023**  
 Anticipated BOE meeting date **12/2023**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**  
 Contract term: **297 days**  
 4. Type of contract: **Contract**  
 Contract description: **Water fountain insta**

5. Purpose of contract:  
**This is a new contract to provide for the installation of four (4) drinking water fountains at the Carson City IT Facility. This amendment increases the maximum amount from \$7,880.00 to \$10,542.50 due to unexpected additional work required to complete the installation.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,880.00	\$7,880.00	\$7,880.00	No
2. Amount of current amendment (#1):	\$2,662.50	\$10,542.50	\$10,542.50	Yes - Info
3. New maximum contract amount:	\$10,542.50			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Replacing four drinking fountains at Carson City Facility**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Specialized service**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?  
Best price

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbrya1	11/08/2023 16:10:57 PM
Division Approval	smontie1	11/09/2023 07:47:42 AM
Department Approval	ddodge	11/14/2023 09:32:47 AM
Contract Manager Approval	thudder	11/14/2023 11:59:25 AM
Budget Analyst Approval	mranki1	12/04/2023 15:09:30 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25475</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Lauren Abela</b>
Agency Code: <b>240</b>	Contractor Name: <b>Lauren Abela</b>
Appropriation Unit: <b>2561-13</b>	Address: <b>2269 Candlestick Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89052</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-767-1042</b>
	Vendor No.: <b>T32011857</b>
	NV Business ID: <b>NV20051590615</b>

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 %	
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %	
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 %</b>	<b>Private/County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Physicians Assistant**

5. Purpose of contract:

**This is the first amendment to the original contract which provide Physician Assistant Healthcare Services. This amendment increases the maximum amount from \$48,000 to \$72,000 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$24,000.00	\$24,000.00	\$72,000.00	Yes - Info
3. New maximum contract amount:	\$72,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 449.74521(1) A facility for skilled nursing shall employ full time, part time, or as consultants such health care professionals as are necessary to provide adequate care for each patient in the facility and to carry out the provisions of NAC 449.774 to NAC 449.74549, inclusive.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency nor the state has the manpower to provide this service.

9. Were quotes or proposals solicited? Yes  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most qualified to perform the services required.

d. Last bid date: 12/08/2021 Anticipated re-bid date: 11/02/2021

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	11/20/2023 16:09:02 PM
Division Approval	jtheil1	11/20/2023 16:09:07 PM
Department Approval	jtheil1	11/20/2023 16:09:13 PM
Contract Manager Approval	jclodfel	12/06/2023 09:32:29 AM
Budget Analyst Approval	mranki1	12/06/2023 10:32:34 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27992**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b> Agency Code: <b>332</b> Appropriation Unit: <b>2895-00</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>Esmeralda County Libraries</b> Contractor Name: <b>Esmeralda County Libraries</b> Address: <b>PO Box 128</b> City/State/Zip: <b>Silverpeak, NV 89407-0128</b> Contact/Phone: <b>775-937-2215</b> Vendor No.: NV Business ID: <b>N/A</b>
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To what State Fiscal Year(s) will the contract be charged? **2024-2027**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**  
 Anticipated BOE meeting date **01/2024**

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

4. Type of contract: **Cooperative Agreement**

Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,800.00**  
 Payment for services will be made at the rate of \$3,200.00 per year  
 Other basis for payment: FY24, \$3,200;FY25, \$3,200;FY26, \$3,200 & FY27, \$3,200.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/28/2023 14:03:48 PM
Division Approval	jkidd	07/28/2023 15:41:24 PM
Department Approval	ssands	11/29/2023 11:01:01 AM
Contract Manager Approval	ssands	11/30/2023 15:32:13 PM
Budget Analyst Approval	Iramire7	12/01/2023 11:48:15 AM

**N e v a d a**  
**L I B R A R Y**  
**C o o p e r a t i v e**

**To:**

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

To Whom it May Concern:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –



Kari Ward – Director, Nevada Library Cooperative

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28000**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>Pershing County Library</b>
Agency Code: <b>332</b>	Contractor Name: <b>Pershing County Library</b>
Appropriation Unit: <b>2895-00</b>	Address: <b>1125 Central, PO Box 781</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Lovelock, NV 89419</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-273-2216</b>
	Vendor No.: <b></b>
	NV Business ID: <b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **01/2024**

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

4. Type of contract: **Cooperative Agreement**

Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,600.00**

Payment for services will be made at the rate of \$6,400.00 per year

Other basis for payment: FY24, \$6,400;FY25, \$6,400;FY26, \$6,400 & FY27, \$6,400.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Library Cooperative, (CoOp) (formerly known as CLAN) has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/28/2023 14:06:46 PM
Division Approval	jkidd	08/14/2023 14:21:57 PM
Department Approval	ssands	11/29/2023 07:58:17 AM
Contract Manager Approval	ssands	11/30/2023 15:34:00 PM
Budget Analyst Approval	Iramire7	12/01/2023 11:51:05 AM

**N e v a d a**  
**L I B R A R Y**  
**C o o p e r a t i v e**

**To:**

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

To Whom it May Concern:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –

A handwritten signature in blue ink that reads "Kari Ward". The signature is written in a cursive, flowing style.

Kari Ward – Director, Nevada Library Cooperative



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28529**

Agency Name:	<b>DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE</b>	Legal Entity Name:	NEVADA PUBLIC HEALTH FOUNDATION, INC.
Agency Code:	<b>400</b>	Contractor Name:	<b>NEVADA PUBLIC HEALTH FOUNDATION, INC.</b>
Appropriation Unit:	<b>3060-10</b>	Address:	<b>3476 Executive Pointe Way, Suite 10</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Gautereaux 775.884.0392
		Vendor No.:	T81018059
		NV Business ID:	NV19961104052

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Opioid Settlement Funds</b>

Agency Reference #: SA#10002

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **RFQ 99WC-S2340**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides assistance to Nevada rural county sheriffs' and city police department jail leadership to implement jail medication-assisted treatment programming, case management and community continuation of care planning, and technology solutions for managing substance use disorders and behavioral health at-risk populations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,240.00**

Other basis for payment: \$65.63 per hour, for 18 hours per week, for 48 weeks plus 8% of administrative expenses

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This project aligns with the Nevada Opioid Needs Assessment and Statewide plan Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems; Access to MAT and other treatment interventions within the jails and prisons is limited, and individuals transitioning from incarceration to the community often have little or no access to treatment or care management in the community. Progress has been made through drug treatment courts and similar interventions; these opportunities are uniformly available in all criminal detention centers. More work is needed in providing treatment both in criminal justice settings and during transitions so that people can recover from opioid use disorders and maintain their recovery in the community.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We are working with a subject matter expert within this goal in order to address troubles within the jails. The team is does not have experience with this goal nor do they have the bandwidth to be able to conduct these survey and implementation to fidelity.

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 is a continuation of work from a work order. This was the original vendor and they had agreed to a lower administrative rate due to a cap in the settlement.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Health and Human Services Director's Office has done business with Nevada Public Health Foundation. Most recently from July 5, 2023 through September 30, 2023. The quality of service provided has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	Igallow1	11/16/2023 12:34:30 PM
Division Approval	Igallow1	11/16/2023 12:34:39 PM
Department Approval	Igallow1	11/16/2023 12:34:42 PM
Contract Manager Approval	Igallow1	11/16/2023 12:34:46 PM
Budget Analyst Approval	khal5	12/12/2023 05:16:32 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28384**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>DAVIDSON &amp; BELLUSO, INC.</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>DAVIDSON &amp; BELLUSO, INC.</b>
Appropriation Unit:	<b>3283-36</b>	Address:	<b>4105 N 20TH ST STE 155</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>PHOENIX, AZ 85018-6099</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>MIKE BARCIA 602/277-1185</b>
		Vendor No.:	<b>T27043741</b>
		NV Business ID:	<b>NV20181600787</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2027**

Contract term: **3 years and 211 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **SILC Website Mainten**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17891 which provides ongoing website hosting and maintenance for the Statewide Independent Living Council.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,870.00**

Other basis for payment: Maintenance \$690 per month and Hosting \$400 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Statewide Independent Living Council advocates for the development of a network of programs, services and options designed to empower Nevadans with disabilities to live independently in the community and having a functional website is imperative to move forward with this work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or tools to do this work.

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?

MSA RFP 99SWC-S2340

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD SILC since 2020 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	gjorgens	10/23/2023 08:22:38 AM
Division Approval	ecreceli	10/23/2023 10:12:58 AM
Department Approval	ecreceli	10/23/2023 10:13:01 AM
Contract Manager Approval	macedved1	10/23/2023 11:22:37 AM
EITS Approval	ljean	10/26/2023 08:38:13 AM
Budget Analyst Approval	khal5	11/22/2023 10:09:02 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28278**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>EXECUTIVE PEST SERVICES LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>EXECUTIVE PEST SERVICES LLC</b>
Appropriation Unit: <b>3161-07</b>	Address: <b>PO BOX 335153</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89033-5153</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>702/321-9547</b>
	Vendor No.: <b>T27020890A</b>
	NV Business ID: <b>NV20061525544</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18270

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

**This is a new contract to provide ongoing pest control services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,600.00**

Payment for services will be made at the rate of \$6,900.00 per Year

Other basis for payment: \$400 per year contingency; contract payable upon receipt of invoice and approval of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 555.100 and 555.110, pest control is required for keeping the facilities in a sanitary condition for the safety and health of patients, visitors and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently there are not any state employees available that have the training or certification to use the chemicals needed to eliminate pests in a commercial environment.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Executive Pest Services  
Ranger Pest Control  
Preventive Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the vendor was selected by an informal selection committee based on their proposal and cost.

d. Last bid date: 09/18/2023 Anticipated re-bid date: 09/18/2025

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:

2019 - present; satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Calvin Peterson, Facilities Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	11/21/2023 15:54:15 PM
Division Approval	ttilto1	11/21/2023 15:54:19 PM
Department Approval	ttilto1	11/21/2023 15:54:23 PM
Contract Manager Approval	ttilto1	11/21/2023 15:54:27 PM
Budget Analyst Approval	khal5	11/22/2023 10:56:52 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28365**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	Little Hills Healthcare LLC dba CenterPointe Hospital
Agency Code:	<b>409</b>	Contractor Name:	<b>Little Hills Healthcare LLC dba CenterPointe Hospital</b>
Appropriation Unit:	<b>3145-52</b>	Address:	<b>4801 Weldon Spring Parkway</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>St. Charles, MO 63304</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Christina Kardash 636-441-7300
		Vendor No.:	T29047444
		NV Business ID:	Out of State Services

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**An emergency retroactive contract is being requested effective October 12, 2023 for a term of approximately 90 days to perform required in patient substance abuse services for a youth on parole. The contract will provide emergency placement services for a youth in need of inpatient substance abuse services. The youth is currently being housed in Churchill County.**

3. Termination Date: **02/28/2024**

Contract term: **139 days**

4. Type of contract: **Contract**

Contract description: **Emergency Placement**

5. Purpose of contract:

**This is a new contract to provide emergency placement for a youth.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$500.00 per Day

Other basis for payment: \$500 x 90 days = \$45,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

All facilities accepting Medicaid have denied this placement. Little Hills Healthcare LLC dba Centerpointe Hospital is willing to accept the youth immediately.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DCFS Youth Parole Services does not have the inpatient substance abuse care capabilities required for this youth.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only facility that was able to accept an immediate placement. An emergency retroactive request was approved by the Purchasing Division Administrator.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with the Division since August 1, 2023. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**All services to be provided in Missouri.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**All services to be provided in Missouri.**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**No** b. If "NO", please explain.

**All services to be provided in Missouri.**

19. Agency Field Contract Monitor:

Brian Dahlberg, Management Analyst III Ph: 702-486-0000

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	10/26/2023 13:47:28 PM
Division Approval	hbugg	11/16/2023 12:12:15 PM
Department Approval	mwillia9	11/27/2023 13:57:47 PM
Contract Manager Approval	sknigge	11/27/2023 14:13:58 PM
Budget Analyst Approval	pokeefe	12/07/2023 11:54:02 AM



Joe Lombardo  
Governor

Richard Whitley, MS  
Director



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Marla McDade  
Williams, MPA  
Administrator

### MEMORANDUM

**DATE:** October 10, 2023

**TO:** Theresa Bawden, Executive Branch Budget Officer 1  
Gideon Davis, Administrator, Purchasing Division

**FROM:** Tiffany Greenameyer, Deputy Administrator, Division of Child and Family Services

**RE:** DCFS Emergency Retroactive Contract Request – Little Hills Healthcare LLC dba  
Centerpointe Hospital

---

An emergency retroactive contract is being requested between the Division of Child and Family Services (DCFS) and Little Hills Healthcare LLC. Dba Centerpointe Hospital to perform required inpatient substance abuse services for a youth on parole.

Nevada Youth Parole Services, operating under DCFS, currently has a youth committed and in need of inpatient substance abuse services. The youth is currently being housed in Churchill County. There are currently no Nevada Medicaid placements available, so an out of state placement is necessary. DCFS has identified Little Hills Healthcare LLC. Dba Centerpointe Hospital as a vendor who is willing to accept the youth immediately.

DCFS is requesting a retroactive emergency services contract so Youth Parole Services can transport the youth to the facility for immediate inpatient care. The placement would be a 90-day treatment plan and the youth will be admitted once a contract is approved.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-7942 or [tgreenameyer@dcfs.nv.gov](mailto:tgreenameyer@dcfs.nv.gov).

A handwritten signature in blue ink, reading "Tiffany Greenameyer".

**From:** [Brooke Kizer](#)  
**To:** [Sharon Knigge](#); [Kelsey McCann-Navarro](#)  
**Subject:** FW: Emergency Contract Request  
**Date:** Thursday, October 12, 2023 10:58:36 AM  
**Attachments:** [image001.png](#)  
[Emergency Contract-Little Hills Healthcare-Centerpointe Hospital.pdf](#)  
[image002.jpg](#)  
[image004.jpg](#)

---

See below

**Brooke Kizer**

Administrative Services Officer III  
Nevada Department of Health and Human Services  
Division of Child and Family Services | Fiscal  
4126 Technology Way, FL 3 | Carson City, NV 89706  
T: (775) 684-4414 | F: (775) 684-4455 | E: [brooke.kizer@dcsf.nv.gov](mailto:brooke.kizer@dcsf.nv.gov)  
[www.dhhs.nv.gov](http://www.dhhs.nv.gov) | [www.dcsf.state.nv.gov](http://www.dcsf.state.nv.gov)

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---

**From:** Gideon K. Davis <[gkdavis@admin.nv.gov](mailto:gkdavis@admin.nv.gov)>  
**Sent:** Thursday, October 12, 2023 8:12 AM  
**To:** Tiffany Greenameyer <[tgreenameyer@dcsf.nv.gov](mailto:tgreenameyer@dcsf.nv.gov)>; Theresa Bawden <[tbawden@finance.nv.gov](mailto:tbawden@finance.nv.gov)>  
**Cc:** Heather Bugg <[HBugg@dcsf.nv.gov](mailto:HBugg@dcsf.nv.gov)>; Brooke Kizer <[brooke.kizer@dcsf.nv.gov](mailto:brooke.kizer@dcsf.nv.gov)>  
**Subject:** RE: Emergency Contract Request

Tiffany,

Pursuant to NAC 333.114, I authorize DCFS to proceed with this contract without formal competition based on the life safety needs for this client. You will need to work with your EBBO at GFO regarding the retroactive request.

Best,

**Gideon Davis | Administrator**

State of Nevada | Purchasing Division  
515 E Musser St, Ste 300 | Carson City, NV 89701  
(775) 515-5173 | [Chat me in Teams](#)  
[gkdavis@admin.nv.gov](mailto:gkdavis@admin.nv.gov) | [www.purchasing.nv.gov](http://www.purchasing.nv.gov) | [NevadaFPro.com](http://NevadaFPro.com)

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**From:** Tiffany Greenameyer <[tgreenameyer@dcsf.nv.gov](mailto:tgreenameyer@dcsf.nv.gov)>  
**Sent:** Thursday, October 12, 2023 7:43 AM  
**To:** Gideon K. Davis <[gkdavis@admin.nv.gov](mailto:gkdavis@admin.nv.gov)>; Theresa Bawden <[tbawden@finance.nv.gov](mailto:tbawden@finance.nv.gov)>

**Cc:** Heather Bugg <[HBug@dcfs.nv.gov](mailto:HBug@dcfs.nv.gov)>; Brooke Kizer <[brooke.kizer@dcfs.nv.gov](mailto:brooke.kizer@dcfs.nv.gov)>

**Subject:** Emergency Contract Request

Good morning,

Please see attached emergency contract request for Centerpointe Hospital. Please let me know if you have any questions.

Thank you,



**Tiffany Greenameyer**

Deputy Administrator, Administration  
Nevada Department of Health and Human Services  
4126 Technology Way, Carson City, NV 89706  
T: (775) 684-7942 E: [tgreenameyer@dcfs.nv.gov](mailto:tgreenameyer@dcfs.nv.gov)

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28409**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Janet Cahill, PhD
Agency Code: <b>409</b>	Contractor Name: <b>Janet Cahill, PhD</b>
Appropriation Unit: <b>3146-13</b>	Address: <b>2884 San Juan Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Minden, NV 89423</b>
If "No" please explain: Not Applicable	Contact/Phone: Janet Cahill 609-923-1592
	Vendor No.: T29044672
	NV Business ID: NV20222616922

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/22/2023**

Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 220 days**

4. Type of contract: **Contract**

Contract description: **CPS Training**

5. Purpose of contract:

**This is a new contract to provide Child Protective Service related training to Intensive Family Services staff, rural providers, and clinicians.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,012.00**

Payment for services will be made at the rate of \$600.00 per Training Day

Other basis for payment: \$4,812 for Manuals and Materials

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The lack of service providers in rural Nevada providing evidence-based services and the turn-over of Division staff in our rural offices requires more training in evidence-based techniques to improve the outcomes for children and families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to provide evidence-based training.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Saul Singer, 2175 Saint George Way, Carson City, Nevada 89703  
Center for Behavioral Intervention, Lake Oswego, Oregon  
Janet Cahill, Best Practice CPS (Vendor Chosen)  
Lori Fluegel, JD, of Child Protection Concepts, Kansas City MO

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor contacted that can provide all four of the evidence based trainings our new Mental Health Counselor staff and rural providers need.

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:

This vendor has provided contracted services since June 2020. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Maria Hickey, SSPS3 Ph: 775.684.1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	11/01/2023 07:27:32 AM
Division Approval	myoun3	11/09/2023 13:45:25 PM
Department Approval	mwillia9	11/13/2023 08:59:10 AM
Contract Manager Approval	sknigge	11/13/2023 13:26:34 PM
Budget Analyst Approval	nrezaie	11/22/2023 11:13:55 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26871**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CARSON CITY, CITY OF</b>
Agency Code: <b>409</b>	Contractor Name: <b>CARSON CITY, CITY OF</b>
Appropriation Unit: <b>3229-41</b>	Address: <b>DEPT OF ALTERNATIVE SENTENCING</b>
Is budget authority available?: <b>Yes</b>	<b>885 E MUSSER ST STE 2080</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CARSON CITY, NV 89701</b>
To what State Fiscal Year(s) will the contract be charged?	Contact/Phone: <b>775/887-2530</b>
	Vendor No.: <b>T80990941AF</b>
	NV Business ID: <b>Governmental Entity</b>
	<b>2024-2028</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>58.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>17.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>25.00 % county assessment</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/22/2023**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2027**

Contract term: **3 years and 312 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Drug Testing**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing random, observed, rapid response drug and alcohol testing services for clients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Payment for services will be made at the rate of \$15.00 per test

Other basis for payment: 300 tests per year x \$15 = \$4,500 x 4 years = \$18,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Courts order that parents submit to observed drug testing and there is no other option for observed drug testing in the Carson City area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DCFS does not have the staff to observe drug testing and does not have a lab to test the results.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public entities entering into a contract is authorized by law to perform.

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:

This vendor currently provides these services. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	krober10	09/28/2023 11:41:28 AM
Division Approval	myoun3	11/09/2023 15:46:46 PM
Department Approval	mwillia9	11/13/2023 11:14:18 AM
Contract Manager Approval	sknigge	11/13/2023 15:23:05 PM
Budget Analyst Approval	nrezaie	11/22/2023 11:12:49 AM

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Cindy Pitlock, DNP  
Administrator

---

**DATE:** 7/31/2023

**TO:** Theresa Bawden, Executive Branch Budget Officer I

**FROM:** Heather Bugg, Administrative Services Officer IV

A handwritten signature in blue ink that reads "Heather Bugg".

**SUBJECT:** Retroactive Interlocal Agreement Request CETS #26871

---

The Division of Child and Family Services (DCFS) has had an interlocal agreement with Carson City Alternative Sentencing since 2017 or prior. The previous contract expired on September 30, 2022 and the documents to initiate a new interlocal agreement were delayed in the process, resulting in the need for a retroactive interlocal agreement. DCFS requested a retroactive agreement from the Purchasing Division on September 29, 2022; however, a response was never received. DCFS is requesting approval for a retroactive interlocal agreement with Carson City Department of Alternative Sentencing.

The draft interlocal agreement was first sent to Carson City on October 19, 2022 with a request for signatures. The following is a history of DCFS' attempts to obtain signatures:

DCFS followed up on October 26, 2022.

DCFS followed up October 31, 2023.

DCFS followed up on November 7, 2022.

Carson City's first response was on November 10, 2022 indicating they were in receipt of the interlocal agreement and they were reviewing it.

DCFS followed up on November 19, 2022.

DCFS followed up on December 1, 2022.

DCFS followed up on December 16, 2022.

Carson City responded on December 19, 2022 indicating that the interlocal agreement had to be placed on the agenda for a meeting of the Board of Supervisors.

DCFS followed up on January 23, 2023.

DCFS followed up January 31, 2023.

DCFS followed up February 10, 2023.

DCFS followed up March 9, 2023.



Carson City responded on March 21, 2023 that the interlocal agreement was being reviewed by their District Attorney.

Carson City responded on March 24, 2023 with requested changes to the interlocal agreement.

DCFS updated the interlocal agreement and received new approvals from the program and the DCFS Deputy Attorney General.

DCFS sent the new interlocal agreement to Carson City on April 11, 2023.

DCFS followed up on April 18, 2023.

DCFS followed up on May 11, 2023.

DCFS followed up on June 15, 2023

DCFS followed up on June 27, 2023.

Carson City responded on June 30, 2023 that the interlocal agreement would be placed on the agenda for a meeting of the Board of Supervisors.

Carson City returned the signed interlocal agreement on July 13, 2023.

DCFS completed the internal review process for submission to the Governor's Finance Office.

Continuation of this interlocal agreement is critical to the Child Welfare Program for the protection of the youth we serve and services could not be delayed until a signed interlocal agreement was received. To prevent a reoccurrence, we intend to initiate the contracting process earlier with this agency.

Please do not hesitate to reach out should you need additional information.

cc:

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28248**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: Aqua 1, Inc. DBA Culligan Red Rock Water
Agency Code: <b>550</b>	Contractor Name: <b>Aqua 1, Inc. DBA Culligan Red Rock Water</b>
Appropriation Unit: <b>4545-04</b>	Address: <b>1145 Icehouse Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89431</b>
If "No" please explain: Not Applicable	Contact/Phone: Bill Fairbanks 775-331-7310
	Vendor No.: T32012099A
	NV Business ID: NV20212311382

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 24-06

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **3 years and 359 days**

4. Type of contract: **Contract**

Contract description: **Water System Mntnce**

5. Purpose of contract:

**This is a new contract to provide preventative maintenance to the DI water system that provides high quality water for chemical analysis of pesticide residue, HEMP, and fertilizer samples.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,797.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The DI water system provides high quality water to the Chemistry Lab for use in chemical analysis including pesticide residue, HEMP, and fertilizer samples. The water system is long overdue for service and is in need of maintenance as well as repair.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise nor the authorization to work on the DI water system.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Pure Water System of Nevada  
Kinetico Water System / Water Unlimited  
Culligan Water System

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The DI water system used by NDA is proprietary and can only be serviced by Aqua1/Culligan Water, other vendors were unable to provide quotes for service.

d. Last bid date: 09/13/2023 Anticipated re-bid date: 09/13/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Culligan Water provided service to Public and Behavioral Health in 2023 and services received were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Jian Zhang, Chief Chemist Ph: 775-353-3778

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rgiffor1	10/10/2023 08:57:02 AM
Division Approval	mmarkovi	10/10/2023 12:42:01 PM
Department Approval	avigi1	10/11/2023 16:29:47 PM
Contract Manager Approval	cprasa1	10/18/2023 11:59:51 AM
Budget Analyst Approval	dspeed1	12/07/2023 14:13:45 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24434</b>	Amendment Number: <b>1</b>
	Legal Entity Name: <b>MESA ENERGY SYSTEMS, INC., DBA EMCOR SERVICES MESA ENERGY, INC.</b>
Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Contractor Name: <b>MESA ENERGY SYSTEMS, INC., DBA EMCOR SERVICES MESA ENERGY, INC.</b>
Agency Code: <b>550</b>	Address: <b>2 Cromwell</b>
Appropriation Unit: <b>4554-07</b>	
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>IRVINE, CA 92618-2001</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SCOTT COOPER 949-460-8833</b>
	Vendor No.: <b>T27027115</b>
	NV Business ID: <b>NV20071267110</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %	
Federal Funds	0.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>	<b>Cost Allocation</b>

Agency Reference #: **RFP # 55AGR-S1521**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2021**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **07/12/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC PM Elko/LV**

5. Purpose of contract:

**This is the first amendment to the original contract which provides preventative maintenance and repair services to the heating, ventilation, and air conditioning systems at the Elko and Las Vegas headquarters. This amendment increases the maximum amount from \$71,133 to \$127,569 due to an increased need for repair services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$71,133.00	\$71,133.00	\$71,133.00	Yes - Action
2. Amount of current amendment (#1):	\$56,436.00	\$56,436.00	\$56,436.00	Yes - Info
3. New maximum contract amount:	\$127,569.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Periodic preventative maintenance is performed to assure the buildings heating and air conditioning systems continue to operate and avoid any sudden major malfunctions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to complete maintenance on this wide range of systems.

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):

Mesa Energy Systems dba Emcor  
RHP Mechanical Systems  
Nevada Chiller Boiler

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1521, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/02/2021 Anticipated re-bid date: 04/02/2025

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:

Emcor provided service to Northern Nevada Adult Mental Health Services in 2022 and services received were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmarkovi	10/31/2023 15:38:43 PM
Division Approval	mmarkovi	10/31/2023 15:39:42 PM
Department Approval	avigi1	11/01/2023 10:55:26 AM

Contract Manager Approval  
Budget Analyst Approval

cprasa1  
dspeed1

11/01/2023 12:09:38 PM  
12/12/2023 16:21:38 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28344**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>Ruby Rose Landscape &amp; Tree Service, LLC</b>
Agency Code: <b>550</b>	Contractor Name: <b>Ruby Rose Landscape &amp; Tree Service, LLC</b>
Appropriation Unit: <b>4554-07</b>	Address: <b>PO Box 2429</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89803</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Salvador Uribe 775-934-5357</b>
	Vendor No.: <b>T27042994A</b>
	NV Business ID: <b>NV20141114482</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>26.00 %</b>
<b>X</b> Federal Funds	<b>74.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 24-07

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2028**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Landscaping Services**

5. Purpose of contract:

**This is a new contract to provide landscaping and snow removal services at the Elko facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,440.00**

Other basis for payment: As invoiced by the contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The building occupied by the Nevada Department of Agriculture in Elko, Nevada requires periodic services in order to maintain the surrounding landscape.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDA does not employ people specifically to maintain landscaping nor do they have equipment necessary to do so.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Powell & Sons  
Ruby Rose Landscape & Tree  
Team Green Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor to respond to a request for a quote.

d. Last bid date: 08/28/2023 Anticipated re-bid date: 08/28/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor provided service to the Nevada Department of Agriculture in 2023 and services received were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Shannon Sustacha, Program Officer I Ph: 775-753-1353

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmarkovi	11/03/2023 14:26:28 PM
Division Approval	mmarkovi	11/03/2023 14:26:33 PM
Department Approval	avigi1	11/06/2023 13:13:30 PM
Contract Manager Approval	cprasa1	11/13/2023 11:49:06 AM
Budget Analyst Approval	dspeed1	12/05/2023 16:56:47 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22416</b>	Amendment Number: <b>2</b>
Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>KALKOMEY ENTERPRISES, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>KALKOMEY ENTERPRISES, LLC</b>
Appropriation Unit: <b>4462-11</b>	Address: <b>DBA BOAT ED</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RICHARDSON , TX 75081</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BLAKE CLARK 817/937-3134</b>
	Vendor No.: <b>PUR0002170</b>
	NV Business ID: <b>NV20171411693</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **72DOW-S792-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**  
Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Wildlife Publication**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing design, production, publishing, printing and distribution of various wildlife publications. This amendment increases the maximum amount from \$800,000 to \$876,651 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$800,000.00	\$800,000.00	\$800,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$76,651.00	\$76,651.00	\$76,651.00	Yes - Info
3. New maximum contract amount:	\$876,651.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will allow the Department of Wildlife's (NDOW) Conservation Education Division to print and maintain the necessary stock of regulatory annual publications for Nevada's hunters and anglers who rely on these publications to keep informed on current laws and regulations pertaining to hunting and fishing wildlife in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The selected vendor offers services in professional printing, graphics, photography, editing and layout that is currently unavailable to the limited staff at NDOW.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #72DOW-S792, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/07/2019 Anticipated re-bid date: 06/01/2023

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Wildlife & #65533; November 13, 2014-Present. They have been deemed as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	10/02/2023 15:11:40 PM
Division Approval	cbalcon	10/09/2023 13:15:13 PM
Department Approval	jneubau2	12/05/2023 14:37:37 PM
Contract Manager Approval	abarredo	12/05/2023 16:09:07 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28260**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4467-18**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **DUCKS UNLIMITED, INC.**  
 Contractor Name: **DUCKS UNLIMITED, INC.**  
 Address: **1 WATERFOWL WAY**  
 City/State/Zip: **MEMPHIS, TN 38120-2350**  
 Contact/Phone: **Amelia Raquel 901/201-1834**  
 Vendor No.: **T81015448B**  
 NV Business ID: **NV19851010941**  
 To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Duck Stamp</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **#24-25**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/28/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years and 34 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

**This is a new contract to provide engineering services for project survey and design for a wetland enhancement project at the Fernley Wildlife Management Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department is the registered owner of multiple dams located at the Fernley WMA and responsible for upkeep and safety of those dams.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires specialized professional wetland engineering services for improvements and dam decommissioning that state employees are unable to do.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Ducks Unlimited provides professional engineering services that specialize in wetland improvement projects.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

14.39%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOW, 2015-2022, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Mike Zahradka, Wildlife Staff Specialist Ph: (775) 688-1563

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	09/25/2023 11:07:49 AM
Division Approval	cbalcon	09/26/2023 08:43:11 AM
Department Approval	jneubau2	11/01/2023 13:31:04 PM
Contract Manager Approval	abarredo	11/28/2023 13:10:17 PM
Budget Analyst Approval	dspeed1	11/28/2023 16:32:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28258**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4467-12**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **SANITARY SEPTIC SERVICE, INC.**  
 Contractor Name: **SANITARY SEPTIC SERVICE, INC.**  
 Address: **PO BOX 151555**  
 City/State/Zip: **ELY, NV 89315-1206**  
 Contact/Phone: **MELANIE JACOBSON 775/289-6611**  
 Vendor No.: **T27028988**  
 NV Business ID: **NV19961088700**

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 24-24

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/28/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2027**

Contract term: **3 years and 276 days**

4. Type of contract: **Contract**

Contract description: **Pumping Services**

5. Purpose of contract:

**This is a new contract to provide outhouse and septic pumping services on the Eastern WMA Complex on an as needed basis. Regular pumping of outhouses and periodic pumping of residences septic systems on wildlife management areas is necessary.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a regular required process that keep outhouses on the WMA's operational.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have the proper equipment to do this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was the only one willing to do work at Kirch WMA.

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:  
Brady Whipple, Area Supervisor 1 Ph: (775)741-2841

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	09/26/2023 14:00:46 PM
Division Approval	cbalcon	09/26/2023 14:01:18 PM
Department Approval	jneubau2	10/31/2023 11:37:54 AM
Contract Manager Approval	jwilkin3	10/31/2023 11:40:21 AM
Budget Analyst Approval	dspeed1	11/28/2023 11:34:37 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28442**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>BLUE LOCKER COMMERCIAL DIVING SERVICES LLC</b>
Agency Code: <b>704</b>	Contractor Name: <b>BLUE LOCKER COMMERCIAL DIVING SERVICES LLC</b>
Appropriation Unit: <b>4605-12</b>	Address: <b>544 ASPEN LEAF ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89144-4562</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>702/586-3145</b>
	Vendor No.: <b>T29033976</b>
	NV Business ID: <b>NV20121285401</b>

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Utility Surcharge</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2023**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Water Tank Cleaning**

5. Purpose of contract:

**This is a new contract to provide water storage tank cleaning and inspections at Western Region Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Mandatory water storage tank cleaning and inspection.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NSP employees do not have equipment or expertise to complete this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Clean Harbors  
Midco  
Blue Locker

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	11/03/2023 10:19:20 AM
Division Approval	ethick1	11/03/2023 10:19:22 AM
Department Approval	jidema	11/30/2023 16:01:56 PM
Contract Manager Approval	jidema	11/30/2023 16:02:01 PM
Budget Analyst Approval	vmilazz1	12/01/2023 08:45:44 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28572**

Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>ASSOCIATED UNDERWATER</b>
Agency Code: <b>705</b>	Contractor Name: <b>ASSOCIATED UNDERWATER</b>
Appropriation Unit: <b>4171-21</b>	Address: <b>SERVICES, INC.</b>
Is budget authority available?: <b>Yes</b>	<b>3901 E FERRY AVE</b>
If "No" please explain: Not Applicable	City/State/Zip: <b>SPOKANE, WA 99202-4645</b>
	Contact/Phone: Michael Eakin 206-948-3942
	Vendor No.: T29048035
	NV Business ID: NV20031493576

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2023**  
Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **205 days**

4. Type of contract: **Contract**

Contract description: **S. Fork Divers**

5. Purpose of contract:

**This is a new contract to provide professional diving services at the South Form Dam. Professional divers will conduct a multi-day dive inspection of the intake towers and conduits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,880.00**

Other basis for payment: Based upon receipt, review and acceptance of the deliverable(s) and upon receipt of an invoice and subject to agency approval.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Conditions in the northern conduit have expedited the need for this inspection in order to assess the structure and if any components need to be repaired or replaced. Also, a functioning buoy system that is easy for our staff manage will allow us to alert the public and recreators of the proper proximity and clearance that they should give the spillway.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in our agency or another agency would not be qualified to do this kind of inspection within the confines of their job duties. This is a highly-specialized type of inspection that requires in-depth training, knowledge, and equipment that our agency does not inherently have.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The division has used this vendor several times since 2010 and the services provided were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Keith Conrad, Chief, Dam Safety Ph: 775-684-2844

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	11/29/2023 10:53:40 AM
Division Approval	sweb4	11/29/2023 10:53:44 AM
Department Approval	pmisch	11/29/2023 15:48:03 PM
Contract Manager Approval	sweb4	11/30/2023 07:24:09 AM
Budget Analyst Approval	rjacob3	12/07/2023 11:20:00 AM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	231104(2)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	Nevada Division of Water Resources	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Keith Conrad	(775) 684-2844	kconrad@water.nv.gov
	Cheyenne Lawrence	(775) 684-2848	c.lawrence@water.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	Associated Underwater Services, Inc.
	Contact Name:	Michael Eakin
	<b>Complete Address:</b> City, State, and Zip Code	6706 NE 175 <sup>th</sup> St. D, Kenmore, WA 98028
	Telephone Number:	(206)948-3942
	Email Address:	Michael@AUSDiving.com

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	X

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#TBD		

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	X	No:
	Contract: TBD	Start Date:	Upon Approval	End Date: 6 months from approval

1f	<b>Funding:</b>	
	State Appropriated:	X
	Federal Funds:	

Rec'd 11/9/23 Rumb

Grant Funds:	
Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	231104 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$51,880.00

2	<p><b>Provide a description of work/services to be performed or services with goods to be purchased:</b></p> <p><i>Work to be performed includes a dive inspection of the intake tower and upstream gates at South Fork Dam near Elko, NV. The northern gate/conduit in particular has been experiencing vibration/chatter which could lead to severe mechanical failure if not addressed. A thorough inspection is necessary to determine causes. Work may also include inspecting boom anchorage for buoy system to ensure DWR staff can properly secure buoys and ensure public safety.</i></p>
---	--

3	<p><b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b></p> <p><i>It would be prudent to utilize this vendor as they have been previously contracted and subcontracted on multiple occasions to conduct these dive inspections at South Fork Dam, so they are uniquely familiar with the structure and with the proposed work. This work is extremely specialized and requires a company that has extensive experience diving in these extremely dangerous conditions.</i></p>
---	--

4	<p><b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><i>Similar to No. 3 above, a Professional Service Exemption for this vendor would be economically beneficial due to their current experience with this dam from previous contracts. They are already in possession of said dam plans and cross sections, previous data, and inspection reports. This would significantly reduce research/coordination costs and the inspection would be conducted quickly and efficiently as a result.</i></p>
---	---

	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
5	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <b><i>If not</i></b> , why were alternatives not evaluated?	<i>Alternatives were not evaluated due to the unique opportunity of utilizing a vendor with which we have previously contracted for these dive inspections and due to the expedited schedule needed and ability of vendor to provide inspection before winter.</i>	

Purchasing Use Only:

Approval #:

231104@

Has the agency purchased these services/services with goods in the past? Check One:

Yes No

**NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.**

X

a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:

Term	Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
					Start Date
August 1, 2014	June 30, 2015	\$ 68,911.25	Dive Inspection (AUS)	RFP SFD1404	?
July 23, 2012	June 30, 2013	\$ 50,975.00	Dive Inspection and Emergency Repairs (AUS)	Waiver (e-mail approval, see attached)	13600
November 8, 2011	June 30, 2012	\$ 61,970.94	Dive Inspection and Emergency Repairs (AUS)	Waiver (e-mail approval, see attached)	12776
July 22, 2010	December 31, 2010	\$47,904.15	Dive Inspection and Emergency Repairs (AUS)	Waiver (Approval # 100706)	11517
May 11, 2010	June 30, 2010	\$104,340.00	Dive Inspection (AUS)	RFP SFD201003	10916
April 8, 2008	June 30, 2008	\$90,562.99	Intake Structure and Gate Inspection	RFP SFD2008-01	--
April 12, 2005	May 20, 2005	\$11,663.00	Dive Inspection	Unknown	--
January 29, 2003	May 11, 2003	\$7,810.00	Dive Inspection	Unknown	--

7 What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?


It is prudent that a dive inspection occur prior to winter and subsequent spring runoff, particularly due to potential damaged or missing components in the north conduit. The dive crew would be able to conduct minor repairs/replacements which would be beneficial for optimal spring reservoir releases. Without an inspection prior to winter, spring high flows could exacerbate existing issues, especially in the north conduit. An expedient repair of the buoy system would also benefit public safety and allow DWR staff to safely and efficiently maintain buoy system in the spring.

8 What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?  
Previous research into dive contracts has yielded AUS as the consistently reliable and efficient choice. Their current provided quote for the proposed work is reasonable compared to previous contracts for similar work that was contracted through an RFP or waiver. While this solicitation waiver is submitted for this immediate contract due to the pressing need for an inspection before winter, an RFQ will be developed in the coming weeks for a longer-term contract for dive inspections. The RFQ will specify a multi-year contract timeframe to facilitate these inspections on an as-needed basis.

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	X	
a. If yes, please provide details regarding future obligations or needs.			
An RFQ for a long-term maintenance contract for dive inspections will be developed in the coming weeks. In the event that emergency repairs are needed while the RFQ is pending, this contract may need to be extended to cover that interim period to facilitate those repairs.			

<del>Purchasing Use Only:</del>
<del>Approval #:</del>

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

  
Signature of Agency Representative Initiating Request 11/14/2023

Keith Conrad  
Print Name of Agency Representative Initiating Request Date

  
Signature of Agency Head Authorizing Request

ADAM SULLIVAN  
Print Name of Agency Head Authorizing Request 11/13/23  
Date

#2311040

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

\_\_\_\_\_  
Name of agency or entity who provided information or review:

\_\_\_\_\_  
Representative Providing Review

\_\_\_\_\_  
Print Name of Representative Providing Review

\_\_\_\_\_  
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE:** *If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.*

Approved by:



\_\_\_\_\_  
Administrator, Purchasing Division or Designee

11/15/23

\_\_\_\_\_  
Date



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27852**

Agency Name: <b>DCNR - OUTDOOR RECREATION</b>	Legal Entity Name: <b>TAHOE REGIONAL PLANNING AGENCY</b>
Agency Code: <b>710</b>	Contractor Name: <b>TAHOE REGIONAL PLANNING AGENCY</b>
Appropriation Unit: <b>4180-04</b>	Address: <b>PO BOX 5310</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STATELINE, NV 89449-5310</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/589-5222</b>
	Vendor No.: <b>T80989419</b>
	NV Business ID: <b>Public Agency</b>

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2023**

Anticipated BOE meeting date **08/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **207 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NDOR/TRPA**

5. Purpose of contract:

**This is a new interlocal agreement to provide financial support through the Tahoe Resource Planning Agency (TRPA) to the Lake Tahoe Destination Stewardship Council for the ongoing, coordinated implementation of the Lake Tahoe Destination Stewardship Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Full amount payable upon receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Destination Stewardship Council is a network of entities working together to further responsible recreation strategies and practices at Lake Tahoe and Truckee. Local, state, and federal government agencies, destination marketing and management organizations, private entities, and the Washoe Tribe Economic Development Corporation came together through the Destination Stewardship planning process to develop a roadmap towards a more sustainable outdoor recreation and tourism future for Tahoe.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff capacity to dedicate staff resources specific to the Lake Tahoe Destination Stewardship Plan. Through this interlocal agreement, this project consultant would serve as a backbone to convene various partners for coordination of the plan.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions. This is an interlocal agreement in support of work the Tahoe Regional Planning Agency (TRPA) is coordinating.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

MATTHEW WEINTRAUB, DEPUTY ADMINISTRATOR Ph: 775-684-2701

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwilliam	06/28/2023 11:55:29 AM
Division Approval	kwilliam	06/28/2023 11:55:31 AM
Department Approval	kwilliam	06/28/2023 11:55:33 AM
Contract Manager Approval	kwilliam	06/28/2023 11:56:07 AM
Budget Analyst Approval	rjacob3	12/05/2023 15:47:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28480**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
Agency Code: **902**  
Appropriation Unit: **4771-11**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN DOOR AND GATE LLC**  
Contractor Name: **WESTERN DOOR AND GATE LLC**  
Address: **675 GRIER DR**  
City/State/Zip: **LAS VEGAS, NV 89119-3738**  
Contact/Phone: 702/839-3600  
Vendor No.: T32005857  
NV Business ID: NV20071385088  
To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % ARPA Funding CAT 11</b>

Agency Reference #: 3678-27-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/29/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 305 days**

4. Type of contract: **Contract**

Contract description: **Gate Replacement**

5. Purpose of contract:

**This is a new contract to provide gate replacement.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,613.00**

Other basis for payment: As invoiced by vendor and payment upon approval from DETR OM staff.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Replacment of the gate at St. Louis is needed as the current gate broke.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees dont have the ability to conduct this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Western Door and Gate, LLC  
Martin Garage Door  
Crawford door sales of nevada LTD

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor.

d. Last bid date: 09/01/2023 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to various program within DETR since April 2021.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	sterr2	11/27/2023 12:17:16 PM
Division Approval	sterr2	11/27/2023 12:17:19 PM
Department Approval	sterr2	11/27/2023 12:17:21 PM
Contract Manager Approval	wcune1	11/27/2023 14:23:26 PM
Budget Analyst Approval	mranki1	11/29/2023 09:45:20 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28399**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	<b>TOM CLARK SOLUTIONS</b>
Agency Code:	<b>BDC</b>	Contractor Name:	<b>TOM CLARK SOLUTIONS</b>
Appropriation Unit:	<b>B015 - All Categories</b>	Address:	<b>445 California Street, Ste C</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89509</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Tom Clark 775/813-0523
		Vendor No.:	T29035523
		NV Business ID:	NV20131535517

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Tom Clark 2024**

5. Purpose of contract:

**This is a new contract to provide government relations services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,000.00**

Payment for services will be made at the rate of \$3,500.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board of Medical Examiners is involved in legislative issues of each legislative session and is also involved in interim committees and the promulgation of regulations. All of this work requires special skills, expertise, and knowledge of an experienced legislative liaison. All of this work requires special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board lack the expertise and capacity necessary to properly represent the Board at the Legislature and advise on legislative matters.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mike Hillerby  
Tom Clark Solutions  
Neena Laxalt

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Availability, experience, and price.

d. Last bid date: 10/23/2023 Anticipated re-bid date: 12/31/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Medical Examiners, 2023, satisfactory work

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	10/24/2023 11:49:46 AM
Division Approval	5522	10/24/2023 11:49:49 AM
Department Approval	5522	10/24/2023 11:49:53 AM
Contract Manager Approval	5522	10/24/2023 11:49:57 AM
Budget Analyst Approval	stillley	11/29/2023 16:54:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28366**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	J.K. Belz & Associates dba Belz & Case Government Affairs
Agency Code:	<b>BDC</b>	Contractor Name:	<b>J.K. Belz &amp; Associates dba Belz &amp; Case Government Affairs</b>
Appropriation Unit:	<b>B031 - All Categories</b>	Address:	<b>111 W. Proctor Street Suite 209</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89703</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Lea Case 7753290119
		Vendor No.:	
		NV Business ID:	NV20001428326

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Legislative Services**

5. Purpose of contract:

**This is a new contract to provide government relations services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,000.00**

Other basis for payment: Upon invoice for services rendered per negotiated payment schedule.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 640A.100 provides the Board's authority for staffing and to establish the duties and payments. Legislative Services will include assisting the Board with monitoring legislative initiatives related to professional and occupational licensing Boards in Nevada; attending and/or representing the Board's interests in interim committee meetings; analyzing proposed bill draft requests; tracking legislation applicable to Boards, conducting outreach activities with stakeholders, legislators, state agencies, professional licensing boards and organizations and other activities deemed appropriate by the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 640A.100 - The board must obtain its own services, there are no employees of the Board who can perform the services requested

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Dan Musgrove  
Susan Fisher  
Belz & Case Government Affairs

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor currently provides legislative services for the Board and services are satisfactory, cost is reasonable.

d. Last bid date: 12/09/2021 Anticipated re-bid date: 12/01/2025

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	lp310000	10/13/2023 11:23:49 AM
Division Approval	lp310000	10/13/2023 11:23:52 AM
Department Approval	lp310000	10/13/2023 11:23:56 AM
Contract Manager Approval	lp310000	10/13/2023 11:24:01 AM
Budget Analyst Approval	stillley	11/29/2023 16:40:35 PM



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 19, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Shayne Powell  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of December 19, 2023.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims:

Tort Claim Fund	\$ 3,465,635.28
Statutory Contingency Account	\$ 11,365,938.59
State Claims Account	\$ 5,011,129.33
Emergency Account	\$ 500,000.00
Disaster Relief Account	\$ 11,045,555.03
IFC Contingency Fund	\$ 467,062,576.93

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and  
AB469, SB453, SB504 of the 2023 Legislative Session

REVIEWED:  \_\_\_\_\_

ACTION ITEM: \_\_\_\_\_

**BA 1348 TORT Claim Fund**  
**NRS 331.187**  
**FY 2023 (as of December 19, 2023)**

Beginning Cash	1,270,641.00	
Insurance Premiums - A	118,863.64	
Insurance Premiums	4,160,649.43	
AG Loan Repayment	-	
ARPA Transfers	-	
	5,550,154.07	
<b>Total Revenue YTD</b>		<b>\$ 5,550,154.07</b>
<b>Projected Revenue</b>		<b>\$ 7,328,319.00</b>

Paid Claims:

Attorney General's Office (Operating)	(106,232.28)	
Tort Claims	(3,756,451.44)	
Reserve for Reversion	-	
	(3,862,683.72)	
<b>Total Payments</b>		<b>(3,862,683.72)</b>
<b>Account Balance</b>		<b>\$ 3,465,635.28</b>

Claims Submitted for Payment:

Tort Claims	-	
	-	
<b>Submitted for Payment</b>		<b>\$ -</b>
<b>Account Balance</b>		<b>\$ 3,465,635.28</b>

Projected Outstanding Claims:

Projection for quarter 3	(3,862,683.72)	
	(3,862,683.72)	
<b>Total Projection</b>		<b>\$ (3,862,683.72)</b>
<b>Projected Account Balance End of Q3</b>		<b>\$ (397,048.44)</b>

**BA 4892 Statutory Contingency Account  
NRS 353.264  
FY 2023 (as of December 19, 2023)**

Revenues:

Beginning Cash	13,409,009.00	
Transfer from Interim Finance	-	
AB152 Appropriation	-	
<b>Total Revenue</b>		<b>\$ 13,409,009.00</b>

Paid Claims:

Wrongful Convictions	(10,000.00)	
Post Conviction Claims NRS 212.070	-	
Post Conviction Claims NRS 212.070	-	
Juveniles Compact NRS 621.050	-	
NDOC Settlements	(1,999,500.00)	
Attorney General Special Counsel	(30,742.86)	
Extradition Costs	-	
Transfer to DCFS	(2,827.55)	
<b>Total Payments</b>	(2,043,070.41)	
<b>Account Balance</b>		<b>\$ 11,365,938.59</b>

Claims Submitted

	-	
<b>Total</b>	\$ -	
<b>Account Balance (includes requests)</b>		<b>\$ 11,365,938.59</b>

Projected Expenditures:

Projected claims through Q2	(285,735.00)	
Contractor Support	(205,500.00)	
Miscellaneous Expenses	(33,384.00)	
<b>Total Pending Claims</b>	\$ (524,619.00)	
<b>Total Balance</b>		<b>\$ 10,841,319.59</b>

**BA 4888 State Claims Account  
NRS 353.097  
FY 2023 (as of December 19, 2023)**

Beginning Cash	1,044,762.00	
Transfer from Interim Finance	-	
Appropriations	4,419,410.00	
	<b>Total Revenue</b>	<b>\$ 5,464,172.00</b>

Paid Claims:

0500	Post Conviction Claims	0.00	
9001	Governor's Office	(2,371.23)	
9007	Secretary of State	0.00	
9014	Supreme Court	(1,510.08)	
9017	SPWD	(252,423.65)	
9018	Taxation	(5,114.13)	
9019	Veterans Affairs	0.00	
9029	Nevada State Library	(6,680.09)	
9030	Museum	0.00	
9035	Military Department	(7,670.69)	
9037	Health Care Financing and Policy	0.00	
9041	DHHS - Aging Services	(16,526.92)	
9043	DHHS - Health Division	(264.85)	
9045	DHHS - Mental Health Inst	0.00	
9046	DHHS LV Mental Health	0.00	
9047	DHHS - SO Nev Adult Mental Health	0.00	
9048	DHHS-Rural Clinics	0.00	
9049	DHHS - Mental Health and Dev Services	0.00	
9050	DHHS - NO Nev Mental Health	0.00	
9051	DHHS - SO Nev Mental Health	(274.00)	
9052	DHHS - LV Children's Behavioral Services	(42,993.91)	
9054	Public Safety - Parole & Probation	(242.78)	
9072	Fire Marshall	0.00	
9084	Gaming Control Board	(2,184.00)	
9089	Parks	(15,143.86)	
9091	DCNR - Forestry	(2,485.93)	
9108	DETR - Admin Services	0.00	
9112	Dept. of Administration	0.00	
9116	Dept. of Corrections	(80,356.55)	
9117	Public Safety - Parole & Probation	0.00	
9148	DHHS-Youth Service Division	0.00	
9150	Judiciary	0.00	
9153	DHHS-Child and Family Services	(16,800.00)	
OHGN	Overhead	0.00	
	<b>Total Payments</b>	<b>(453,042.67)</b>	
	<b>Account Balance</b>		<b>\$ 5,011,129.33</b>

Claims Pending BOE Approval

	0.00	
	0.00	
Submitted for Payment	0.00	
<b>Account Balance</b>		<b>\$ 5,011,129.33</b>

Projected Outstanding Claims :

	0	
	0	
	0	
	0	
	0	
	0	
<b>Total Pending Claims</b>	0	
<b>Estimated Account Balance - Including all Claims</b>		<b>\$ 5,011,129.33</b>

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2023 (as of December 19, 2023)**

Beginning Cash	354,763.00
Appropriation	145,237.00

<b>Total Revenue</b>	<b>\$ 500,000.00</b>
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Paid Claims:

	-
Payments	\$ -
<b>Account Balance</b>	<b>\$ 500,000.00</b>

Claims Submitted for Payment:

	-
Total Submitted Payments	\$ -
<b>Account Balance</b>	<b>\$ 500,000.00</b>

Projected Outstanding Claims

	-
Total Pending Claims	\$ -
<b>Estimated Account Balance - Including all Claims</b>	<b>\$ 500,000.00</b>

**BA 1335 Disaster Relief Account**  
**NRS 353.2735**  
**FY 2024 (as of December 19, 2023)**

Beginning Cash	10,442,714.00
Treasurer's Interest	102,841.03
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-
3rd Qtr and 4th Transfers Per NRS 353.288(4)	-
Transfer from General Fund	500,000.00

<b>Total Revenue</b>	<b>\$ 11,045,555.03</b>
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Paid Claims:

Preliminary Damage Assessment	-
	-
	-
Payments	-

<b>Account Balance</b>	<b>\$ 11,045,555.03</b>
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Projected Outstanding Claims :

DEM Amtospheric River & Hurricane Hillary	19,562.00
<u>Reserve for Reversion to GF</u>	0.00
Total Pending Claims	19,562.00

<b>Estimated Account Balance - Including all Claims</b>	<b>\$ 11,065,117.03</b>
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**IFC Contingency Fund BA 2630  
NRS 353.266 & NRS 353.268  
FY 2024 (as of December 19, 2023)**

**Revenues**

Appropriations	10,283,094.00	
Beginning Cash	477,533,781.00	
<b>Total Revenue</b>		<b><u><u>487,816,875.00</u></u></b>

**Unrestricted Expenditures**

LCB Payroll	(15,277.36)	
LCB Operating	(1,697.71)	
Las Vegas Museum of Art	(5,000,000.00)	
Agriculture	(50,000.00)	
Emergency Management (Formula 1 & NFL)	(510,796.00)	
Core.NV	(12,210,000.00)	
Humboldt Co. School District	(2,693,020.00)	
AB 486 Supplement to Archives	(35,125.00)	
Military LAN Equipment	(88,382.00)	
B&I DD PCN Funding	(150,000.00)	
	0.00	
<b>Total of Unrestricted Expenditures</b>	<b>(20,754,298.07)</b>	
<b>Account Balance</b>		<b><u><u>467,062,576.93</u></u></b>

**Restricted Expenditures**

DETR - Services for the Blind	0.00	
DETR - Vocational Rehabilitation	0.00	
Taxation - Transfer	0.00	
<b>Total of Restricted Expenditures</b>	<b>0.00</b>	
<b>Total of All Expenditures</b>	<b><u><u>(20,754,298.07)</u></u></b>	
<b>Total Account Balance</b>		<b><u><u>467,062,576.93</u></u></b>

**Pending IFC Approval**

ONA Cost Allocation	(21,880.00)	
	0.00	
	0.00	
	0.00	
	(21,880.00)	
<b>Revised Balance</b>		<b><u><u>467,040,696.93</u></u></b>