

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:** October 2, 2024, 10:00 AM
- Location:** Nevada Capitol Building
101 North Carson Street, Old Assembly Chambers
Carson City, Nevada 89701
- Video Conference Location:** The McCarran Center, Nevada Building
1 State of Nevada Way, Governor's Conference Room
Las Vegas, Nevada 89119

This meeting may be viewed on YouTube.
The video live stream begins at 10:00 am.
<https://www.youtube.com/watch?v=dTuWpbqsHc4>

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 904 000 369#. 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 August 13, 2024 and the September 11, 2024 Meeting Minutes (For possible action)

4. State Vehicle Purchases (For possible action)

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

| AGENCY NAME | # OF VEHICLES | NOT TO EXCEED: |
|--|----------------------|-----------------------|
| Department of Wildlife – Conservation Education Division | 2 | \$93,101 |
| Department of Wildlife – Law Enforcement Division | 2 | \$96,101 |
| Department of Wildlife – Game Management Division | 2 | \$94,403 |
| Department of Wildlife – Fisheries Management Division | 1 | \$55,748 |
| Department of Wildlife – Diversity Division | 1 | \$45,172 |
| Department of Wildlife – Habitat Division | 3 | \$141,604 |

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 Kenneth Siri to manage highway maintenance 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 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 a former employee Lupita Martinez to do apprenticeship compliance work for the Department of Business and Industry, Office of Labor Commissioner through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

B. 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 complete review of the final hydrologic model for the Department of Conservation and Natural Resources, Division of Water Resources through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

C. Department of Health and Human Services – Division of Public and Behavioral Health

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Dr. Susan Loring to transfer knowledge and assist with evaluations for the Department of Health and Human Services, Division of Public and Behavioral Health through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services of Southern Nevada, Inc.

7. Request for Approval of Proposed State Administration Manual Changes (For possible action)

Governor’s Finance Office – Budget Division

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual (SAM). This revision to SAM brings the SAM into alignment with current business practices, Nevada Administrative Code, and Nevada Revised Statutes.

- a. SAM Chapters 0107-3814

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

A. Office of the Military – Division of Emergency Management

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$306,483 from the Interim Finance Committee Contingency Account to cover costs associated with providing supplemental security and enhanced healthcare system availability to Clark County during the November 2024 Formula One race.

B. Department of Veterans Services

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$503,938 from the Interim Finance Committee Contingency Account to cover rental expenses and emergency replacement costs of the Heating, Ventilation, and Air-Conditioning system at the Northern Nevada Veterans Home.

9. Request for Approval to Pay a State Claim from the State Claims Account Pursuant to NRS 353.097 (For possible action)

Department of Corrections

Pursuant to NRS 353.097, subsection 4, the department requests approval to pay a total of \$428,471.42 from the State Claims account for a court-ordered settlement for claims from fiscal years 2019, 2020, 2021, 2022, and 2023.

10. Request for Approval of Sale or Lease of State Lands (For possible action)

State Department of Conservation and Natural Resources – Division of State Lands

Pursuant to NRS 321.335, subsection 2, whenever the State Land Registrar deems it to be in the best interests of the State of Nevada that any lands owned by the State and not used or set apart for public purposes be sold or leased, the State Land Registrar may, with the approval of the State Board of Examiners and the Interim Finance Committee, cause those lands to be sold or leased.

The State Land Registrar has determined the following state-owned properties are no longer needed for a public purpose:

- A. Grant Sawyer State Office Building
555 East Washington Avenue, Las Vegas
- B. Former Fire Marshal Office
2855 South Jones Boulevard, Las Vegas
- C. Former NDF Residence & Fire Station
161 Blue Crest Drive, Spring Creek

11. [Approval of Proposed Leases](#) (For possible action)
12. [Approval of Proposed Contracts](#) (For possible action)
13. [Approval of Proposed Master Service Agreements](#) (For possible action)
14. [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 July 17, 2024 through September 4, 2024.

15. Information Item Reports

A. Governor’s Finance Office – Budget Division

Pursuant to NRS Chapter 353, the 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 September 11, 2024 for FY 2024. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. State Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2024, 4th 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 April 1, 2024 through June 30, 2024.

C. Statewide Quarterly Overtime Report – Fiscal Year 2024, 4th Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. This report covers the period of April 1, 2024 through June 30, 2024.

16. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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 904 000 369#. 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.

17. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. 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. 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. 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.

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/

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MEETING MINUTES

Date and Time: August 13, 2024, 10:00 AM

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

Video Conference Location: 1 Harrahs Court, Governor's Conference Room
Las Vegas, Nevada 89119

MEMBERS PRESENT:

Governor Joe Lombardo
Secretary of State Francisco V. Aguilar

STAFF PRESENT:

Amy Stephenson, Clerk of the Board
David Johnson, Deputy Director, Governor's Finance Office
Rosalie Bordelove, Board Counsel

OTHERS PRESENT:

Chris Sewell, Director, Department of Employment, Training and Rehabilitation

1. Call to Order / Roll Call

Governor: Let's call to order the State of Nevada Board of Examiners' meeting scheduled for today, August 13, 2024 at 10:00 a.m. We will kick it off with the roll call. Ms. Stephenson.

Clerk of the Board: Governor Lombardo.

Governor: Present.

Clerk of the Board: Secretary Aguilar.

Secretary of State: Here.

Clerk of the Board: Let the record reflect that Attorney General Ford is absent and we have a quorum.

2. Public Comment The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. 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 141 725 200#. 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: We'll move on to agenda item number 2, *Public Comment*. This is the first opportunity for 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. I will impose a three-minute time limit to public comment. Public comments may be provided in person or via telephone. The phone number is 775-321-6111 or 702-329-3435. The meeting ID number in order to access is 141 725 200#. Do we have any public comment there in Carson City?

David Johnson: I see no public comment, Governor.

Governor: Do we have any public comment here in Las Vegas? Seeing none.

Do we have anybody on the phone?

David Johnson: No, sir.

Governor: We will close agenda item number 2.

3. Approval of the July 9, 2024 Meeting Minutes (For possible action)

Governor: Moving on to agenda item number 3, *Approval of the July 9, 2024 Meeting Minutes*. Do we have any questions or concerns on the meeting minutes?

Secretary of State: No, motion to approve.

Governor: We have a motion for approval. 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 Administration – Fleet Services Division | 5 | \$370,609 |

Governor: Moving on to agenda item number 4, *State Vehicle Purchases*.

Clerk of the Board: There's one request under agenda item number 4. The Department of Administration, Fleet Services Division requests approval to purchase five replacement vehicles for a total amount not to exceed \$370,609. Are there any questions on this item?

Secretary of State: No questions.

Governor: Are there any questions?

Secretary of State: No, motion to approve.

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

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

A. 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 Michelle Austin to provide design, mounting, and printing services through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

B. 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 Barron Lauderbaugh to serve as interim multimedia division chief through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

Governor: We'll move on to agenda item number 5, *Authorization for an Emergency Contract with a Current and/or Former State Employee*.

Clerk of the Board: There are two requests under this agenda item. The first request is from the 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 Michelle Austin to provide design, mounting, and printing services on a part-time basis through Manpower.

The second request is also from the 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 Barron Lauderbaugh to also provide design, mounting, and printing services on a part-time basis through Manpower. Are there any questions on these items?

Governor: Do we have any questions?

Secretary of State: No questions.

Governor: Do we have a motion?

Secretary of State: Motion to approve.

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

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

State Board of Pharmacy

Pursuant to NRS 333.705, subsection 1, the board requests authority to contract with former employee Ryan Miller to provide training services through Timberwolf, LLC.

Governor: We will move on to agenda item number 6, *Authorization to Contract with a Current and/or Former State Employee*.

Clerk of the Board: Thank you, sir. Pursuant to NRS 333.705, subsection 1, the Board of Pharmacy requests authority to contract with former employee Ryan Miller to provide training services on a part-time basis through Timberwolf, LLC. Are there any questions on this item?

Governor: Do we have any questions?

Secretary of State: No questions.

Governor: I'll entertain a motion for approval.

Secretary of State: Motion to approve.

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

7. Request for the Allocation and Disbursement of Funds for Salary Adjustments (For possible action)

The 2023 Legislature, through Assembly Bill 522, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions, and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission, and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

A. Judicial Discipline Commission

Pursuant to AB 522, section 4 of the 2023 Legislative Session, the commission requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|--------------------------------|--------------------------------|
| 1497 | Judicial Discipline Commission | \$67,233 |
| | Total | \$67,233 |

B. Office of the Governor

Pursuant to AB 522, section 5 of the 2023 Legislative Session, the office requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1001 | Mansion Maintenance | \$17,281 |
| | Total | \$17,281 |

C. Department of Tourism and Cultural Affairs

Pursuant to AB 522, section 5 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 2941 | Museums and History Admin | \$1,728 |
| | Total | \$1,728 |

D. Office of the Attorney General

Pursuant to AB 522, section 8 of the 2023 Legislative Session, the office requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1348 | Tort Claim Fund | \$22,247 |
| | Total | \$22,247 |

E. Office of the Military – Division of Emergency Management

Pursuant to AB 522, section 8 of the 2023 Legislative Session, the office requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|-----------------------------|--------------------------------|
| 3675 | Office of Homeland Security | \$8,379 |
| | Total | \$8,379 |

F. Department of Health and Human Service – Division of Public and Behavioral Health

Pursuant to AB 522, sections 4 and 5 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 3645 | Lakes Crossing Center | \$36,316 |
| | Total | \$36,316 |

G. Department of Administration – Director’s Office

Pursuant to AB 522, section 8 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1337 | Director’s Office | \$33,155 |
| | Total | \$33,155 |

H. Department of Administration – State Public Works Division

Pursuant to AB 522, sections 5 and 9 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------|--------------------------------|
| 1540 | SPWD Administration | \$10,119 |
| 1560 | Facility Condition and Analysis | \$25,416 |
| | Total | \$35,535 |

I. Department of Sentencing Policy

Pursuant to AB 522, sections 4 and 5 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------|--------------------------------|
| 1010 | Department of Sentencing Policy | \$15,470 |
| | Total | \$15,470 |

J. Nevada Department of Agriculture

Pursuant to AB 522, sections 4 and 5 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|-----------------------------|--------------------------------|
| 4550 | Veterinary Medical Services | \$38,329 |
| | Total | \$38,329 |

K. Office of the Attorney General

Pursuant to AB 522, section 5 of the 2023 Legislative Session, the office requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1002 | Extradition Coordinator | \$6,888 |
| 1030 | Administrative Account | \$809,901 |
| 1036 | Crime Prevention | \$8,323 |
| | Total | \$825,112 |

L. Department of Corrections

Pursuant to AB 522, section 5 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|--|--------------------------------|
| 3717 | Northern Nevada Correctional Center | \$439,237 |
| 3760 | Casa Grande Transitional Housing | \$262,346 |
| 3761 | Florence McClure Women's Correctional Center | \$668,233 |
| 3762 | High Desert State Prison | \$1,179,748 |
| | Total | \$2,549,564 |

M. Department of Corrections

Pursuant to AB 522, sections 21 and 22 of the 2023 Legislative Session, the department requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|--|--------------------------------|
| 3722 | Stewart Conservation Camp | \$30,726 |
| 3748 | Jean Conservation Camp | \$104,736 |
| 3751 | Ely State Prison | \$1,804,950 |
| 3754 | Tonopah Conservation Camp | \$3,849 |
| 3761 | Florence McClure Women's Correctional Center | \$35,942 |
| 3762 | High Desert State Prison | \$94,812 |
| | Total | \$2,075,015 |

N. Office of the Attorney General

Pursuant to AB 522, section 23 of the 2023 Legislative Session, the office requests funds for salary increases.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1030 | Administrative Account | \$619,338 |
| 1036 | Crime Prevention | \$48,015 |
| 1038 | Consumer Advocate | \$10,890 |
| | Total | \$678,243 |

O. Department of Administration – Deferred Compensation

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1017 | Deferred Compensation | \$550 |
| | Total | \$550 |

P. Department of Administration – Administrative Services Division

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------------|--------------------------------|
| 1371 | Administrative Services Division | \$7,504 |
| | Total | \$7,504 |

Q. Department of Administration – Division of Human Resource Management

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------------|--------------------------------|
| 1363 | Division of Human Resource Management | \$22,993 |
| | Total | \$22,993 |

R. Department of Administration – Director’s Office

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1337 | Director’s Office | \$1,223 |
| | Total | \$1,223 |

S. Department of Administration – State Public Works Division

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------|--------------------------------|
| 1540 | SPWD Administration | \$558 |
| 1560 | Facility Condition and Analysis | \$1,549 |
| | Total | \$2,107 |

T. Department of Administration – Fleet Services Division

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1354 | Fleet Services Division | \$7,777 |
| | Total | \$7,777 |

U. Department of Administration – Mail Services Division

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1346 | Mail Services Division | \$9,716 |
| | Total | \$9,716 |

V. Department of Sentencing Policy

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------|--------------------------------|
| 1010 | Department of Sentencing Policy | \$447 |
| | Total | \$447 |

W. Nevada System of Higher Education

Pursuant to AB 522, section 36, subsection 3, of the 2023 Legislative Session, the system requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|---------------------------------------|--------------------------------|
| 2977 | NSHE - Special Projects | \$933.00 |
| 2980 | University of Nevada, Reno | \$280,823.00 |
| 2982 | UNR School of Medicine | \$22,581.98 |
| 2983 | Intercollegiate Athletics - UNR | \$287.00 |
| 2985 | Statewide Programs - UNR | \$6,315.24 |
| 2986 | NSHE System Administration | \$6,251.00 |
| 2987 | University of Nevada, Las Vegas | \$442,472.00 |
| 2988 | Intercollegiate Athletics - UNLV | \$5,427.00 |
| 2989 | Agricultural Experiment Station - UNR | \$3,166.71 |
| 2990 | Cooperative Extension Service | \$963.27 |
| 2991 | System Computing Center | \$26,281.00 |
| 2992 | UNLV Law School | \$16,295.80 |
| 2994 | Great Basin College | \$17,863.36 |
| 2996 | University Press | \$430.65 |
| 3001 | Statewide Programs – UNLV | \$2,491.00 |
| 3002 | UNLV Dental School | \$13,944.45 |
| 3003 | Business Center North | \$3,182.28 |
| 3004 | Business Center South | \$2,234.38 |
| 3005 | Nevada State University | \$21,976.00 |
| 3010 | Desert Research Institute | \$10,187.00 |
| 3011 | College of Southern Nevada | \$235,894.76 |
| 3012 | Western Nevada College | \$23,485.00 |
| 3014 | UNLV School of Medicine | \$11,831.39 |
| 3018 | Truckee Meadows Community College | \$71,002.00 |
| 3221 | Health Laboratory and Research | \$1,852.04 |
| | Total | \$1,228,171.31 |

X. Judicial Discipline Commission

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the commission requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1497 | Judicial Discipline | \$1,504 |
| | Total | \$1,504 |

Y. Department of Public Safety – Parole Board

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the department requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 3800 | Parole Board | \$9,086 |
| | Total | \$9,086 |

Z. Office of the Attorney General

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the office requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|--|--------------------------------|
| 1348 | Office of the Attorney General – Tort Claim Fund | \$2,856 |
| | Total | \$2,856 |

AA. Office of the Attorney General

Pursuant to AB 522, section 36, subsection 1, of the 2023 Legislative Session, the office requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|
| 1002 | Extradition Coordinator | \$507 |
| 1030 | Administrative Account | \$66,891 |
| 1036 | Crime Prevention | \$95 |
| | Total | \$67,493 |

BB. Office of the Military

Pursuant to AB 522, section 36, subsection 4, of the 2023 Legislative Session, the office requests funds for the plan to encourage continuity of service.

| BA# | BUDGET ACCOUNT NAME | HIGHWAY FUND ADJUSTMENT |
|------------|------------------------------|--------------------------------|
| 3675 | Military – Homeland Security | \$710 |
| | Total | \$710 |

Governor: We'll move on to agenda item number 7, *Request for the Allocation and Disbursement of Funds for Salary Adjustments*.

Clerk of the Board: There are 28 requests under this agenda item. The 2023 Legislature, through Assembly Bill 522, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies, and the salary requirements for the personnel of those departments, commissions, and agencies. Requests A through N relate to salary increases. Requests O through BB relate to the plan to encourage continuity of service. Are there any questions on any of these items?

Governor: Are there any questions?

Secretary of State: Motion to approve.

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

8. Request for Approval to Pay a Tort Claim from the Tort Claim Fund Pursuant to NRS 41.036 (For possible action)

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

Claimant: Troyllette Burton, Thayer Burton and the Estate of Thayer Joseph Burton
Claim No: TC 21114
Settlement Amount: \$975,000
Date of Loss: May 15, 2018

Governor: We'll move on to agenda item number 8, *Request for Approval to Pay a Tort Claim from the Tort Claim Fund Pursuant to NRS 41.036*.

Clerk of the Board: Pursuant to NRS 41.036, the Office of the Attorney General submits the following Tort Claims request for approval. Claimant: Troylette Burton, Thayer Burton and the Estate of Thayer Joseph Burton; Claim No: TC 21114; Settlement Amount: \$975,000; Date of Loss was May 15, 2018. Any questions on this item?

Governor: Do we have any questions?

Secretary of State: No questions.

Governor: I'll entertain a motion for approval.

Secretary of State: Motion to approve.

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

9. Request for Reimbursement from the Statutory Contingency Account

(For possible action)

Secretary of State's Office

Pursuant to NRS 298.710, the office requests the Board's approval for an allocation of \$1,333,707 from the Statutory Contingency Account to reimburse the cost of the Presidential Preference Primary Election.

Governor: We move on to agenda item number 9, *Request for Reimbursement from the Statutory Contingency Account*.

Clerk of the Board: Pursuant to NRS 298.710, the Secretary of State's Office requests the Board's approval for an allocation of \$1,333,707 from the Statutory Contingency Account to reimburse the cost of the Presidential Preference Primary Election. Are there any questions on this item?

Secretary of State: The question is, I can make a motion and vote on it. Correct?

Rosalie Bordelove: Yes. Since it's generally within your office and doesn't benefit you personally.

Governor: I'll motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

10. Approval of Proposed Leases (For possible action)

Governor: Agenda item number 10, *Approval of Proposed Leases*.

Clerk of the Board: There are three leases under agenda item number 10 for the approval by the Board. I would like to note that lease number 1 has been revised from the information on the agenda. The term end date has been revised from December 31, 2025 to December 31, 2024; and the total amount has been revised from \$1,641,222 to \$534,916.80.

Governor: Are there any questions or comments?

Secretary of State: No.

Governor: Do you want to make a motion for approval?

Secretary of State: Motion to approve proposed leases with number 1 as revised.

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

11. Approval of Proposed Contracts (For possible action)

Governor: Moving on to agenda item number 11, *Approval of Proposed Contracts*.

Clerk of the Board: There are 52 contracts under agenda item number 11 for approval by the Board today. Are there any questions on any of these contracts?

Governor: I have a couple. So, under contract number 3, Secretary of the State's Office. Secretary, is that the BallotTrax software?

Secretary of State: It is. Yes. All issues have been resolved with the vendor.

Governor: Then, under number 49, Department of Employment, Training and Rehabilitation (DETR). I see I have Director Chris Sewell here. Chris, can you respond to the fact -- is this the artificial intelligence (AI) functionality?

Chris Sewell: Yes, it is, sir.

Governor: Can you walk me through that?

Chris Sewell: Sure. We've been working with Google for the last year on using AI to write our decisions for our appeals. Normally, an appeals hearing can last anywhere from an hour to three or four hours and writing the decision can last a minimum of one hour or more, depending on how complex it is. Working with Google AI, we can send Google a transcript of the hearing and Google can then take that transcript and write a decision within five minutes using AI. Then that decision will be sent back to the hearing officer for review. Next, and this is extremely important, AI will be writing the decision, but it will be reviewed by the

hearing officer before any decision is going out. There will be a human looking at that decision, making sure it is correct and making sure that all the facts are in the decision and then that hearing officer can make any adjustments and then eventually sign off on that decision.

So, this is actually going to cut down the amount of time it takes for our appeals hearing officers enormously on getting done with the hearing. This is going to also improve other areas in the State. I've talked with Tim Galluzi and he's very interested in using it in other areas. Another division and he is also interested in using AI to set up issues with medical determinations and getting those all put together. So, this is a game changer not only for DETR and citizens of Nevada, but long term, this is cutting edge technology for the State, and we've been working diligently for about a year on making sure it's correct. We have policies in place to make sure that no decision, nothing goes out, unless it's reviewed by a human.

Then, this is what is known as a frozen system, meaning, when you use, for example, ChatGPT, it goes out on the web, gathers all the information and brings it back in and answers your question. This is a frozen system. So, when we send something to Google AI, it's completely segregated, and it's totally fenced off from anything. We've made sure of that. We have our protocols in place for that, and then it will take what we teach it, and we've been going through this for the last year, as I said, and then give us an answer back. We've been using our old hearings as test cases and those have been coming back well above 99% accuracy. So, now we're ready to take the next step, sign the contract and get this going for the State.

Governor: Very good. Do you have any questions, Mr. Aguilar?

Secretary of State: No questions. Congratulations.

Governor: No further questions. I'll entertain a motion for approval.

Secretary of State: Motion to approve contracts as presented.

Governor: We have a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously. Thank you, Chris. I appreciate that.

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

Governor: I'll move on to agenda item number 12, *Approval of Proposed Master Service Agreements*.

Clerk of the Board: There are 12 master service agreements under agenda item number 12 for the approval by the Board today. Are there any questions on any of these master service agreements?

Secretary of State: No questions.

Governor: I'll entertain a motion.

Secretary of State: Motion to approve.

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

13. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$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 June 12, 2024 through July 16, 2024.

Governor: We will move on to item number 13, Informational Item - Clerk of the Board Contracts.

Clerk of the Board: There are 80 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between June 12, 2024 and July 16, 2024. This item is informational. Are there any questions on any of the contracts?

Secretary of State: No questions.

Governor: No questions. Thank you.

14. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of July 19, 2024. Additionally, a reconciliation of the Extradition Coordinator, budget account 1002, has been prepared at the request of the Board.

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

| | |
|---|-------------------|
| Tort Claim Fund | \$ 1,584,502.70 |
| Statutory Contingency Account | \$ 3,955,493.72 |
| Stale Claims Account | \$ 3,754,420.78 |
| Emergency Account | \$ 500,000.00 |
| Disaster Relief Account | \$ 12,406,726.22 |
| IFC Contingency Unrestricted General Fund | \$ 13,177,831.03 |
| IFC Contingency Unrestricted Highway Fund | \$ 1,184,685.35 |
| IFC Contingency Restricted General Fund | \$ 129,396,724.00 |

| | |
|---|------------------|
| IFC Contingency Restricted Highway Fund | \$ 19,142,217.00 |
| Extradition Coordinator Budget Account 1002 | \$ 20,215.11 |

B. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the fourth quarter of fiscal year 2024 for the period beginning April 1, 2024 and ending June 30, 2024.

Governor: We'll move on to agenda item number 14, *Information Item Reports*.

Clerk of the Board: There are two reports under agenda item number 14. The first report is from the Governor's Finance Office, Budget Division. Pursuant to NRS Chapter 353, the Governor's Finance Office Budget Division presents a reconciled fund balance report. The Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of July 19, 2024.

The following is the available balance for each account prior to any projected outstanding claims. Tort Claim Fund is \$1,584,502.70. Statutory Contingency Account is \$3,955,493.72. Stale Claims Account is \$3,754,420.78. Emergency Account is \$500,000. Disaster Relief Account is \$12,406,726.22. IFC Contingency Unrestricted General Fund is \$13,177,831.03. IFC Contingency Unrestricted Highway Fund is \$1,184,685.35. IFC Contingency Restricted General Fund is \$129,396,724. IFC Contingency Restricted Highway Fund is \$19,142,217. And the Extradition Coordinator Budget Account is \$20,215.11. Are there any questions on this report? There's one other report.

Governor: Ms. Stephenson, the Wildfire Prevention and/or Remediation or Response, is that coming out of the Disaster Relief Account?

Clerk of the Board: It's coming out of a few different ones. Yes, more than one.

Governor: So, you said this is not adjusted to include current approvals and/or all recent activity?

Clerk of the Board: Correct. This is as of July 19, and anything approved today will be taken from these balances.

Governor: Then, we haven't received the recent billings associated with the recent responses to the wildfire?

Clerk of the Board: Correct, but I can get you an update, sir.

Governor: No, that's fine. I'll get it via Emergency Management Services. That was just on 14.A. Correct?

Clerk of the Board: Correct.

Governor: Any questions there?

Secretary of State: No questions.

Clerk of the Board: The second report is from the Department of Motor Vehicles. Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each County by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the fourth quarter of fiscal year 2024 for the period beginning April 1, 2024 and ending June 30, 2024. Are there any questions on this report?

Governor: Do you have any questions?

Secretary of State: No questions. I have an informational question. This is random but a contract with Department of Transportation in the reconstruction of the I-15 – that was closed for two weekends in a row. They said they weren't able to complete the work on the second weekend. Are there penalty clauses in that for them when they are unable to complete the work? I understand they have to now close the freeway again.

Governor: You're asking if there is a penalty clause towards NDOT?

Secretary of State: No, towards the contractor who isn't responsible for the job.

Clerk of the Board: I'd have to find out on the specific contract. I will get back to you on that.

Governor: Is there anything else?

Secretary of State: No, that's it. Thank you.

15. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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 141 725 200#. 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: We'll move to the item 15, *Public Comment*. This is the second opportunity for public comment. We limit the comments to three minutes. Do we have any public comment there in Carson City?

David Johnson: No, Governor.

Governor: Do we have any public comment here in Las Vegas? Seeing none.

Anything online or the phone?

David Johnson: No, sir.

Governor: We will close public comment.

16. Adjournment (For possible action)

Governor: Item 16, I will accept a motion for adjournment.

Secretary of State: Motion to adjourn.

Governor: All those in favor, signify by saying aye. The motion passes unanimously. We are adjourned. Thank you everybody.

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>

MEETING MINUTES

Date and Time: September 11, 2024, 10:00 AM

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

Video Conference Location: 1 Harrahs Court, Governor's Conference Room
Las Vegas, Nevada 89119

MEMBERS PRESENT:

Secretary of State Francisco V. Aguilar
Attorney General Aaron Ford

STAFF PRESENT:

Amy Stephenson, Clerk of the Board
Greg Ott, Board Counsel

1. Call to Order / Roll Call

Secretary of State: Good morning, everybody. Welcome to the September 11 Board of Examiners' meeting at 10:00 a.m. Roll call.

Clerk of the Board: Please note that Governor Lombardo is excused from this meeting.

Attorney General Ford?

Attorney General: Here.

Clerk of the Board: Secretary Aguilar?

Secretary of State: Here.

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

- 2. Public Comment** The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. 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 474 777 575#. 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.

Secretary of State: Moving to item number two on the agenda, *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. Comments will be limited to 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, enter 474777575#. Dial *5 to request to be unmuted. Do we have any public comment in Carson City?

Clerk of the Board: We do not, sir.

Secretary of State: Do we have any public comment in Las Vegas? We have none.

Do we have public comment on the telephone?

Clerk of the Board: No, sir.

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

Governor's Office – Athletic Commission

Pursuant to NRS 333.705, subsection 4, the commission seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Chavez Foger to provide inspector services at NSAC sanctioned weigh-insufficiency and events.

Secretary of State: Item three has been removed from the agenda. That is correct, Amy, right?

Clerk of the Board: Yes, sir. Item number three has been withdrawn by the agency.

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

Governor's Office – Athletic Commission

Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with a current employee, Charvez Foger, currently serving as Deputy Administrator with the Real Estate Division of the Department of Business and Industry, to provide inspector services at Nevada State Athletic Commission sanctioned weigh-ins/insufficiency and events.

Secretary of State: Moving to item number four, *Authorization to Contract with a Current and/or Former State Employee*.

Clerk of the Board: Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with a current employee currently serving as a Deputy Administrator with the Real Estate Division of the Department of Business and Industry to provide inspector services at Nevada State Athletic Commission sanctioned weigh-ins and events. Are there any questions on this item?

Secretary of State: Any questions, Attorney General?

Attorney General: None here. Move approval.

Secretary of State: There is a motion. All those in favor of the motion, please say aye. The motion passes unanimously.

I know how hard the Athletic Commission works. I appreciate all their hard work and best of luck to you with two of the biggest events in this city in a long time. Good luck.

5. Approval of Proposed Contracts (For possible action)

Secretary of State: Item number five, *Approval of Proposed Contracts*.

Clerk of the Board: There are six contracts under agenda item number five for approval by the Board. Are there any questions on any of these contracts?

Secretary of State: Mr. General, do you have any questions?

Attorney General: None here. No, sir. Are you ready for a motion?

Secretary of State: Yes, sir.

Attorney General: I move approval of all six.

Secretary of State: We have a motion. All those in favor, please say aye. The motion passes unanimously.

6. 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 474 777 575#. 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.

Secretary of State: Moving on to item number six, *Public Comment*. This is the second opportunity for public comments. Comments will be limited to three minutes. Are there any public comments in Carson City?

Clerk of the Board: None, sir.

Secretary of State: Any public comments here? None in Las Vegas.

Any on the phone?

Clerk of the Board: None on the phone, sir.

Secretary of State: We will close public comment.

7. Adjournment (For possible action)

Secretary of State: Item number seven, *Adjournment*. Is there a motion to adjourn?

Attorney General: Move to adjourn.

Secretary of State: All those in favor, say aye. The motion passes, meeting adjourned. Thank you all. Have a great day.

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 12, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer *DS*
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 WILDLIFE – CONSERVATION EDUCATION 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 \$93,101.

Additional Information:

The division is requesting to purchase two replacement vehicles which are being replaced due to high mileage and age. Funding is available through decision unit E-711 in the agency's fiscal year 2025 budget.

Statutory Authority:

NRS 334.010

| |
|----------------------------|
| REVIEWED: <u><i>DS</i></u> |
| ACTION ITEM: _____ |



JOE LOMBARDO
Governor

STATE OF NEVADA

DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120

Reno, Nevada 89511

Phone (775) 688-1500 • Fax (775) 688-1595

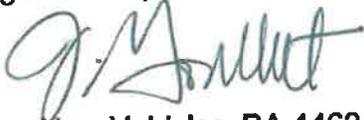
ALAN JENNE
Director

JORDAN GOSHERT
Deputy Director

CALEB MCADOO
Deputy Director

MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4462

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 2 new vehicles. The agency received funding during the 2023 Legislative Session to replace vehicles eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4462): 2003 Ford F150 99,250 miles
- Vehicle 2 (4462): 2004 Chevrolet Silverado 164,250 miles

The agency is requesting to replace the above-listed vehicles with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheets have been provided in the attached BOE vehicle purchase approval requests.

Please feel free to contact me if you have any questions.

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

| | |
|---|---|
| Agency Name: Wildlife | Budget Account #: 4462 |
| Contact Name: Jordan Goshert | Telephone Number: 775-688-1982 |
| <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>Number of vehicles requested: <u>2</u> Amount of the request: <u>\$93,100.50</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Pickup truck and SUV</p> <p>Mission of the requested vehicle(s): Replace vehicles with high mileage and repair costs</p> | |
| <p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>If yes, please provide the decision unit number:</p> <p>E711</p> |
| <p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>2</u> Replacement(s)</p> | |
| <p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Yes</p> | |
| <p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: 2003 Odometer Reading: 99,250 Type of Vehicle: Ford F150</p> <hr/> <p>Vehicle #2 Model Year: 2004 Odometer Reading: 164,250 Type of Vehicle: Chevrolet Silverado</p> <p><i>Please attach an additional sheet if necessary</i></p> | <p>Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced.</p> <p>Yes _____</p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> |
| <p>APPOINTING AUTHORITY APPROVAL:</p> <p><u></u> <u>Deputy Director</u> <u>8/1/24</u></p> <p>Agency Appointing Authority Title Date</p> | |
| <p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ _____</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.

| | | | |
|--|----------------------------------|-----------------|---------------------|
| Vehicle Item No., Make, Model & No.: | 2.13 Ram 2500 Crew Cab Short Bed | | |
| Dealer Name: | Carson City Dodge Chrysler Jeep | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Billet Silver | Interior: Black | X Cloth Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 1 | \$47,700 | \$47,700 |
| SPECIFY OPTIONS: (description) | | | \$ 12,269 |
| Diesel Engine; Cummins | 1 | \$8,800 | |
| Four Wheel Drive | 1 | \$ 2,700 | |
| Integrated Trailer Brake Controller | 1 | \$ 364 | |
| Billet Silver Color - Upcharge | 1 | \$ 272 | |
| Skid Plate | 1 | \$ 133 | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$0 | \$0 |
| Total purchase price with options | 1 | | \$ 59,969 |
| DMV Title and DRS Fee's | 1 | \$ 28.25 | \$ 28.25 |
| GRAND TOTAL: | | | \$ 59,997.25 |

| | |
|--|--|
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, Nevada 89511 |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, Nevada 89511 |
| County Vehicle Based In: | Washoe County |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 |

Truck Option 1

STANDARD PAGE - FLEET VEHICLES 99SWC-S1495

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

Specify State's Vehicle Item Number: 2.13 Ram 2500 Crew Cab Short Bed 4x2-4x4 Gas and Diesel

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

| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
|--|------------------------------------|-----------------------------|
| Ram 2500 Crew Cab SWB, 2024, DJ2L91 | \$47,700.00 | \$48,100.00 |

State vehicle miles per gallon (MPG): N/A HD Truck

State manufactures warranty: 3/36,000 COMPREHNSIVE AND 5/100,000 POWERTRAIN

Specify engine size and emission rating: 6.4 LITER V-8 Gas

Includes Minimum Standard Equipment Listed: Yes No if no, state exceptions:

Exterior Color: List available colors:

No Charge- Bright White, Flame Red

\$225.00 Upcharge- Delmonico Red, Diamond Black, Patriot Blue

\$272.00 Upcharge- Billet Silver, Granite Crystal

Special production color available for \$460.00- Call dealer for colors.

Seats, Cloth: List available colors:

Black

GVW: 10,000#

(When Applicable)

WHEELBASE: 140.0

(When Applicable)

Tow Capacity = 19,990 lbs

ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

DEDUCT AMOUNT

| | | DEDUCT AMOUNT |
|--|---------------------------|---------------|
| ABS Brake System | STD | \$- |
| Air Conditioning | STD | \$- |
| Cruise Control | STD | \$- |
| Diesel Engine; Cummins | \$18,800.00 | \$- |
| Engine Block Heater | \$133.00 | \$- |
| Four Wheel Drive (4x4) | \$2,700.00 | \$- |
| Heavy Duty Alternator | N/A | \$- |
| Hitch Receiver | STD | \$- |
| Integrated Trailer Brake | \$364.00 | \$- |
| Keyless Entry w/Fob (must have power door locks) | STD | \$- |
| Limited Slip Differential | \$456.00 | \$- |
| Paint, Metallic | SEE PAINTS \$272.00 | \$- |
| Power Mirrors | STD | \$- |
| Power Locks | STD | \$- |
| Power Seats | N/A | \$- |
| Power Windows | STD | \$- |
| Radio; AM/FM Stereo, Cassette Player | AM/FM STD | \$- |
| Radio; AM/FM Stereo, Cassette Player, CD | AUX INPUTS | \$- |
| Rear Window Wiper | N/A | \$- |
| Seats, Vinyl | No Charge. Replaces Cloth | |
| Vinyl Colors: Black With Diesel Gray | | |
| Skid Plate (4x4) | \$133.00 | \$- |
| Tilt Steering | STD | \$- |
| Tire, Spare, Full Size | STD | \$- |
| Trailer Tow Mirrors-Manual Telescoping | STD | \$- |
| Trailer Tow Mirrors-Elect Telescoping M/H LV2 | \$253.00 | \$- |
| Trailer Tow Hitch | STD | \$- |
| Daytime Running Lamps | STD | |
| Front Fog Lamps | \$180.00 | |
| LT 275/70R18E ON OFF ROAD TIRES 4x4 On | \$272.00 | |
| Rear Sliding Window | SEE GROUP | |
| HD Snow Plow Prep Group | \$225.00 | |
| Rear Wheelhouse Liners | \$180.00 | |
| Uconnect Handsfree 3.0 W/ 5" Screen | STD | |
| 220 Amp Alternator | \$133.00 | |
| Park View Back Up Camera | STD | |
| 115 V Aux Power Outlet | \$235.00 | |

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.

| | | | |
|--|--|------------------|---|
| Vehicle Item No., Make, Model & No.: | 2024 RAV4 Hybrid LE Hybrid 2.5L 4-Cyl. Engine CVT AWD 4435C | | |
| Dealer Name: | Carson City Toyota | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Silver Sky Metallic | 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 | \$33,075 | \$33,075 |
| SPECIFY OPTIONS: (description) | | | |
| | | | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$ 0 | \$ 0 |
| Total purchase price with options | 1 | | \$33,075 |
| OMV Title and DRS Fee's | 1 | \$ 28.25 | \$ 28.25 |
| GRAND TOT AL: | | | \$33,103.25 |

| | |
|--|---|
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, Nevada 89511 |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, Nevada 89511 |
| County Vehicle Based In: | Washoe County |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 |



| | | |
|--|--|-------------------------------------|
| Specify State's Vehicle Item Number: | | |
| <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small> | | |
| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
| 2024 4435 Rav4 Hybrid LE AWD 4X4 | \$33,075 | \$33,575 |
| State vehicle miles per gallon (MPG): | | |
| State manufactures warranty: basic 36months/36,000 miles powertrain 60months 60,000miles | | |
| Specify engine size and emission rating: | | |
| Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions: | | |
| | | |
| SEE ATTACHED DOCUMENT FOR STANDARD EQUIPMENT | | |
| | | |
| Exterior Color: List available colors: | | |
| Midnight Black Metallic, Blueprint, Blue Flame, Lunar Rock, Ruby Flare Pearl, Magnetic Gray Metallic, Blizzard Pearl, Super White, Silver Sky Metallic | | |
| Interior color | | |
| Black, Gray, Nutmeg | | |
| GVW: | WHEELBASE 105.9 | |



STATE OF NEVADA
DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Phone (775) 688-1500 • Fax (775) 688-1595

ALAN JENNE
Director
JORDAN GOSHERT
Deputy Director
CALEB MCADOO
Deputy Director
MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4463

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 2 new vehicles. The agency received funding during the 2023 Legislative Session to replace vehicles eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4463): 2015 Ford F250 203,500 miles
- Vehicle 2 (4463): 2018 Chevrolet Silverado 136,916 miles

The agency is requesting to replace the above-listed vehicles with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheets have been provided in the attached BOE vehicle purchase approval requests. Due to the increase cost in vehicles, the amount of the request is \$722.50 above the legislatively approved amount. The Law Enforcement division will forego purchasing one camper shell to cover the overage.

Please feel free to contact me if you have any questions.

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.

| | | | |
|--|--|---------------------|---------------------|
| Vehicle Item No., Make, Model & No.: | 2.20 Truck 1 Ton; Full Size; Crew Cab; Long Bed, Single Rear Wheel | | |
| Dealer Name: | Champion Chevrolet | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Sterling Gray Metallic | Interior: Jet Black | X Cloth Vinyl |
| | | | |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 2 | \$45,537 | \$ 91,074 |
| SPECIFY OPTIONS: (description) | | | \$ 4,970 |
| Four Wheel Drive | 2 | \$ 2,485 | |
| | | | |
| Total purchase price with options | | | \$ 96,044 |
| DMV Title and DRS Fee's | 2 | \$28.25 | \$ 56.50 |
| GRAND TOTAL: | | | \$ 96,100.50 |
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120, Reno, NV 89511 | | |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife | | |
| County Vehicle Based In: | Washoe | | |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 | | |

STANDARD PAGE ~ BID 99SWC-S1495 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

| | | |
|---|--|-------------------------------------|
| Vehicle Item Number: 2.20 - Truck 1 Ton; Full Size; Crew Cab; Long Bed, Single Rear Wheel | | |
| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
| <i>2024 Chevrolet Silverado - CC30943</i> | <i>\$45,537.00</i> | <i>\$45,937.00</i> |
| State vehicle miles per gallon (MPG): <i>NOT RATED</i> | | |
| Manufactures Suggested Retail Price(MSRP): <i>\$ 50,420.00</i> | | |
| State manufactures warranty: <i>3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain</i> | | |
| Specify standard engine size and emission rating: <i>6.6L V-8 Gas</i> | | Federal Emission |
| Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions: | | |
| <i>AM/FM STEREO W/ BLUETOOTH STREAMING CD PLAYER - Not Available</i> | | |
| Exterior Color: List available colors: | | |
| <i>Red Hot, Summit White, Black, Sterling Gray Metallic</i> | | |
| Seats, Cloth: List available colors: | | |
| <i>Jet Black</i> | | |
| GVW: 11,150(GAS) 11,900(DIESEL) | | WHEELBASE: 172.00 |

ITEMIZED OPTION PAGE ~ BID 99SWC-\$1495 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

| Vehicle Item Number: 2.20 - Truck 1 Ton; Full Size; Crew Cab; Long Bed, Single Rear Wheel | | DEDUCT AMOUNT |
|---|----------------------------|---------------|
| ABS Brake System | \$ STD | \$- N/A |
| Air Conditioning | \$ STD | \$- N/A |
| Backup Camera | \$ STD | \$- N/A |
| Battery, Auxiliary (Req HD Alternator) | \$135(Std on Diesel) | \$- N/A |
| Bedliner, Spray In | \$545.00 | \$- N/A |
| Bluetooth for Phone | \$ STD | \$- N/A |
| Cruise Control | \$ STD | \$- N/A |
| Deep Tint Glass | \$176.00 | \$- N/A |
| Engine, Alt Size 6.6L V-8 Dmax Diesel(Req Trailer Brake) | \$8,954.00 | \$- N/A |
| Engine Block Heater | \$88.00(Std on Diesel) | \$- N/A |
| Flex Fuel / E85 (Req Integrated Trailer Brake Controller) | \$100.00 | \$- N/A |
| Four Wheel Drive | \$2,485.00 | \$- N/A |
| Electronic Transfer Case(Requires 4x4) | \$ STD | \$- N/A |
| Heavy Duty Alternator | \$132(Gas) \$335(Diesel) | \$- N/A |
| Integrated Trailer Brake Controller(Req Power Mirrors) | \$242 (Gas) Req on Diesel | \$- N/A |
| Keyless Entry w/Fob (Includes Power Mirrors) | \$571.00 | \$- N/A |
| Keys, Two Additional(4 Total) | \$595.00 | \$- N/A |
| Locking Rear Differential | \$STD | \$- N/A |
| Paint, Metallic | \$STD | \$- N/A |
| Power Mirrors (Includes Keyless Entry w/Fob) | \$571.00 | \$- N/A |
| Power Locks | \$STD | \$- N/A |
| Power Seat(Driver Side)(Requires Keyless Entry) | \$515.00 (Incl Pwr Outlet) | \$- N/A |
| Power Windows | \$STD | \$- N/A |
| Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth) | \$- N/A | \$- N/A |
| Rear Window Defogger | \$198.00 | \$- N/A |
| Seats, Vinyl | \$ Avail @ no extra charge | \$- N/A |
| Vinyl Colors: Jet Black | | |
| Skid Plate | \$132.00 | \$- N/A |
| Steps, 4" Black Round | \$795.00 | \$- N/A |
| Tilt Steering | \$STD | \$- N/A |
| Tire, Spare, Full Size | \$STD | \$- N/A |
| Tires, All Terrain | \$STD | \$- N/A |
| Trailer Tow Mirrors (Not avail with Power Mirrors) | \$ STD | \$- N/A |
| Trailer Tow Mirrors-Power (Requires Power Mirrors) | \$571.00 | \$- N/A |
| Trailer Tow Package (Incl 7 & 4 pin connectors) | \$ STD | \$- N/A |
| Upfit Switches Bank of 5 (Shipped Loose) | \$150.00 | \$- N/A |

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 500.00 flat.

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 12, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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 WILDLIFE – GAME MANAGEMENT DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase two new replacement vehicles for a total amount not to exceed \$94,403.

Additional Information:

The division is requesting to purchase two replacement vehicles which are being replaced due to high mileage and age. Funding is available through decision unit E-711 and savings within the equipment category in the agency's fiscal year 2025 budget.

Statutory Authority:

NRS 334.010

| |
|---|
| REVIEWED:  _____ |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Phone (775) 688-1500 • Fax (775) 688-1595

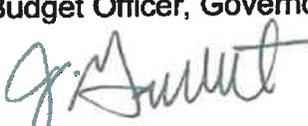
ALAN JENNE
Director

JORDAN GOSHERT
Deputy Director

CALEB MCADOO
Deputy Director

MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4464

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 2 new vehicles. The agency received funding during the 2023 Legislative Session to replace vehicles eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4464): 2012 Ford F250 145,993 miles
- Vehicle 2 (4464): 2015 Chevrolet Silverado 146,964 miles

The agency is requesting to replace the above-listed vehicles with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheets have been provided in the attached BOE vehicle purchase approval requests. The Game Management division will forgo purchasing one truck and use the savings to fund the two vehicles requested to purchase.

Please feel free to contact me if you have any questions.

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.

| | | | |
|--|-------------------------------------|---------------------|---|
| Vehicle Item No., Make, Model & No.: | 2.13 – ¾ Ton; Crew Cab; Short Bed | | |
| Dealer Name: | Champion Chevrolet | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Sterling Gray Metallic | Interior: Jet Black | X Cloth <input type="checkbox"/> Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 2 | \$ 44,688 | \$ 89,376 |
| SPECIFY OPTIONS: (description) | | | \$ 4,970 |
| Four Wheel Drive | 2 | \$ 2,485 | |
| | | \$ | |
| | | \$ | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$ | \$ |
| Total purchase price with options | | | \$ 94,346 |
| DMV Title and DRS Fee's | 2 | \$ 28.25 | \$ 56.50 |
| GRAND TOTAL: | | | \$ 94,402.50 |

| | |
|--|---|
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511 |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife |
| County Vehicle Based In: | Washoe |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 |

STANDARD PAGE ~ BID 99SWC-S1495 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed*

| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
|--|------------------------------------|-----------------------------|
| <i>2025 Chevrolet Silverado - CC20743</i> | <i>\$44,688.00</i> | <i>\$45,088.00</i> |

State vehicle miles per gallon (MPG): *NOT RATED*

Manufactures Suggested Retail Price(MSRP): *\$ 50,795.00*

State manufactures warranty: *3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain*

Specify standard engine size and emission rating: *6.6L V-8 Gas* Federal Emission

Includes Minimum Standard Equipment Listed: Yes No If no, state exceptions:

AM/FM STEREO W/ BLUETOOTH STREAMING CD PLAYER - Not Available

Exterior Color: List available colors:

*Red Hot, Summit White, Black,
Sterling Gray Metallic, Lakeshore Blue Metallic*

Seats, Cloth: List available colors:

Jet Black

GVW: *10,150(GAS) 10,800(DIESEL)*

WHEELBASE: *158.94*

ITEMIZED OPTION PAGE ~ BID 99SWC-S1495 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed

| | | DEDUCT AMOUNT |
|--|----------------------------|---------------|
| ABS Brake System | \$ STD | \$- N/A |
| Air Conditioning | \$ STD | \$- N/A |
| Backup Camera | \$ STD | \$- N/A |
| Battery, Auxiliary (Req HD Alternator) | \$135(Std on Diesel) | \$- N/A |
| Bedliner, Spray In | \$545.00 | \$- N/A |
| Bluetooth for Phone | \$ STD | \$- N/A |
| Cruise Control | \$ STD | \$- N/A |
| Deep Tint Glass | \$176.00 | \$- N/A |
| Engine, Alt Size 6.6L V-8 Dmax Diesel | \$9,490.00 | \$- N/A |
| Engine Block Heater | \$88.00(Std on Diesel) | \$- N/A |
| Flex Fuel / E85 | \$200.00 | \$- N/A |
| Four Wheel Drive | \$2,485.00 | \$- N/A |
| Electronic Transfer Case(Requires 4x4) | \$ STD | \$- N/A |
| Heavy Duty Alternator | \$132(Gas) \$335(Diesel) | \$- N/A |
| Integrated Trailer Brake Controller | \$ STD | \$- N/A |
| Keyless Entry w/Fob | \$ STD | \$- N/A |
| Keys, Two Additional(4 Total) | \$595.00 | \$- N/A |
| Locking Rear Differential | \$ STD | \$- N/A |
| Paint, Metallic | \$ STD | \$- N/A |
| Power Mirrors(Req Deep Tint Glass & Rear Defogger) | \$571.00 | \$- N/A |
| Power Locks | \$ STD | \$- N/A |
| Power Seat(Driver Side) | \$515.00 (Incl Pwr Outlet) | \$- N/A |
| Power Windows | \$ STD | \$- N/A |
| Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth) | \$- N/A | \$- N/A |
| Rear Window Defogger | \$198.00 | \$- N/A |
| Seats, Vinyl | \$ Avail @ no extra charge | \$- N/A |
| Vinyl Colors: Jet Black | | |
| Skid Plate | \$132.00 | \$- N/A |
| Steps, 4" Black Round | \$795.00 | \$- N/A |
| Tilt Steering | \$STD | \$- N/A |
| Tire, Spare, Full Size | \$STD | \$- N/A |
| Tires, All Terrain | \$200.00 | \$- N/A |
| Trailer Tow Mirrors (Not avail with Power Mirrors) | \$ STD | \$- N/A |
| Trailer Tow Mirrors-Power (Req Deep Tint Glass & Rear Defogger) | \$571.00 | \$- N/A |
| Trailer Tow Package (Incl 7 & 4 pin connectors) | \$ STD | \$- N/A |
| Upfit Switches Bank of 5 (Shipped Loose) | \$150.00 | \$- N/A |

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 500.00 flat.

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 12, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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 WILDLIFE – FISHERIES MANAGEMENT DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one replacement vehicle for a total amount not to exceed \$55,748.

Additional Information:

The division is requesting to purchase one replacement vehicle which is being replaced due to high mileage and age. Funding is available through decision unit E-711 and savings within the equipment category in the agency's fiscal year 2025 budget.

Statutory Authority:

NRS 334.010

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Phone (775) 688-1500 • Fax (775) 688-1595

ALAN JENNE
Director

JORDAN GOSHERT
Deputy Director

CALEB MCADOO
Deputy Director

MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4465

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 1 new vehicle. The agency received funding during the 2023 Legislative Session to replace vehicles eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4465): 2014 Ford F250 184,924 miles

The agency is requesting to replace the above-listed vehicle with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheet has been provided in the attached BOE vehicle purchase approval request. The Fisheries Management division will forgo purchasing one truck and use the savings to fund the vehicle requested to purchase.

Please feel free to contact me if you have any questions.

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

| | |
|--|---|
| Agency Name: Wildlife | Budget Account #: 4465 |
| Contact Name: Jordan Goshert | Telephone Number: 775-688-1982 |
| Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: | |
| Number of vehicles requested: <u>1</u> Amount of the request: <u>\$55,747.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: One Pickup truck Mission of the requested vehicle(s): Replace a vehicle with high mileage and repair costs. | |
| Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide the decision unit number: E711 |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s) | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes | |
| Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2014 Odometer Reading: 184,924 Type of Vehicle: Ford F250 <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: | Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. |
| <i>Please attach an additional sheet if necessary</i> | |
| APPOINTING AUTHORITY APPROVAL: | |
|  _____ Agency Appointing Authority | Deputy Director _____ Title |
| _____ Date | |
| BOARD OF EXAMINERS' APPROVAL: | |
| <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase | |
| _____ Board of Examiners | _____ Date |

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.

| | | | |
|--|----------------------------------|------------------|---|
| Vehicle Item No., Make, Model & No.: | 2.5x – F250 – Crew Cab, Shortbed | | |
| Dealer Name: | Corwin Ford | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Iconic Silver | Interior: Gray | X Cloth <input type="checkbox"/> Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 1 | \$ 54,973 | \$ 54,973 |
| SPECIFY OPTIONS: (description) | | | \$ 746 |
| All Terrain Tires | 1 | \$ 295 | |
| FX4 Package with Skid Plates | 1 | \$ 451 | |
| | | \$ | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$ | \$ |
| Total purchase price with options | | | \$ 55,719 |
| DMV Title and DRS Fee's | 1 | \$ 28.25 | \$ 28.25 |
| GRAND TOTAL: | | | \$ 55,747.25 |

| | |
|--|---|
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511 |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife |
| County Vehicle Based In: | Washoe |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 |

| | | | |
|---|-----------------------------------|--|-------------------------|
| Corwin Ford Reno - 3600 Kietzke Lane - Reno, NV | | 2.5x - F250 - STD /EXT / CREW CAB, SHORTBED / LONGBED / CHASSIS | |
| FY24 | BID #99SWC-S1495 - UPDATED | | |
| ANDY LUDEL - 775-829-3206 - Corwin Ford Reno - 3600 Kietzke Lane - Reno, NV | | | |
| | | RENO / CARSON | LAS VEGAS / ELKO |

| | | | |
|------------------------------|-------------------------------------|----|----------------|
| <i>Drive type / STD. Eng</i> | | | |
| 2.5A | STANDARD CAB - LONGBED 8 ft. | | |
| | 4X2 | V8 | FORD F-250 4X2 |
| | 4X4 | V8 | FORD F-250 4X4 |
| | | | |
| | | | |
| | | | |

| | | | |
|-------------------------------------|--|----|----------------|
| 2.5B | EXTENDED CAB - SHORTBED 6.5 ft. | | |
| | 4X2 | V8 | FORD F-250 4X2 |
| | 4X4 | V8 | FORD F-250 4X4 |
| | EXTENDED CAB - LONGBED 8 ft. | | |
| | 4X2 | V8 | FORD F-250 4X2 |
| | 4X4 | V8 | FORD F-250 4X4 |
| EXTENDED CAB - CHASSIS - SRW | | | |

| | | | |
|-------------|------------------------------------|----|----------------|
| 2.5C | CREW CAB - SHORTBED 6.5 ft. | | |
| | 4X2 | V8 | FORD F-250 4X2 |
| | 4X4 | V8 | FORD F-250 4X4 |
| | CREW CAB - LONGBED 8 ft. | | |
| | 4X2 | V8 | FORD F-250 4X2 |
| | 4X4 | V8 | FORD F-250 4X4 |

Vehicle Warranty: 3 YRS/36000 MILES

STANDARD EQUIPMENT INCLUDED
*****Included Standard Equipment*****

INCLUDES: 6.8 V8, 101A POWER GROUP, POWER LOCKS, POWER WINDOWS, SYNC, CRUISE CONTROL, STEEL RIMS, SPARE TIRE, REARVIEW CAMERA, DAYTIME RUNNING LIGHTS, ELECTRONIC SOF (4x4 only), WHITE EXTERIOR, CLOTH GRAY INTERIOR

(When Applicable) (When Applicable)

Corwin Ford Reno - 3600 Kietzke Lane - Reno, NV
(All options not listed: Please contact Corwin Ford Reno for a full options list)

| | | |
|---|--|--|
| Additional Options | 2.5x - F250 - STD /EXT / CREW CAB, SHORTBED / LONGBED / CHASSIS | |
| <small>BID #99SWC-S1495 - UPDATED</small> | | |
| 6.7L Diesel Engine | \$9,995 | |
| Manual Regen (Diesel Only) | \$50 | |
| Block Heater | \$100 | |
| 7.3L V8 GAS | \$2,045 | |
| Backup Camera (required on bed delete on F250/F350) | \$415 | |
| Cab Steps - (Standard Cab) | \$320 | |
| Cab Steps - (Extended and Crew Cab) | \$445 | |
| Power Take Off (PTO N/A on 250) | \$280 | |
| All Terrain Tires | \$295 | |
| FX4 package with Skid Plates | \$451 | |
| Snow Plow upfit | \$250 | |
| Heavy Service Front Suspension package | \$125 | |
| Trailer Brake Controller | \$295 | |
| Upfitter Switches | \$165 | |
| Additional Key Fob(s) | \$350 | |

Please contact Andy Ludel if you require an option not listed here
SEE A FULL LIST OF OPTIONS AND PRICES

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 450 per unit mile.

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 12, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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 WILDLIFE – DIVERSITY DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one replacement vehicle for a total amount not to exceed \$45,172.

Additional Information:

The division is requesting to purchase one replacement vehicle, which is being replaced due to high mileage and age. Funding is available through decision unit E-711 and savings within the equipment category in the agency's fiscal year 2025 budget.

Statutory Authority:

NRS 334.010

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



JOE LOMBARDO
Governor

STATE OF NEVADA

DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120

Reno, Nevada 89511

Phone (775) 688-1500 • Fax (775) 688-1595

ALAN JENNE
Director

JORDAN GOSHERT
Deputy Director

CALEB MCADOO
Deputy Director

MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4466

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 1 new vehicle. The agency received funding during the 2023 Legislative Session to replace a vehicle eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4466): 2014 Ford F250 157,284 miles

The agency is requesting to replace the above-listed vehicle with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheet has been provided in the attached BOE vehicle purchase approval request.

Please feel free to contact me if you have any questions.

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

| | |
|--|--|
| Agency Name: Wildlife | Budget Account #: 4466 |
| Contact Name: Jordan Goshert | Telephone Number: 775-688-1982 |
| Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: | |
| Number of vehicles requested: <u>1</u> Amount of the request: <u>\$45,171.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: One Pickup truck Mission of the requested vehicle(s): Replace a vehicle with high mileage and repair costs. | |
| Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide the decision unit number: E711 |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s) | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes | |
| Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2014 Odometer Reading: 157,284 Type of Vehicle: Ford F250 Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: | Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. |
| <i>Please attach an additional sheet if necessary</i> | |
| APPOINTING AUTHORITY APPROVAL: | |
|  Agency Appointing Authority | <u>Deputy Director</u> Title |
| <u>8/1/24</u> Date | |
| BOARD OF EXAMINERS' APPROVAL: | |
| <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase | |
| Board of Examiners | Date |

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.

| | | | |
|--|---|---------------------------------|----------------------|
| Vehicle Item No., Make, Model & No.: | 2024 7568 Tacoma TRD Double Cab 4WD | | |
| Dealer Name: | Carson City Toyota | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Celestial Silver Metallic | Interior: Cement Gray, Black | X Cloth Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 1 | \$ 44,895 | \$ 44,895 |
| SPECIFY OPTIONS: (description) | | | \$ 248 |
| All Weather Floor Mats | 1 | \$ 248 | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$ | \$ |
| Total purchase price with options | | | \$ 45,143 |
| DMV Title and DRS Fee's | 1 | \$28.25 | \$ 28.25 |
| GRAND TOTAL: | | | \$ 45,171.25 |
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511 | | |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife | | |
| County Vehicle Based In: | Washoe | | |

**Name & Phone of Person to
contact when vehicle is
ready for delivery:**

Brandon Craig
775-688-1409



Dick Campagni's
CARSON CITY TOYOTA
 CAMPAGNI AUTO GROUP

Specify State's Vehicle Item Number: _____

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

| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
|--|------------------------------------|-----------------------------|
| 2024 7568 Tacoma TRD Dcab 4WD | \$44,895 | 45,495 |

State vehicle miles per gallon (MPG): _____

State manufactures warranty: basic 36months/36,000 miles powertrain 60months 60,000miles

Specify engine size and emission rating: 2.4L Turbo 4cyl

Includes Minimum Standard Equipment Listed: Yes No If no, state exceptions:

SEE ATTACHED DOCUMENT FOR STANDARD EQUIPMENT

Exterior Color: List available colors:

Icecap, Celestial Silver Metallic, Underground, Black, SuperSonic Red, Blue Crush Metallic,

Interior color

Cement Gray, Black

GVW: 5600

WHEELBASE 127.4

(When Applicable)

(When Applicable)

OPTION PACKAGE PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME

Specify State's Vehicle Item Number:

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

Option Package Name/Code:

\$

List Equipment Features Below:

| | | |
|----|-------------------------------|---------|
| CY | Heated Seats | \$585 |
| DS | Tonneau Cover | \$ 70 |
| LV | LongBed with inverter | \$ 280 |
| 8Q | Bed Step | \$400 |
| CJ | Bed Mat | \$200 |
| PC | Premium Paint | \$ 3425 |
| R3 | Silver Tube Steps | \$600 |
| R2 | Black Tube Steps | \$600 |
| MR | Moonroof | \$850 |
| MF | Mud Guards | \$60 |
| VA | Console Safe | \$395 |
| 2T | All Weather Floor Mats | \$ 248 |
| CF | Carpet Floor Mats | \$ 258 |
| EF | Premium Audio 14" | \$ 720 |
| OF | TRD Prem. Off Road Pkg | \$3815 |
| EE | Premium audio w/drive connect | \$ 895 |
| OU | TRD OFF Road upgrade pkg | \$ 4360 |

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 12, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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 WILDLIFE – HABITAT DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase three replacement vehicles for a total amount not to exceed \$141,604.

Additional Information:

The division is requesting to purchase three replacement vehicles which are being replaced due to high mileage and age. Funding is available through decision unit E-711 and savings within the equipment category in the agency's fiscal year 2025 budget.

Statutory Authority:

NRS 334.010

| |
|---|
| REVIEWED:  _____ |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Phone (775) 688-1500 • Fax (775) 688-1595

ALAN JENNE
Director
JORDAN GOSHERT
Deputy Director
CALEB MCADOO
Deputy Director
MIKE SCOTT
Deputy Director

MEMORANDUM

Date: August 1, 2024
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director 
Subject: Request for BOE Approval to Purchase New Vehicles, BA 4467

Pursuant to the requirements in NRS 334.010, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 3 new vehicles. The agency received funding during the 2023 Legislative Session to replace vehicles eligible for replacement due to high mileage and/or age as follows:

- Vehicle 1 (4467): 2000 Chevrolet Silverado 142,027 miles
- Vehicle 2 (4467): 2009 Ford F250 156,419 miles
- Vehicle 3 (4467): 2002 Ford F250 191,649 miles

The agency is requesting to replace the above-listed vehicles with a variety of makes and models based on what the dealership is able to deliver to the agency. The dealership bid sheets have been provided in the attached BOE vehicle purchase approval requests.

Please feel free to contact me if you have any questions.

Current Vehicle Information:

Vehicle #3 Model Year: 2002

Odometer Reading: 191,649

Type of vehicle: Ford F250

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.

| | | | |
|--|-------------------------------------|---------------------|---|
| Vehicle Item No., Make, Model & No.: | 2.13 – ¾ Ton; Crew Cab; Short Bed | | |
| Dealer Name: | Champion Chevrolet | | |
| Delivery Location: | Reno | | |
| Vehicle Colors: | Exterior: Sterling Gray Metallic | Interior: Jet Black | X Cloth <input type="checkbox"/> Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 3 | \$ 44,688 | \$ 134,064 |
| SPECIFY OPTIONS: (description) | | | \$ 7,455 |
| Four Wheel Drive | 3 | \$ 2,485 | |
| | | \$ | |
| | | \$ | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$ | \$ |
| Total purchase price with options | | | \$ 141,519 |
| DMV Title and DRS Fee's | 3 | \$ 28.25 | \$ 84.75 |
| GRAND TOTAL: | | | \$ 141,603.75 |

| | |
|--|---|
| Registered Owner: | Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511 |
| Legal Owner: | Agency Name & Address: Nevada Department of Wildlife |
| County Vehicle Based In: | Washoe |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Brandon Craig 775-688-1409 |

STANDARD PAGE ~ BID 99SWC-S1495 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed*

| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
|--|------------------------------------|-----------------------------|
| <i>2025 Chevrolet Silverado - CC20743</i> | <i>\$44,688.00</i> | <i>\$45,088.00</i> |

State vehicle miles per gallon (MPG): *NOT RATED*

Manufactures Suggested Retail Price(MSRP): *\$ 50,795.00*

State manufactures warranty: *3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain*

Specify standard engine size and emission rating: *6.6L V-8 Gas* Federal Emission

Includes Minimum Standard Equipment Listed: Yes No If no, state exceptions:

AM/FM STEREO W/ BLUETOOTH STREAMING CD PLAYER - Not Available

Exterior Color: List available colors:

*Red Hot, Summit White, Black,
Sterling Gray Metallic, Lakeshore Blue Metallic*

Seats, Cloth: List available colors:

Jet Black

GVW: *10,150(GAS) 10,800(DIESEL)*

WHEELBASE: *158.94*

ITEMIZED OPTION PAGE - BID 99SWC-S1495 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

| Vehicle Item Number: 2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed | | DEDUCT AMOUNT |
|--|----------------------------|----------------------|
| ABS Brake System | \$ STD | \$- N/A |
| Air Conditioning | \$ STD | \$- N/A |
| Backup Camera | \$ STD | \$- N/A |
| Battery, Auxiliary (Req HD Alternator) | \$135(Std on Diesel) | \$- N/A |
| Bedliner, Spray In | \$545.00 | \$- N/A |
| Bluetooth for Phone | \$ STD | \$- N/A |
| Cruise Control | \$ STD | \$- N/A |
| Deep Tint Glass | \$176.00 | \$- N/A |
| Engine, Alt Size 6.6L V-8 Dmax Diesel | \$9,490.00 | \$- N/A |
| Engine Block Heater | \$88.00(Std on Diesel) | \$- N/A |
| Flex Fuel / E85 | \$200.00 | \$- N/A |
| Four Wheel Drive | \$2,485.00 | \$- N/A |
| Electronic Transfer Case(Requires 4x4) | \$ STD | \$- N/A |
| Heavy Duty Alternator | \$132(Gas) \$335(Diesel) | \$- N/A |
| Integrated Trailer Brake Controller | \$ STD | \$- N/A |
| Keyless Entry w/Fob | \$ STD | \$- N/A |
| Keys, Two Additional(4 Total) | \$595.00 | \$- N/A |
| Locking Rear Differential | \$ STD | \$- N/A |
| Paint, Metallic | \$ STD | \$- N/A |
| Power Mirrors(Req Deep Tint Glass & Rear Defogger) | \$571.00 | \$- N/A |
| Power Locks | \$ STD | \$- N/A |
| Power Seat(Driver Side) | \$515.00 (Incl Pwr Outlet) | \$- N/A |
| Power Windows | \$ STD | \$- N/A |
| Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth) | \$- N/A | \$- N/A |
| Rear Window Defogger | \$198.00 | \$- N/A |
| Seats, Vinyl | \$ Avail @ no extra charge | \$- N/A |
| Vinyl Colors: Jet Black | | |
| Skid Plate | \$132.00 | \$- N/A |
| Steps, 4" Black Round | \$795.00 | \$- N/A |
| Tilt Steering | \$STD | \$- N/A |
| Tire, Spare, Full Size | \$STD | \$- N/A |
| Tires, All Terrain | \$200.00 | \$- N/A |
| Trailer Tow Mirrors (Not avail with Power Mirrors) | \$ STD | \$- N/A |
| Trailer Tow Mirrors-Power (Req Deep Tint Glass & Rear Defogger) | \$571.00 | \$- N/A |
| Trailer Tow Package (Incl 7 & 4 pin connectors) | \$ STD | \$- N/A |
| Upfit Switches Bank of 5 (Shipped Loose) | \$150.00 | \$- N/A |

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 500.00 flat.

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 7, 2024
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 TRANSPORTATION

Agenda Item Write-up:

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 Kenneth Siri to manage highway maintenance through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

Additional Information:

Mr. Siri retired from the department as Highway Maintenance Manager on July 9, 2023 and is receiving pension benefits. Recruitment has not been successful and there are insufficient staff to successfully manage the workload in District I. The department intends to use the emergency provision to contract with Mr. Siri from June 13, 2024 through October 2, 2024 on a full-time basis up to 40 hours per week.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: _____
ACTION ITEM: _____



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

MEMORANDUM

August 8, 2024

To: Governor's Finance Office
From: Tracy Larkin Thomason, P.E., Director
Subject: Emergency Request to Contract with a Former NDOT Employee
Kenneth (Lenny) Siri

SUMMARY

In accordance with NRS 333.705(4) "[a] using agency may contract with a person pursuant to paragraph (a) or (b) of subsection 1 without obtaining the approval of the State Board of Examiners if the term of the contract is for less than 4 months and the head of the using agency determines that an emergency exists which necessitates the contract."

Requesting an emergency contract with Manpower to contract with retired state employee, Kenneth (Lenny) Siri. Mr. Siri retired from state service on July 9, 2023. Manpower is proposing to utilize Mr. Siri's services through the current Contract for Services of Independent Contractors with Manpower Temporary Services, Mr. Siri will be supporting NDOT's District I Maintenance Division in Tonopah Sub-District. Mr. Siri will not be working remotely.

BACKGROUND

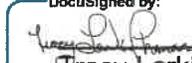
Currently, there are insufficient staff and expertise to successfully manage the current and future workload in District I, especially in the Tonopah Sub-District. The Tonopah Sub-District has had an Assistant District Engineer vacancy for almost three years with multiple failed recruitments.

Mr. Siri will work as the Highway Maintenance Manager and in this role, he will work with the Assistant District Engineer in Las Vegas by remaining current on District projects, planning and organizing the major, complex highway maintenance and equipment safety programs, administer District maintenance and equipment operations, conduct maintenance inspections of roadways, roadside facilities, maintenance stations and equipment, respond to inquiries and requests for assistance from the public, outside agencies, or other department staff; attend public meetings with city and county officials, the public, landowners, and contractors to provide information and answer questions pertaining to Department and District maintenance operations and activities.

Due to these regularly occurring activities, hiring Mr. Siri as an emergency hire is the best way to address this staffing shortage and mitigate the negative impact in District I that will have long lasting repercussions into the future while we continue to seek a long-term solution to this issue.

RECOMMENDATION

NDOT District I respectfully request your consideration of emergency approval for Manpower Temporary Services to engage Mr. Siri as a member of their staffing team to augment NDOT's Tonopah Sub-District through the Master Blanket Purchase Order 99SWC-NV21-7577.

DocuSigned by:

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 | | | |
|-----------------------------------|---|----------|---------------------|
| Former Employee Name: | Kenneth L. Siri | | |
| Former Employee ID Number: | 05871 | | |
| Former Job Title: | Highway Maintenance Manager | | |
| Former Employee Agency: | Nevada Department of Transportation | | |
| Former Class and Grade: | Class: | 9.103 | Grade: 38 |
| Former Employment Dates: | From: | 9/9/1992 | To: 7/9/2023 |
| Requesting Agency: | NDOT | | |
| Vendor: | Manpower, Master Blanket Purchase Order 99SWC-NV21-7577 | | |

| Please mark which of the following applies and complete Sections 'A' through 'M' below: | |
|---|--|
| <input checked="" type="checkbox"/> | Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. |
| <input type="checkbox"/> | Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. |
| <input type="checkbox"/> | Summarize scope of contract work. |
| A | Work with the Assistant District Engineer in Las Vegas by remaining current on District projects, planning and organizing major, complex highway maintenance and equipment safety programs, administering District maintenance and equipment operations, conducting maintenance inspections of roadways, roadside facilities, maintenance stations, and equipment, respond to inquiries and requests for assistance from the public, outside agencies, or other department staff; attend public meetings with city and county officials, the public, landowners, and contractors to provide information and answer questions pertaining to Department and District maintenance operations and activities. |
| <input type="checkbox"/> | Document former job description. |
| B | Under the general direction of and in cooperation with the Assistant District Engineer for maintenance, Highway Maintenance Managers plan, organize, and direct a major complex highway maintenance system, an equipment safety program for the assigned District in compliance with State and Federal Laws, rules, and regulations, Department policy and within budgetary authority. The Highway Maintenance Manager administers and directs the District maintenance and equipment operations to ensure achievement of Department and District objectives; the position supervised a variety of staff which included Highway Maintenance Supervisors, skilled craft workers, Highway Equipment Education and Safety Supervisors, Equipment Operator Instructors and Equipment Mechanic Supervisors; responded to inquiries from and requests for assistance from the public, |

| | |
|----------|---|
| | <p>other governmental agencies and other Divisions within the Department; scheduled and allocated statewide equipment required to efficiently and effectively accomplished District maintenance projects; developed, set and managed priorities for the repair of maintenance equipment; assisted the Assistant District Engineer in the preparation of the annual budget and maintenance work program; assisted the Highway Maintenance Supervisors in scheduling personnel, material and equipment needs; reviewed the reports generated from the Maintenance Management System to ensure that maintenance activities are being accomplished in accordance with the MMS budget; conducted maintenance inspections of roadways, roadside facilities, maintenance stations, and equipment used for safety hazards and to determine condition and appropriate usage and maintenance solutions; reviewed and projected the workload and made recommendations to the Assistant District Engineer regarding contracting for services; ensured that appropriate preliminary and progress samples were taken from materials that were used in maintenance projects and arranged delivery or shipment of material samples to the Materials and Testing Division or District field labs for appropriate testing.</p> |
| C | <p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p> <p>Yes, efforts to fill the position have yet to be successful, and it will remain open until filled. The critical nature of the quality control conducted by this position makes it imperative that these duties, specifically, are adequately managed to successful completion.</p> |
| D | <p>Explain why existing State employees within your agency cannot perform this function.</p> <p>The retirement of this specific former employee has left a major experience gape in the operation of the Tonopah Sub-District. This region of the State is vast and there is a lack of experienced staff within NDOT who possess the knowledge and experience to manage the multiple responsibilities of this position. Due to location being rural, it has proven extremely difficult in recent years to fill vacancies in the Tonopah Sub-District at all levels and an individual with the depth and breadth of expertise this former employee has developed over the 30+ years of State service would be extremely challenging, if not impossible to attract to the position in a period of time that would allow for the preservation of the successful operation of the maintenance activities if the position were to be left vacant. Safety and efficiency in the operation of the highway system must always be preserved, and the engagement of this former employee under a contracted agreement will ensure that the staff, both new and tenured, will be provided the guidance and leadership necessary to achieve these objectives. The position of Highway Maintenance Manager in the Tonopah Sub-District is a crucial role; one which is not only hard to recruit for, but also possesses a very long learning curve, which, in the absence of the former employee in a contracted role, may prove detrimental to the safe and effective operation of the Sub-District. The distance to the Tonopah area from Las Vegas also makes this role pivotal to the safe operation of the highway system. Finally, there is no existing staff in the Sub-District currently capable of stepping easily and effectively into this role, nor would it be possible for existing staff to incorporate these responsibilities into their activities – the experience level, knowledge base and time to do so are simply not available.</p> |
| E | <p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p> <p>None, no relevant relationship within the Department.</p> |
| F | <p>List contractors' hourly rate.</p> <p>The contractor's hourly rate with fees is \$59.00 per hour. The contractor's hourly rate without fees is \$47.31 per hour.</p> |
| G | <p>List the range of comparable State employee rates.</p> <p>\$47.31 (Grade 38) Highway Maintenance Manager</p> |
| H | <p>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</p> <p>The current rate is essentially the same employee salary with the additional markup due to the overhead etc. for the temp agency.</p> |
| I | <p>Document justification for hiring contractor.</p> <p>We are actively seeking to fill the vacated position. This temporary placement 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. The former employee has 30+ years of experience overseeing and completing maintenance tasks, managing all Maintenance Station daily operations, providing all required documentation for projects and maintenance operations in the Tonopah Sub-District, and, through this tenured expertise, ensuring compliance with all Department policies.</p> |

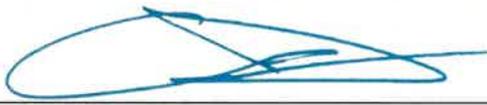
| | |
|----------|---|
| J | Will the employee be collecting PERS at any time during the contract? |
| | Yes |
| K | What is the duration of the contract with the former employee? (Include start and end date) |
| | Start date: June 13, 2024 End date: October 2, 2024 |
| L | Will the former employee be working full time or part time? If part time, how many hours? |
| | Full Time |
| M | Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). |
| | None |

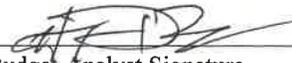
Comments – Provide any additional comments:

The Department is grateful that Mr. Siri is willing to come back and assist us by filling the void until his position can be permanently filled and the incumbent has been adequately trained.

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:
Tracy Larkin Thomason 08/08/2024
832931E930B041E... Authorizing Request Date

 8/8/24
Purchasing Administrator Signature (if a Statewide Contract) Date

 Sept 4 2024
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 6, 2024
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 a former employee Lupita Martinez to do apprenticeship compliance work for the Department of Business and Industry, Office of Labor Commissioner through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Martinez retired from the office on August 7, 2023 and is receiving pension benefits. As the interim Chief Investigator, Ms. Martinez will assist the Labor Commissioner, the State Apprenticeship Director and the agency in developing new Registered Apprenticeship Programs to increase the apprenticeship pipeline. She will also assist in training a new Chief Compliance Audit Investigator. She will be working in office. The office requests to contract with Ms. Martinez from October 3, 2024 through March 29, 2025 on a part-time basis up to 20 hours per week.

Statutory Authority:
NRS 333.705 (1)

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

August 6, 2004

MEMORANDUM

To: Matthew Brown

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 Lupita Martinez who Manpower wants to hire. Lupita has recently left state service and will be collecting PERS.

Manpower is aware that this request will need October BOE approval.

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

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
Deputy Director

MARCEL F. SCHAEERER
Deputy Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF THE DIRECTOR
Fiscal Services Unit

MEMORANDUM

DATE: July 31, 2024

TO: Annette Morfin
Purchasing Officer II

FROM: Perry Faigin, Deputy Director
Department of Business and Industry

SUBJECT: Authorization to Contract with a Former Employee – Lupita Martinez

The Department of Business and Industry, Office of the Labor Commissioner (OLC) is requesting to renew a contract with former employee, Lupita Martinez, through the use of Manpower Staffing Agency. This request is made in accordance with the State Administrative Manual Chapter 0323.

In her previous position as the Chief Compliance Audit Investigator (Chief Investigator), Ms. Martinez performed statewide regulation in accordance with the Apprenticeship Utilization Act (AUA) (NRS 338.01165), and she provided technical assistance and oversight for apprentice utilization, Registered Apprenticeship Programs (RAPs) and programs seeking to become RAPs. Continuing to contract with her would benefit the State and State Apprenticeship Director Toni Giddens as she works with the Accelerating Nevada Apprenticeships for All (ANAA) grant program to create new and expand existing RAPs to connect underrepresented individuals to career pathways in high-demand sectors.

Ms. Martinez will assist in training the newly hired Chief Investigator and will continue to assist in overseeing the compliance of apprentices on public works and prevailing wage projects, as required by Nevada Revised Statutes §§ 338 and 610 and Nevada Administrative Code §§ 338 and 610, as well Apprenticeship Utilization Act changes resulting from Senate Bill 82 (SB82). She will continue to assist with the ongoing upgrade to the agency's case management system. She was part of the upgrade design team and is uniquely qualified to help the agency make the transition from the old case management system to the new while incorporating the new mandates of SB82.

Ms. Martinez is currently performing work for the OLC under previous authorization that expires on September 29, 2024. If approved, the current request will allow an extension of her work for the agency through March 29, 2025, at the same rate of \$45.18 per hour. Funding is provided by the ANAA grant, and all work will occur on site.

Please contact me if additional information or clarification is needed. My phone number is 775-684-2987.



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Former Employee

| Employee Information | | | | |
|-----------------------------------|--|----------|---------------|----------|
| Former Employee Name: | Lupita Martinez | | | |
| Former Employee ID Number: | 10331 | | | |
| Former Job Title: | Chief Compliance Audit Investigator | | | |
| Former Employee Agency: | Office of the Labor Commissioner (Department of Business & Industry) | | | |
| Former Class and Grade: | Class: | 11.360 | Grade: | 37 |
| Former Employment Dates: | From: | 7/1/1996 | To: | 8/7/2023 |
| Requesting Agency: | Office of the Labor Commissioner | | | |
| Vendor: | Manpower | | | |

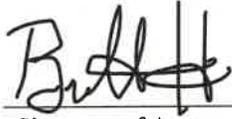
| Please mark which of the following applies and complete Sections 'A' through 'M' below: | |
|---|--|
| X | Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. |
| | Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. |
| | Summarize scope of contract work. |
| A | Assist with the compliance of apprentice utilization on public works projects and prevailing wage responsibilities of the Office of the Labor Commissioner as required by Nevada Revised Statutes (NRS) sections 338 and 610 and Nevada Administrative Code (NAC) sections 338 and 610. |
| | Document former job description. |
| B | Supervise investigators and administrative staff and perform investigations and monitoring of wage claims and employment complaints, apprentice utilization on public works projects, prevailing wage, and misclassifications violations. Review public works projects and verify compliance with the Apprenticeship Utilization Act. Oversee PEA and PEO applications and licensing. |
| | 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? |
| C | Ms. Martinez has specialized knowledge of the agency's operations, Nevada statutes and regulations, and case law. She will help meet the needs of State Apprenticeship Director as she works with the Accelerating Nevada Apprenticeships for All (ANAA) grant program to create new and expand existing Registered Apprenticeship Programs (RAPs) and to connect individuals to career pathways in high-demand sectors such as healthcare, teaching and information technology. Her |

| | |
|----------|--|
| | assistance with the ANAA grant, which ends June 30, 2025, will be required at least through March 29, 2025. If additional assistance is needed after that period, the agency may make a new request at the appropriate time. |
| D | Explain why existing State employees within your agency cannot perform this function. Experience is critical to this position, and we need Ms. Martinez' expertise to continue her work on existing apprenticeship development project. Ms. Martinez would continue to provide technical assistance and oversight for the compliance of RAPs, programs seeking to become registered apprenticeship programs, and apprentice utilization on public works and prevailing wage projects, as required by Nevada Revised Statutes §§ 338 and 610 and Nevada Administrative Code §§ 338 and 610. |
| E | Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. There is no relationship. |
| F | List contractors' hourly rate and employee's hourly rate. Temp Employee hourly rate: \$45.18 per hour. Temp Employee Hourly Rate with 25% Admin Fee: \$56.48. |
| G | List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. Chief Compliance Auditor Investigator (Chief Investigator), Grade 37, Hourly Rate Range: \$30.32 to \$45.18. |
| H | Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? The contract rate does not exceed the maximum rate. |
| I | Document justification for hiring contractor. Continue working with the Labor Commissioner and State Apprenticeship Director to support the development, modernization, and diversification of new RAPs and expand existing RAPs. Continue to assist with training of the new Chief Compliance Audit Investigator in apprenticeship programs and utilization. She is uniquely qualified to help the agency make the transition. |
| J | Will the employee be collecting PERS at any time during the contract? Yes. |
| K | What is the duration of the contract with the former employee? (Include start and end date) October 3, 2024, to March 29, 2025. |
| L | Will the former employee be working full time or part time? If part time, how many hours? Part time. 20 hours per week. Work will be conducted on site (no remote work). |
| M | Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No. |

Comments – Provide any additional comments:

For this contract hire we will be using authorized ANAA grant funding.

Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request

08/01/2024

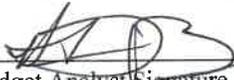
Date



Purchasing Administrator Signature (if a Statewide Contract)

8/6/2024

Date



Budget Analyst Signature

 Sep 4 2024

Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 7, 2024
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, Department of Administration, Purchasing Division requests authority to contract with former employee Jon Benedict to complete review of the final hydrologic model 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 division as Water Commissioner on June 30, 2023 and is receiving pension benefits. Mr. Benedict's knowledge and expertise in the US Geological Survey's hydrologic model and associated processes is needed to transfer knowledge to new and existing staff and to complete the review of the final model. He will be working remotely. The office requests to contract with Mr. Benedict from October 14, 2024 through December 13, 2024 on a part-time basis up to 14 hours per week.

Statutory Authority:
NRS 333.705 (1)

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

August 6, 2024

MEMORANDUM

To: Matthew Brown

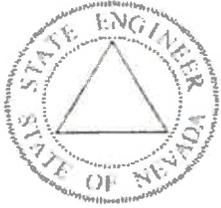
From: Annette Morfin, Purchasing Officer

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 is aware they will not be able to hire Jon until October BOE approval.

If you have any questions, please contact me at 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: August 6, 2024

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

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 last 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. 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 October 14, 2024 to December 13, 2024.

Please contact Levi Kryder at 775-684-2866 or lkryder@water.nv.gov if additional technical information or clarification is needed, or Natalie Wood at 775-684-2880 or n.wood@water.nv.gov or Brandon Bishop at 775-684-2707 or brandon.bishop@dcnr.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 | | | |
|-----------------------------------|--|----------|----------------------|
| Former Employee Name: | Jon Benedict | | |
| Former Employee ID Number: | 53540 | | |
| Former Job Title: | Water Commissioner | | |
| Former Employee Agency: | DCNR/Division of Water Resources | | |
| Former Class and Grade: | Class: | UC.001 | Grade: 39 |
| Former Employment Dates: | From: | 1/7/2014 | To: 6/30/2023 |
| Requesting Agency: | DCNR/Division of Water Resources | | |
| Vendor: | Marathon Staffing Group, Inc. (Contract 99SWC-NV21-7576) | | |

| Please mark which of the following applies and complete Sections 'A' through 'M' below: | |
|---|---|
| X | Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. |
| | Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. |
| A | <p>Summarize scope of contract work.</p> <p>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.</p> |
| B | <p>Document former job description.</p> <p>The former job description consisted of the following work elements:</p> <ul style="list-style-type: none"> #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 |

| | |
|---|---|
| C | <p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p> <p>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> |
| D | <p>Explain why existing State employees within your agency cannot perform this function.</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> |
| E | <p>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p> <p>No, the individual overseeing the contract is not related to the contractor.</p> |
| F | <p>List contractors' hourly rate and employee's hourly rate.</p> <p>The contractor's hourly rate will be \$68.70, which equates to the contract employee receiving \$55.00/hr.</p> |
| G | <p>List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.</p> <p>Title: Water Commissioner, Grade 42, Step 7: \$49.49/hour</p> |
| H | <p>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</p> <p>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> |
| I | <p>Document justification for hiring contractor.</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 last 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> |
| J | <p>Will the employee be collecting PERS at any time during the contract?</p> <p>Yes</p> |
| K | <p>What is the duration of the contract with the former employee? (Include start and end date)</p> <p>October 14, 2024 to December 13, 2024.</p> |
| L | <p>Will the former employee be working full time or part time? If part time, how many hours?</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. |
| M | Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). |
| | No |

| |
|--|
| Comments – Provide any additional comments: |
| |

Approval for Authorization to Contract with a Former Employee:


Signature of Agency Head Authorizing Request


Date


Purchasing Administrator Signature (if a Statewide Contract)

8/6/2024
Date


Budget Analyst Signature

09/17/24
Date

Clerk of the Board of Examiners Signature

Date



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

Date: 08/02/2024

MEMORANDUM

To: Lesley Volkov
From: Courtney Dalton, Purchasing Officer II
Subject: MSA 99SWC-NV20-5284 Reliable Health Care Services of Southern Nevada, INC

Please find the attached copy of the "Authorization to Contract with a Former Employee" for Dr. Susan Loring whom the Nevada Department of Public and Behavioral Health is intending to hire as a Licensed Psychologist 1, who is now employed by Northern Nevada Adult Mental Health Services (NNAMHS).

Dr. Susan Loring has left state services as of 06/30/2024 and is within the two-year window and will be collecting PERS.

Thank you,

Courtney Dalton
Purchasing Officer II
cdalton@admin.nv.gov
775-531-3305

RECEIVED

AUG 02 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
*Chief Medical
Officer*



MEMORANDUM

DATE: 8/2/2024
TO: Purchasing Division, Board of Examiners
From: Drew Cross, Statewide Forensic Program Director
RE: Request to authorize contract with a former employee – Dr. Susan Loring

Lakes Crossing Center (LCC) is respectfully requesting you to authorize an MSA (Master Service Agreement) to contract with a former state employee named Dr. Susan Loring.

The contractor position will augment Lake's Crossing Center in performing forensic evaluations according to NRS 178.425 et seq. and other related job duties. The contractor will be tasked with completing evaluations, performing admissions interviews, attending multidisciplinary team and departmental meetings, and consulting with staff. The contractor is uniquely positioned to provide these services to LCC, as she has 10 years of experience working as a forensic psychologist and over 30 years as a clinical psychologist. She has an in-depth understanding of the legal, ethical, and clinical variables necessary to complete evaluations in a timely manner.

Lake's Crossing Center

500 Galletti Way • Sparks, NV 89431 • (775) 688-1900 • Fax (775) 688-1909 • dpbh.nv.gov

ALL IN

GOOD HEALTH.



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

Authorization to Contract with a Former Employee

| Employee Information | | | |
|----------------------------|---|------------|----------------|
| Former Employee Name: | Dr. Susan Loring | | |
| Former Employee ID Number: | 30082 | | |
| Former Job Title: | Licensed Psychologist 1 | | |
| Former Employee Agency: | Northern Nevada Adult Mental Health Services (NNAMHS) | | |
| Former Class and Grade: | Class: | 10.170 | Grade: 44 |
| Former Employment Dates: | From: | 02/02/2004 | To: 06/30/2024 |
| Requesting Agency: | Lake's Crossing Center | | |
| Vendor: | Reliable Health Care Services of Southern Nevada | | |

| Please mark which of the following applies and complete Sections 'A' through 'M' below: | |
|---|---|
| <input checked="" type="checkbox"/> | Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. |
| <input type="checkbox"/> | Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. |
| A | <p>Summarize scope of contract work.</p> <p>Dr. Loring will be performing forensic evaluations according to NRS 178.425 et seq.</p> |
| B | <p>Document former job description.</p> <p>A licensed psychologist I is responsible for completing evaluations, performing admissions interviews, attending multidisciplinary team and departmental meetings, and consulting with staff.</p> |
| C | <p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p> <p>Yes, Dr. Loring has specialized knowledge of forensic evaluations and is certified to perform the evaluations pursuant to NRS 178.417. There is no available staff for her to transfer her knowledge to. Lake's Crossing is making efforts to recruit evaluators but has not yet been successful and so there is no replacement staff filling her position. If the state position is filled, Dr. Loring will assist with the training and development of the new employee as needed.</p> |
| D | <p>Explain why existing State employees within your agency cannot perform this function.</p> |

| | |
|----------|--|
| | Qualified state employees cannot keep up with the evaluation demand. Additional employees will assist in helping to complete reports quicker, which will lead to the individual being discharged from this agency in a timelier manner. This will help to free up a bed sooner to an individual awaiting inpatient restoration services. |
| E | Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. No relation |
| F | List contractors' hourly rate and employee's hourly rate. The contractor's hourly rate is \$125. The state hourly rate is below. |
| G | List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. Licensed Psychologist 1, Grade 44, \$41.26 - \$62.35 |
| H | Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? The contract rate is set to help with recruitment and maintenance of qualified contract staff, especially considering contract staff do not enjoy the benefits of state employees. The contract rate is consistent across all contract psychologists and reflects the current local challenges in hiring qualified personnel. The present contract rate through Reliable has resulted in all psychologists hired via these means in recent years to have remained working at Lake's Crossing, likely indicating that the contract rate is a significant part of retaining qualified staff. |
| I | Document justification for hiring contractor. The court orders an individual into the custody of the Division for inpatient restoration treatment of their competency to stand trial abilities, per NRS 178.400 et seq. Admissions to an inpatient facility should occur within 7 days but this has not been the case due to full facilities and has resulted in a waitlist. Failure to admit these individuals in a timely manner has resulted in sanctions, fines, and contempt findings to the Division. Additional staff is one part of addressing this backlog, as they would assist in evaluations and writing reports. Historically, Lake's has struggled to meet the demand for treatment, in part due to lack of qualified staff. |
| J | Will the employee be collecting PERS at any time during the contract? Yes. |
| K | What is the duration of the contract with the former employee? (Include start and end date) Tentative start date is 10/3/2024, end date 04/01/2025 |
| L | Will the former employee be working full time or part time? If part time, how many hours? Part time, approximately 15-20 hours per week |
| M | Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). Not to my knowledge |

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:


Signature of Agency Head Authorizing Request

For Cody Phinney 7/31/2024
Date


Purchasing Administrator Signature (if a Statewide Contract)

8/2/2024
Date


Budget Analyst Signature

Sept 4 2024
Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 14, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Aaron Frantz, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.040 the office requests modifications to the State Administrative Manual (SAM) to match current business practices and to bring SAM into alignment with Nevada Administrative Code and Nevada Revised Statutes.

Additional Information:

The Department of Administration conducted a peer review process to include multiple departments, agencies, and stakeholders to modernize and simplify SAM. The Department of Administration, along with the Governor's Finance Office, reviewed SAM and drafted requested changes to the document.

Statutory Authority:

NRS 353.040

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
515 East Musser Street, Suite 300 | Carson City, Nevada 89701

MEMORANDUM

August 6, 2024

TO: Jim Wells
Deputy Chief of Staff, Governor's Office

FROM: Joy Grimmer, Director
Department of Administration

SUBJECT: Summary of Draft State Administrative Manual Changes

Over the years small changes in the State Administrative Manual (SAM), Nevada Revised Statutes (NRS), and Nevada Administrative Code (NAC) did not carry throughout the document. This led updated changes to conflict with other exiting information in the document, and caused citations to be inaccurate and broken in the digital document. This update is long overdue, and this is an effort to reset the document in its entirety.

In an attempt to simplify and modernize SAM to match current business practices, and bring SAM into alignment with the NAC and NRS, the Department of Administration along with the Governor's Finance Office reviewed the document and drafted suggested changes to the document. Prior to the draft document being sent to the Governor's Office and the Board of Examiners, the Department of Administration conducted a peer review process to include multiple Departments, agencies, and stakeholders. Please see the last page of this document for a list of the peer review members. The Department sought and received broad buy-in from the members which led to simplification while maintaining broad professional standards for all to follow.

Below is a summary of the proposed changes to the State Administrative Manual (SAM).

- The sections that relate to purchasing and contracting procedures have been completely reorganized and rewritten to consolidate information and create procedures that are easily understood to increase compliance. Information that pertains to processes and procedures of the Budget Division of the Governor's Finance Office (GFO) has moved from **Section 300** to **Section 100**, to more clearly differentiate requirements of GFO on behalf of the Board of Examiners (BOE) versus processes and procedures of State Purchasing.

- BOE approval limits are consolidated into **Section 107**, regardless of contract type. A more detailed explanation of non-competitive contracts is added in **Section 113**.
- **Section 210:** Travel Status removes 150% of CONUS rate and allows the Department head to determine and approve an appropriate rate of reimbursement when there is a host hotel for a conference, or a special event has raised the GSA significantly.
- **Section 212:** Updated to remove explicit references to Southwest and SWABIZ and to add information about the corporate business account/ghost card program.
- **Section 214:** Remove section stating reward or bonus flight points shall be used whenever possible to meet State travel needs.
- **Section 218:** Allow for a gratuity for commercial transportation and allow for scanned copies of original receipts.
- **Section 230:** Add a requirement for the Clerk of the Board of Examiners to approve or deny a request for moving expenses within 10 days.
- **Section 232:** Remove the ability of a department to establish a lower reimbursement rate for moving.
- Information pertaining to processes and procedures administered by State Purchasing were consolidated under **Section 300**, renamed "Procurement: Contracts and Purchasing." All information from **Section 1500** has been moved and combined into **Section 300**.
- **Section 301:** New Introduction section for procurement.
- **Section 302:** New section on federal money and the introduction of contracts versus subgrants.
- **Section 303:** Provides Certified Contract Manager (CCM) requirements its own section, including a new requirement that each agency must designate a primary CCM and notify State Purchasing if they are replaced.
- **Section 305:** Consolidates various limits for competition on procurement of supplies, materials, equipment, and services.
- **Section 306:** Provides clear information about emergency purchases.
- Other procurement methods are explained in greater detail in **Sections 0307 through 0313** (replacing **Sections 338, 1512, 1516, 1518, 1550, 1552, and 1554**).
- **Section 314:** New section on procurement of software.

- **Section 315:** New section outlining the differences in hosted vs. non-hosted training events.
- **Sections 316 and 317:** New sections on the repair and maintenance of real property and equipment.
- **Section 318:** New section defining Invitations to Bid (ITB).
- **Section 319:** New section defining Requests for Proposals (RFP) processes.
- **Section 320:** New section on circumvention of procurement requirements.
- **Section 321:** New section on Post-Award Contract Management.
- **Section 322:** (previously **Section 1556**): Revised to include all current credit card programs and a new Special Use Card program type to be used for unique situations such as Division of Child and Family Services recent exemption.
- **Section 323** (previously **Section 1514**): Requisition and Purchase Order policies have been revised to create a consistent process by requiring all agencies to transition to only purchase orders issued through the electronic procurement system (NevadaEpro and then Core.NV after phase 2).
- **Section 324** (previously **Section 1520**): Delivery, Receipt, and Inspection.
- **Section 325:** New section on Federal Surplus Property Program
- **Section 326:** New section on Personal Property and Fixed Assets.
- **Section 327:** New section on Surplus property, materials and equipment.
- **Section 400:** Clean up of certain references and agency names. Extensive revision of **section 406**, “Electronic Records,” to clarify services and explain procedures for agencies regarding their management of electronic records. Eliminate **section 408** “Electronic Imaging”, **section 409** “Electronic Records Committee” and **section 410** “CD Rom Records”.
- **Section 500:** Outlines current policies and procedures for various State insurance programs managed by the Risk Management Division. Changes include revisions to internal insurance programs and claims procedures along with directing agencies to the Attorney General’s Office for questions regarding the self-insured liability program administered by that Office.
- **Section 504:** Provides revisions to building and location reporting procedures to be consistent with current practice. Incorporates information on the insurance policy for cyber liability. The revisions provide clarification for internal claim processing and raises internal

agency deductibles for the insurance claims (auto/property) to be more in line with current program costs due to inflation and premium increases assessed by the State's Excess Insurers for both real properties and assets such as vehicles and equipment.

- **Section 505:** New section on Certificates of Insurance (was part of **section 504**).
- **Section 516:** Provides updates to be consistent with the forms currently utilized by State Purchasing and clarifies Risk Management's role within the State contracting process.
- **Section 1020:** Removes language regarding agency participation in the selection of potential lease sites.
- **Section 1022:** Clarifies the GFO determines rental costs per square foot for State-Owned Buildings and removes references to non-State owned buildings.
- **Section 1028:** Removes specific temperature levels for buildings and removes the prohibition on use of portable space heaters.
- **Section 1200-1210:** Provides clarification on State Mail Office hours, processes, and service availability by region.
- **Section 1323:** New section on telematics in State-owned vehicles.
- **Section 1408:** Updated hours of operations for the entire Fleet Services Division facilities in Carson City, Las Vegas, and Reno.
- **Chapter 1500:** This chapter was removed and consolidated into Chapters 0100 and 0300.
- **Chapter 1600:** Replace Department of Administration, Division of Enterprise Information Technology Services (EITS) with Office of the Chief Information Officer (OCIO).
- **Section 1612:** Adds that the CIO issues an Acceptable Use Policy for State-owned technology resources.
- **Section 1904:** Removes the definition of advanced planning. Adds a qualifier to advanced planning for projects over \$10 million. Removes advanced planning funding for agency funded projects from the Capital Improvement Program requests.
- **Section 1904:** Removes the requirement prior approval of architectural designs prior to advertising. Removes the verification of conformance to ADA guidelines.
- **Section 1908:** Increases the threshold for project management from Public Works for remodeling, repairs and maintenance work from \$100,000 to \$300,000.
- **Section 1912:** Removes the requirement of State Public Works Division to take necessary steps to correct Fire Marshall orders in State property if an agency in charge of the property

fails to comply with the order. Removes the requirement to provide the report of inspections annually to the Board of Examiners.

- **Section 1912:** Removes the personal fine and criminal sanctions for violating a stop work order issued by the State Public Works Division.
- **Chapter 2000:** Replace Department of Administration, Nevada State Library and Archives (NSLA) with Nevada State Library, Archives and Public Records (NSLAPR).
- **Section 2002:** Removes the reference to the Nevada Electronic Records Committee.
- **Section 2004:** Revises the hours of service and removes the toll-free in-State phone number.
- **Section 2006:** Revises the number of copies State agencies have to submit to the State Publications Distribution Center from 12 to 10. Renames the Services to the Blind and Physically Handicapped Service to the Nevada Talking Books Services. Removes the Literacy Coalition Services. Removes the requirement for the borrowing office to pay return postage for materials received through interlibrary loan. Changes the loan period from 1-2 weeks to 4 weeks.
- **Section 2010:** Removes the Nevada Literacy Coalition Collections from the available State Library Collections.
- **Section 2012:** Removes the State Data Center Newsletter from publications of interest.
- **Section 2014:** Removes the detailed services provided by Records Management.
- **Section 2016:** Removes the definitions for Records.
- **Section 2018:** Removes language regarding agency creation of records retention and disposition schedules, minimum retention periods, principles used to appraise records, designation of records management officer, Records Disposition Authorization forms, definitions of records and non-records, and disposal of non-records and replaces it with language regarding where disposition schedules may be found on the State Records website, types of dispositions, and periodic review requirements.
- **Section 2020:** Removes language regarding ability to store microfilm and microfiche at the Records Center, and prioritization of vital records. Adds language requiring at least 1 year remaining before the expiration of the minimum retention period. Replaces the paper Records Center Accession process with electronic processing through the Records Center Web Portal. Moved disposition holds to SAM 2024. Changes the 30 day notice of Pending Disposition of Records to 60 days. Combines access to records from Section 2022.
- **Section 2022:** Deleted with relevant sections relating to access to records moved to Section 2020. Removes operating hours for the Records Center.

- **Section 2024:** Adds language regarding the deletion of electronic records containing confidential information. Moves disposition holds from SAM 2020 and adds public records request to the reasonable grounds for extending the retention of records beyond the minimum authorized retention period.
- **Section 2026:** Deleted all specific standards and requirements for off-site storage facilities not owned by the State and refer to the NAC 239.742 for requirements. Adds requirements for an authorized list for non-State owned storage.
- **Section 2038:** Adds language regarding acceptance of electronic records into the State Archives and ensuring ongoing accessibility of such documents.
- **Section 2040:** New section on services provided to digitize permanent records from a variety of formats.
- **Section 2540:** Revised eligible uses of the Reserve for Statutory Contingency Account.
- **Section 2629:** Allows for the reimbursement of obtaining or maintaining a professional license, registration or certification for permanent full-time employees whose positions are required by statute, regulation or classification specification to have a specific license or certification. Reimbursement is limited to the amount of the license and does not apply to collectively bargained positions unless the collective bargaining agreement specifically allows for the reimbursement of these types of expenses. It also does not apply to other licenses, registrations or certifications held by an employee. Continuing education and training are limited to \$250 per employee on an annual basis.
- **Section 2630:** Allows for appropriate decorating of State office common areas if budget authority exists.
- **Section 2634:** Removes the \$150 limit for elected official State Photographs.
- **Section 2644:** Increases the limit for service awards from \$50 to \$100 and consolidates Section 2648 regarding plaques for businesses or individuals.
- **Section 2646:** Increases the limit for awards/gifts to volunteers from \$50 to \$100.
- **Section 2648:** Removed and consolidated with Section 2644.
- **Section 2650:** Requires an agency with water source issues to work with Buildings and Grounds on a resolution.
- **Section 2652:** Allows for the purchase of appliances for a break room after consultation with Buildings and Grounds. Prohibits toasters, ovens, and mini refrigerators in State owned and leased buildings when appliances have been provided by Buildings and Grounds.

- **Section 2901 and 2902:** Combined sections on accidents.
- **Section 2903:** Moved accident related information to Section 2901.
- **Section 2905:** Reduced the delegation for the payment of tort claims without Board of Examiners approval from \$200,000 to \$100,000 to be consistent with other approvals.
- **Section 2905.1:** This section is in NRS 41.0375 and has been combined with Section 2905.
- **Section 2907.1 and 2907.2:** Combined into Section 2907.
- **Chapter 3000:** Changed Office of Grant Procurement to Office of Federal Assistance.
- **Section 3022:** Added requirement to check federal debarred/suspended list for subawardees. Revise Cash Management Improvement Act language around interest. Revise subaward and subcontract reporting requirements threshold from \$25,000 to \$30,000 in line with the Code of Federal Regulations (2CFR Part 170).
- **Section 3802:** Clarify that the Deferred Compensation program includes the FICA alternative program for seasonal, temporary and intermittent employees program under 26 U.S.C 3121 (the. Combined with Section 3806 regarding limitations of deductions for a calendar year. Clarifies that assets in this program are to be managed and held in trust for the exclusive benefit of the participants only.
- **Section 3804:** Adds language to specify the Committee has authorized the Department of Administration to serve as the main support to the Committee.
- **Section 3806:** Combined with Section 3802.
- **Section 3808:** Removed the reference to income tax imposed by the State or political subdivision.
- **Section 3811:** Added definition of FICA Alternative Plan and its purpose. Added a section on non-State entities ability to participate in the FICA Alternative Plan.
- **Section 3812:** Removes reference to the Nevada System of Higher Education. Added language that the division is established within the Department of Administration.
- **Section 3814:** Amended to establish the current adopted Administrative process and establishes the changes made in 2015 when the program consolidated to a single recordkeeper vendor, and amended the administration of the Program to be unbundled administration under the direction and administration of the Executive Officer appointed by the Director of the Department as a result of the passage of SB502 in 2017.

Peer Review Committee

Ellen Crecelius, Deputy Administrator, Department of Health and Human Services

Perry Faigin, Deputy Director, Department of Business and Industry

Dominique Etchegoyhen, Deputy Director, Department of Conservation and Natural Resources

Gideon Davis, Administrator, Department of Administration

Michele Garton, Deputy Administrator, Department of Administration

Mike Strom, Administrator, Department of Administration

Robert Burgess, Administrator, Department of Administration

James Gast, Administrator, Department of Administration

Rob Boehmer, Executive Officer, Department of Administration

Joy Grimmer, Deputy Director, Department of Administration

Kristi Defer, ASO IV, Department of Public Safety

Jordan Goshert, Deputy Director, Department of Wildlife

William Dawson, Deputy Administrator, Department of Agriculture

Bachera Washington, Administrator, Department of Administration

Kristina Shea, Deputy Director, Department of Corrections

Angela Smith, Deputy Director, Department of Motor Vehicles

Mandy Hagler, Administrator, Department of Administration

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 087

Department: ADMINISTRATION

Division (if applicable): DIRECTOR'S OFFICE

Appointing authority: JOY GRIMMER

Agency contact (name, phone and e-mail): JOY GRIMMER,
JOYGRIMMER@ADMIN.NV.GOV

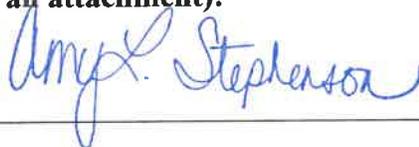
Budget Division Analyst (name, phone and e-mail): ROXANA GIFFORD,
GIFFORDR@FINANCE.NV.GOV

Proposed BOE date: SEPTEMBER 10, 2024

Proposed effective date: UPON APPROVAL

1. Reason/purpose for requested change:
To simplify and modernize SAM to match current business practices, and bring SAM into alignment with the NAC and NRS.
2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):
Over the years, small changes in the State Administrative Manual (SAM), Nevada Revised Statutes (NRS), and Nevada Administrative Code (NAC) did not carry throughout the document. This led updated changes to conflict with other exiting information in the document and caused citations to be inaccurate and broken in the digital document. This update is long overdue, and this is an effort to reset the document in its entirety.
3. Will recommended change have a fiscal impact (if yes, explain): Yes, please see the attached Revision Summary Memo for brief explanations of changes, including those with a fiscal impact.
4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). **(please provide requested change as an attachment):**

Appointing Authority: _____

 09-24

BOARD OF EXAMINERS APPROVAL DATE: _____

(for BOE use only)

STATE ADMINISTRATIVE MANUAL DRAFT – PROPOSED CHANGES BY THE DEPARTMENT OF ADMINISTRATION

0000 Introduction

The **State Administrative Manual** (SAM) is a compilation of policy statements concerning the internal operations of the State government. Policies are based on authorizing statute or other approved regulations, although policies may be established in the absence of specific statutes where particular guidance and instructions are necessary for agencies to conduct business. This manual is published for use as a guide in conducting State business, and individual departments or divisions within the executive branch of State government may not establish policies that contradict or supersede the State Administrative Manual, except where expressly outlined in this document. Departments, divisions, agencies or other organizations of State government that require more detailed information should reference the applicable statutes that are cited following many of the policy statements, reference specific statutes pertaining to the department, agency or office, or contact the Budget Division of the Governor’s Finance Office (GFO).

This edition of SAM replaces all previous editions.

Questions or comments regarding SAM should be directed to:

The Budget Division of the Governor’s Finance Office
209 E. Musser Street, Room 200 Carson City, NV 89701-4298
(775) 684-0222

Amy Stephenson, Director, Governor’s Finance Office

0002 Purpose

The **State Administrative Manual** (SAM) presents to all State agencies a single reference source for policies, procedures, regulations and information issued by the [Legislature](#), the [Board of Examiners](#) (BOE), the Governor’s Finance Office (GFO), the [Department of Administration](#) and other contributing agencies.

0004 Jurisdiction

SAM is an official publication of the [Governor’s Finance Office](#) (GFO) and is issued under authority of the [Governor](#) and the Board of Examiners (BOE). ([NRS 353.040](#)) The [Governor](#) instructs all State executive agencies to comply with the provisions of this manual to promote economy and efficiency in the government of the State of Nevada.

0006 Exceptions

Deviations from this manual are permitted only upon approval of the Board of Examiners (BOE) for the agency requesting the exception. Exceptions approved for one agency may not be used by other agencies

without BOE approval.

Constitutional agencies with broad powers (e.g., the [Nevada System of Higher Education](#)) are expected to follow these regulations when not in conflict with the [Constitution](#), [Nevada Revised Statutes](#) or [Board of Regents'](#) regulations.

0100 Board of Examiners Policies

0102 Placement of Items on the Agenda

Any Board of Examiners (BOE) member is entitled to place items on the agenda, and any Constitutional Officer of the State of Nevada may request items to be placed on the agenda, upon Clerk of the Board of Examiners (Clerk) determination that the item is legal and within the jurisdiction of BOE.

0104 Agency Attendance and Notification

- A. Board of Examiners (BOE) agenda action items (items denoted as For Possible Action) require attendance by appropriate agency staff to present their items. Agencies must also be prepared to present information regarding leases, contracts, and service agreements, which may be pulled on a case-by-case basis by any Board Member without prior notice. Any Board Member, who wishes to pull an agenda item for discussion, particularly items generally taken on a consent basis, such as leases, contracts, and service agreements, shall notify the Clerk prior to the BOE meeting of the items they wish to be pulled for discussion.
- B. The Clerk or their designee shall use their best efforts to notify the appropriate agency of any agenda item(s) that has been identified by a member of BOE as an item for discussion. However, any agency with an item noted as For Possible Action, regardless of whether they receive notice that the item has been pulled for discussion, should have the appropriate staff member(s) present at the BOE meeting to respond to Board Member questions.

0106 Distribution of Meeting Materials

The Clerk must disseminate meeting materials to each Board Member no less than five business days before the meeting unless Board Members are notified by the Clerk or their designee.

0107 Approval of Contracts and Amendments

- A. The State Board of Examiners (BOE), as defined in [NRS 353.010](#), and the Clerk of the Board of Examiners (Clerk), as defined in [NRS 353.033](#), are responsible for approval of contracts described throughout SAM 0100. Regardless of procurement method, contracts for services of independent contractor, revenue contracts, interlocal contracts, cooperative agreements, and real property leases require submission to the Governor's Finance Office (GFO) for approval by BOE, the Clerk, or their designee prior to execution or extension.
 - 1. Contracts, service agreements, or amendments with an estimated project value of \$100,000 or more require approval at a BOE meeting.

2. Contracts, service agreements, or amendments with an estimated project value from \$2,000 to less than \$100,000 require approval from the Clerk. *Contracts between \$10,000 and \$99,999, and* are presented to BOE as an informational item.
 3. Contracts or service agreements with a value less than \$2,000 are exempt from GFO submission and BOE approval by [NRS 333.700\(6\)](#) and require approval of the agency head or designee.
 4. Contracts exclusively for goods are awarded solely by State Purchasing and do not require GFO submission or BOE approval.
 5. Certain statewide contracts include GFO submission and BOE approval, however, most statewide services require a service agreement with GFO submission for BOE approval pursuant to item 1 or 2 above.
- B. The Nevada Department of Transportation is responsible for highway contracts. Highway contracts are approved by the State Transportation Board and not submitted to GFO or BOE *unless such contracts include the use of current or former employees.*
- C. The State Public Works Division is responsible for public works contracts. Public works contracts that are competitively bid are approved by the State Public Works Board and not submitted to GFO or BOE.
- D. Contracts executed by the Housing Division of the Department of Business and Industry are not required to be submitted to GFO or BOE.*
- ~~D.E.~~ Questions regarding GFO submission and BOE approval requirements should be addressed to GFO.

0108 Contracts for Services of Independent Contractors

- A. A contract for services of an independent contractor is an agreement between the State and an independent contractor to provide services or combined goods and services pursuant to [NRS 333.700](#). Contracts for services of an independent contractor require approval according to SAM 0107. Contracts for services of an independent contractor must be procured in accordance with SAM 0300.
- B. An independent contractor is a natural person, firm or corporation who agrees to perform services for a fixed price according to their or its own methods and without subjection to supervision or control of the other contracting party, except as to the results of work, and not as to the means by which services are accomplished.
- C. Independent Contractor or Employee
1. The determination as to whether an individual performing services for the State should be treated as an independent contractor or as a State employee is an important one. That determination can affect the individual's status in several regards, including treatment by the following.
 - a. The Internal Revenue Service for tax and Social Security withholding purposes.
 - b. The U.S. Department of Labor for purposes of overtime calculation under the Fair Labor Standards Act.
 - c. Insurance companies providing workers' compensation coverage relative to coverage for on-the-job injury; however, if the contractor qualifies as a sole proprietor as defined in [NRS](#)

- [Chapter 616A.310](#), and has elected not to purchase industrial insurance for themselves, the sole proprietor must submit to the contracting agency a signed and notarized affidavit so stating.
- d. The Employment Security Department in the determination of unemployment benefits.
 - e. The courts in determining possible liability to the State of Nevada for their actions.
2. There are several additional factors that should be balanced to determine whether the State, as an employer, has such control over the worker as to render the relationship one of employment rather than that of independent contract. The following factors indicate the creation of an employer-employee relationship rather than that of an independent contractor:
 - a. The lack of any completion date, time limit or unit of work designation;
 - b. The employer's right to hire and fire the person holding the contract;
 - c. The payment of a regular salary;
 - d. The delegation to the contractor of administrative powers over employees; and/or
 - e. The level of control over the means and manner of accomplishment of the work.
 3. A person is not an independent contractor simply because there is an agreement designating them as such or because the employer permits them considerable discretion and freedom of action. If a person performs services subject to the will and control of the employer, that person is an employee and their salary must come from the salary category.
 4. Agencies unsure whether or not an employee-employer relationship exists in a potential contract should request the assigned Deputy Attorney General to review the contract for compliance with the provisions of NRS. An independent contractor is not provided the following:
 - a. Withholding of income taxes or Social Security by the State;
 - b. Participation in group insurance plans which may be available to employees of the State;
 - c. Participation or contributions by either the independent contractor or the State to the Public Employees' Retirement System;
 - d. Accumulation of vacation or sick leave; or
 - e. Coverage for unemployment compensation provided by the State.
 5. Agencies contemplating the use of State employees as independent contractors must adhere to the following conditions:
 - a. Contracts with State employees must meet the criteria for independent contractors outlined above.
 - b. All State permanent employees must devote full time attention and effort to State employment during official duty hours and not to contractual obligations. ([NAC 284.766](#))
 - c. A State employee shall not enter into a contract with the State in any capacity that may be construed as an extension of their assigned duties or responsibilities to the State. ([NAC 284.754](#))
 - d. Contracts with public officers or employees are prohibited in instances in which the officer or employee has a pecuniary interest. ([NRS 281.221](#))
 - e. A member of any board, commission or similar body engaged in the profession, occupation, or business regulated by such board or commission and faculty members of the Nevada System of Higher Education, may bid on or enter into a contract with any governmental agency if they are not part of the development of contract plans or specifications, and if they are not personally

- involved in opening, considering or accepting offers. ([NRS 281](#))
- f. A public officer or employee may bid or enter into a contract with any governmental agency if the contracting process is governed by rules of open competitive bidding or the sources of supply are limited, and if they are not personally involved in opening, considering, or accepting offers. ([NRS 281](#))
 - g. An employee may be disciplined for a violation of [NAC 284.738](#), conflicting activities. An appointing authority has the power under the regulations to define which activities conflict with functions of an agency. ([NAC 284.650](#))
 - h. *Unless prohibited by a specific statute*, State employees employed by one agency may lawfully work on contract for another State agency while on annual leave *or an unpaid status* from the first agency.
 - i. Agencies contracting with State employees must provide a written justification as to why this individual was selected and a written description of the proposed work and the employee's normal job duties so BOE can make a determination as to whether or not the contract can be construed as an extension of assigned job duties. Favorable BOE consideration of such requests would be assisted if the contract service and regular employment of the contractor benefit different agencies or will be under the supervision of different individuals.
6. While proposed independent contracts are reviewed by the Attorney General as to form under NRS, that review is only as to the terms of the relationship that appear in the writing presented for review. If the actual relationship between the worker and the State later changes and does not comport with that writing, such as if the State subsequently provides office space, secretarial help or requires the worker to report to a supervisor, the nature of the agreement may well become one of employment and not contract. For this reason, it is important for agency heads to monitor the actual work relationships of persons hired pursuant to [NRS](#) to ensure that an independent contract relationship is truly present under the above referenced standards. If there is some doubt as to that relationship, consult your assigned deputy attorney general.
- D. Travel expenses, per diem, and/or other expenses may be paid to an independent contractor if specifically provided for in the contract. Travel reimbursement must conform to travel policies in SAM 0200 and specific travel policies of the agency, unless using the contracted vendor's mileage rate is more beneficial to the State. In no case will the reimbursement be greater than established per diem rates.
- E. Independent contractors must furnish the agency with evidence certifying the contractor has complied with the provisions of law regarding providing workers' compensation coverage. NRS Chapters [616A](#) to [616D](#), inclusive.

0109 Cooperative Agreements

A cooperative agreement is an agreement between two or more public agencies for the joint exercise of powers, privileges and authority, including, but not limited to law enforcement. ([NRS 277.080 to 277.170](#)) In addition to meeting the specific agreement formation requirements set forth in [NRS 277.110](#), cooperative agreements must be reviewed by the Attorney General's Office and require approval according to SAM 0107.

0110 Interlocal Contracts

- A. Public agencies may contract with other public agencies to perform any governmental service, activity or undertaking which any of the public agencies are authorized by law to perform. ([NRS 277.180](#))
- B. Interlocal contracts are distinguished from cooperative agreements in that cooperative agreements are for the joint exercise of powers, privileges and authority by public agencies and interlocal contracts are agreements by public agencies to obtain a service from another public agency. Agreements between two Nevada governmental entities are interlocal contracts just like agreements between a Nevada governmental entity and a governmental entity located outside of Nevada.
- C. Interlocal contracts must be reviewed by the Attorney General's Office and require approval according to SAM 0107. A form interlocal contract is available from the State Purchasing website.

0111 Revenue Contracts

- A. A revenue contract is an agreement where the State will be receiving payments from the vendor. An example of a revenue contract is when a vendor has a concession agreement with a State Park whereby a vendor pays the State for the privilege of selling goods or services to park patrons. Revenue contracts should contain many of the same provisions found in other State contracts. A revenue contract should also contain language addressing what happens when the vendor fails to make required payments to the State.
- B. A competitive process should be used to find the vendor who will provide the best value to the State. The type of competitive process to be used is based on the anticipated revenue from the contract pursuant to SAM 0305.
- C. Revenue contracts must be reviewed by the Attorney General's Office and require approval according to SAM 0107. 0 Dollar thresholds for revenue contracts are based on the anticipated revenue from the contract. For contracts that include both revenue and expense, the project value is the combined total of both revenue and expense, not the net value of one minus the other.

0112 Leases and Purchases of Real Property

- A. State Offices. The State Public Works Division has authority to lease and equip office space outside of State buildings whenever sufficient office space cannot be provided within State buildings. Building leases require approval in accordance with SAM 0107, with the exception of an office space lease less than one year. ([NRS 331.110](#)) The Attorney General shall approve each lease as to form and compliance with law.
- B. Storage Space. Leased space used strictly for storage is a service contract following normal contracting requirements.
- C. Land. The Division of State Lands acquires and holds all lands and interests in land owned or required by the State except the following.
 - 1. Lands or interests used or acquired for highway purposes.
 - 2. Lands or interests the title to which is vested in the Board of Regents of the Nevada System of

Higher Education.

3. Office buildings leased by the Administrator of the State Public Works Division.
4. Lands used or acquired for the Legislature or its staff.

0113 Non-Competitive Contracts

- A. The State Purchasing Act requires the State to pursue a policy of securing best value and in most situations that means contracts with independent contractors require competition as described in SAM 0305. ([NRS 333.140](#)) Nevada Administrative Code (NAC) defines when that competition must be formal, and allows for certain exceptions to competitive selection requirements. ([NAC 333.150](#))
- B. Contracts for services specifically exempt from formal competition in Nevada Revised Statute (NRS), Nevada Administrative Code (NAC), or this State Administrative Manual (SAM) do not require separate written authorization from State Purchasing. These contracts still generally require informal competition and/or justification for selecting the chosen vendor.
- C. Proposed contracts for services below formal solicitation thresholds in SAM 0305 require informal competition. In situations where competition is not practicable, the agency must document that justification in a memorandum approved by the agency head or designee.
- D. All other proposed contracts for services require written approval from State Purchasing to waive competition requirements as described in SAM 0300 generally.
- E. If a non-competitive contract or extension is submitted for inclusion on the agenda, support documentation submitted to the Governor's Finance Office (GFO) and provided to Board Members must include authorization or justification of non-competitive procurement.

0114 Retroactive Contracts

- A. In almost all circumstances, agency contracts require Governor's Finance Office (GFO) submission and Board of Examiners (BOE) approval prior to the vendor starting work. In rare instances where it is necessary for a vendor to start work, the agency should notify GFO as soon as practicable.
- B. When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

0115 Contracts with State Employees, Former State Employees and Secondary Employment

- A. Nevada law, as set forth in [NRS 333.705](#), imposes limitations on contracting with current or former State employees. Contracting with a current or former State employee is a two-part process. The Board

of Examiners (BOE) must approve the proposed contractual relationship with the current or former State employee and BOE must approve the contract.

1. An authorization form, available from the State Purchasing website, must be submitted to the Governor's Finance Office (GFO). The authorization form and proposed contract may be considered at the same BOE meeting as separate items on the agenda. In the event the employment of the person is not approved by the BOE, the contract cannot be considered by BOE and will be withdrawn from the agenda.
 2. Contracts affecting current or former employees and requiring BOE pre-approval may take the following forms.
 - a. A direct contract between a department, division or agency of the State and a current employee or former employee.
 - b. A contract with a business or any other entity that employs a current or former employee who will be performing or producing the contracted services.
 - c. A contract with a temporary employment service that provides a former State employee to the State to perform services as a temporary worker.
 3. A person who is a current or former employee may not evade the intent of this section by performing contract work for the State through creation of a corporation or other business entity.
 4. If an agency will be using a temporary worker to be supplied through a contract with a temporary employment service, and that person is a current or former State employee, BOE shall not approve the use of the temporary worker unless BOE determines that:
 - a. The person provides services not provided by any other employee of the agency ~~or for which a critical labor shortage exists~~; or
 - b. A short-term need or unusual economic circumstance exists.
- B. Exemptions. The requirements for BOE pre-approval of contracts with current employees or former employees do not apply to the following contracts:
1. Contracts with a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System during the duration of the contract *unless*:
 - a. *The job duties are similar to those performed by other employees; or*
 - ~~1.~~*b. The rate of pay under the contract is greater than the salary, including benefits, of an employee with similar duties.*
 2. A contract with a current employee or former employee for 4 months or less, where the executive head of the department/division/agency determines an emergency exists that necessitates the contract. (Note: a copy of the contract and a description of the emergency must be submitted to the BOE. BOE shall review the contract and the description of the emergency and notify the department, division or agency utilizing this emergency exception whether the BOE would have approved the contract).
 3. Contracts with Professional engineers employed by the Department of Transportation for a transportation project entirely funded by federal funds.

4. Contracts with Nevada System of Higher Education, or a board or commission of the State.
5. Contracts with a person employed by an entity, which is a provider of services for Medicaid, and which provides services on a fee for service basis or through managed care.
6. Contracts for \$1 million or more entered into:
 - a. Pursuant to the established State Plan for Medicaid established pursuant to [NRS 422.2717](#).
 - b. For financial services
 - c. Pursuant to the Public Employees' Benefits Program

C. Contracts with Former State Employees.

1. A **former employee** is a person who was an employee of any agency of the State at any time less than 2 years preceding the commencement date of the proposed contract. ~~However, as noted above, if a former employee will not be receiving retirement benefits from PERS during the duration of the contract, no BOE approval is required for the relationship with the former employee.~~
2. A department, division or agency of the State may seek blanket pre-approvals from BOE for former employees who work in seasonal, intermittent, or other temporary capacities if the person will be performing or producing services for which the business or entity is employed. For example, five seasonal snowplow drivers terminate their employment at the end of winter. The drivers are later hired by construction companies to drive trucks as part of contracts the companies have with an agency; in this instance, BOE pre-approval for entering into each contract is required unless the agency has a blanket pre-approval for the former employees. *Blanket pre-approvals should be rare and must include the need supporting a blanket approval.*

D. Contracts with Current Employees.

1. A current employee is a person who is an employee of an agency of the State. Contracts with current employees have additional requirements after the BOE has approved both the relationship and the contract.
2. State time tracking. Current employees, during the pay period they perform contract or provider agreement work with the State, must include in their time sheet notes for each day, the specific times they used flex, sick, compensatory time, annual leave, etc. If contract work is performed during their standard shift, the employee must document the specific times in the notes and explain how this was performed during flex time, compensatory leave, annual leave, or non-State paid time.
3. Contract time tracking. The contracted employee must document all time (date and time of day) spent working on the contract and include it in the invoice. Additionally, the employee must provide a supervisor approved copy of their State time sheet with their invoice.
4. Current employee's supervisor's responsibilities. The employee's supervisor must compare the employee's State timekeeping system time sheet to the times per the contract invoice to ensure contract work was not done during time. The supervisor must sign the time sheet and the invoice

certifying that contract work was performed during flex time, compensatory leave, annual leave, or non-State paid time.

5. Contracting agency responsibilities. The agency must reconcile the current employee's approved State timekeeping system time sheets to the times noted on the invoices to ensure contract work was performed during flex time, compensatory leave, annual leave, or non-State paid time.
6. Secondary Employment. Secondary employment means any external employment or work activity, with a public or private entity, or self-employment that is in addition to an employee's position with the State, even while on leave. Secondary employment includes but is not limited to contracts with the State and work with temporary employment agencies. Any employee with secondary employment must complete a Secondary Employment Disclosure form, available on the State Purchasing website, and submit it for approval by the agency head. When an employee obtains or has a change in their secondary employment, they must submit a Secondary Employment Disclosure form within 30 calendar days of acceptance and must renew the Disclosure by July 1st of each year. The agency head must review the form for conflicts with State employment. Approved forms should be filed in the employee's personnel file.

0116 Additional Requirements for Outside Legal or Professional Services *Relating to Judicial or Administrative Proceedings*

- A. Professional services shall include consultation or representative services within the professional's area of educational expertise performed by licensed *medical* practitioners as defined in [NRS Chapter 439A](#), attorneys, accountants, engineers, architects, or experts (by education or experience) for judicial or administrative proceedings. Except as provided in NRS 341, it is the policy of the State of Nevada to limit and monitor costs associated with the hiring of professional and expert services, including private attorneys who provide services to the State as independent contractors. Accordingly, all such contracts, including those between the State, its agencies, boards, and commissions, must include the following contract terms. Further, no such contract may extend beyond a two-year term without a contract amendment in accordance with SAM 01210.
 1. Notification of Attorney General's Office. Contractor shall notify and consult with the Attorney General's Office promptly regarding all significant developments regarding any potential legal matters or legal services provided under this contract. Should litigation involving potential liability for the State commence or significantly change during the term of this contract, the Attorney General's Office shall be immediately informed in writing. Contractor shall promptly advise the Risk Management Division of the Department of Administration regarding changes in the status of litigation that may have a fiscal impact on the State.
 2. Copies of Work Products Provided to Attorney General's Office. Contractor shall promptly provide the Attorney General's Office, 100 N. Carson Street, Carson City, NV 89701-4717, with copies of final versions of the written work product relevant to any legal matter, including correspondence and executed counterparts of any original pleadings or other matters of importance. Contractor shall also provide to the Attorney General's Office written, quarterly reports summarizing significant developments regarding the subject matter of the contract and significant services performed under the contract.

3. Work Product the Property of the State. All work products of the Contractor resulting from this contract are the exclusive property of the State. If any work remains in progress at the termination of this agreement, the Contractor shall surrender originals of all documents, objects or other tangible items related to the work to the Attorney General's Office.
4. Conflicts of Interest. Contractor shall not accept other representation or work known to be in direct conflict with the subject matter of the contract without prior written approval of the Attorney General's Office and all attorneys will consult with the Attorney General's Office regarding potential conflicts of interest, always acting in accordance with the Nevada Rules of Professional Conduct.
5. Copies of professional liability insurance will be attached to the contract with proof of policy of professional liability insurance for errors and omissions that is issued by an admitted insurance company authorized to transact insurance in the State of Nevada or by an insurance company authorized to transact surplus lines in the State of Nevada in an amount not less than \$1 million, or as otherwise determined or waived by the Risk Management Division.
6. Billing. In the absence of an agreed upon flat rate or per diem, contractor shall submit monthly billings for work performed, billing only for actual time spent performing a task, and not for unit charge (e.g., no automatic billing of one-third hour for a phone call that may take only five minutes). In every case all billings shall describe all work performed with particularity and by whom it was performed.
7. Billings shall be attached to payment vouchers and processed, as are other claims against the State. Such billings are subject to the following guidelines.
 - a. Unless otherwise agreed in advance, it is expected that only one professional from the contractor organization will attend meetings, depositions and arguments and other necessary events, although a second person may be needed for trials and major hearings or meetings.
 - b. Charges for professional time during travel will not normally be reimbursable unless the time is actually used performing professional services or as otherwise arranged in advance.
8. In addition, the State will not pay:
 - a. Fees for the training of personnel incurred by staffing changes or increases during the term of the contract;
 - b. Fees for time spent educating junior professionals or associates;
 - c. Fees for more than ten hours of work per day for any individual, except during trial or another extraordinary event.
9. Expense Statements – If the contract provides for specific reimbursement for expenses, the contractor shall submit monthly statements to the Contracting Agency itemizing all expenses for which reimbursement is claimed. Certain disbursements will not be paid unless agreed to in advance. These include:
 - a. Secretarial or word processing services (normal, temporary, or overtime);
 - b. Photocopy expenses of more than 15 cents per page;
 - c. Photocopy costs exceeding \$2,000 for a single job;

- d. Any other staff charges, such as meals, filing, proofreading, regardless of when incurred;
- e. Computer time (other than computer legal research specifically authorized in advance).

10. The State will not reimburse expenses for the following:

- a. Local telephone expenses or office supply costs;
- b. The costs of first-class travel (travel arrangements should be made in advance to take advantage of cost-effective discounts or special rates).

11. Disputes. If a civil action is instituted to collect any payment due under this contract or to obtain performance under this contract, the State as a prevailing party shall recover, as the court deems appropriate, reasonable attorneys' fees and all costs and disbursements incurred in such action.

0117 State Building Vending Machine Contracts

- A. Business Enterprises of Nevada (BEN) is responsible for contracting for food, beverage, and vending operations in public buildings pursuant to [NRS 426](#).
- B. Any future contract, renewal of a contract, or amendment of a contract with a vendor who supplies to a State building a vending machine that dispenses aluminum cans must include: (1) a provision that requires the vendor to provide a bin or other suitable receptacle for the collection of empty cans; and (2) a provision that requires the vendor to periodically collect the empty cans for delivery to an appropriate recycling center or nonprofit organization that collects cans.

0118 Volunteers in State Service

- A. Volunteers in State service should be treated like contract employees and a contract should be processed. If there is a question as to whether the volunteer should be treated like an independent contractor, contact the Risk Management Division or your Deputy Attorney General.
- B. If the volunteer is not an independent contractor consider the following legal ramifications of using volunteers in programs directed by public agencies:
 - 1. Most persons who volunteer their services and participate in a program sponsored by the State of Nevada are not automatically covered by workers' compensation coverage. Certain types of "volunteers" are specifically defined by law to be "employees" and must be covered. ([NRS 616A.160](#) Volunteer Peace Officers)
 - 2. Volunteers may be covered by workers' compensation under [NRS 616A.130](#).
 - a. "The process of discretionary coverage under [NRS 616.067](#) is a two-step process by design. Initially, an insurer must make a determination that such volunteers are to be 'deemed' employees, and secondly, the employing organization must elect coverage and comply with the provisions of Chapter 616 of NRS." ([AGO 80-15](#)) Applications for volunteer coverage can be obtained by calling Risk Management.
 - 3. When a volunteer is covered under workers' compensation, the State "is relieved from other

liability for recovery of damages or other compensation for those personal injury, unless otherwise provided by the terms of Chapters 616A to 616D, inclusive, of Nevada Revised Statutes otherwise provided." ([NRS 616B.612](#))

4. The State may be liable for the negligent acts of its volunteers who injure third parties.
5. The Attorney General may be responsible for defending a volunteer who is sued in civil proceedings relating to that person's voluntary service.
6. In most cases, the State will be liable, and the volunteer will be entitled to a defense, if the alleged wrongful act of the volunteer was done under the direction and control of the State, in good faith, in furtherance of State business, and within the course and scope of the public duty assumed by the volunteer.

0119 Contract Formation

- A. All services contracts should conform to the form, terms, and conditions set forth in the most current version of the Contract for Services of an Independent Contractor approved by the Attorney General or another contract template approved by the Attorney General or State Purchasing. Forms can be found on the State Purchasing website. The Attorney General or designee must sign each agency contract for services regardless of dollar value, including revenue contracts and those with no cost to the State.
- B. The approved form contracts contain important legal language, including provisions regarding warranties, indemnification, choice of law, and insurance. Deviations from the approved legal terms must be approved by an Attorney General. Deviations from the standard insurance requirements must be reviewed by Risk Management.

0120 Contract Submission

- A. The following procedures should be adhered to when submitting a contract to the Governor's Finance Office (GFO) for Board of Examiners (BOE) consideration.
 1. Contracts should be submitted to GFO by the deadline established by the Clerk and disseminated to agencies via agency memorandums.
 2. Submitted contracts must include a Contract Summary Form. The Contract Summary Form provides GFO and BOE with an accurate description of the contract document and is published with the BOE agenda. All information displayed on the summary form must agree with the contents of the contract. The Contract Summary Form is generated after all the pertinent contract data is entered into the GFO Contract Entry and Tracking System (CETS). Instructions for CETS can be found on the GFO website.
 3. Three copies of the contract must be submitted; each copy must include signatures of the Attorney General or representative, the responsible agency representative, and the contractor. All signature types are acceptable and signature may be met in counterparts. Executed contract distribution is as follows: one copy for the Fiscal Analysis Division of the Legislative Counsel Bureau (LCB); one

copy to be returned to the agency; and one copy for the independent contractor.

4. Access to all contract records, including solicitation documents and proposals shall be maintained by the soliciting agency the life of the contract plus six (6) years, or for a period of time as determined by the soliciting agency records retention schedule, whichever is longer.
5. All contractors must have a Nevada State Business License pursuant to [NRS 353.007](#). All applicable contracts submitted for BOE or Clerk approval must provide satisfactory proof from the Secretary of State's Office (SOS) that the contractors have a current Nevada State Business License (SBL), and if they are a Nevada corporation, LLC, LP, LLP, or LLLP, or non-profit corporation, that their corporation is active and in good standing. If they are a corporation, LLC, LP, LLP, or LLLP, or non-profit corporation based out of state, they must be registered as a foreign equivalent in Nevada, in active status and in good standing. Any business, except non-profit organizations organized pursuant to NRS Chapters 82 Non-Profit Corporations and Chapter 84 Corporations Sole that qualifies for an exemption from the business license requirement must file a notice of exemption which will be on record with the Secretary of State's Office.

0121 Contract Amendments

- A. All contracts requiring Board of Examiners (BOE) review may be amended if such an amendment is deemed to be in the best interest of the State. Amendments include, but are not limited to, additional money or time required to complete the scope of work, any change in the basis of payment for the contract, or any substantive change to the scope of work which would affect the anticipated results of the contract.
- B. Care should be taken not to attempt to amend a contract in a way that expands the scope of services beyond what was contemplated in the original solicitation or award. Scope creep can result in the rejection of a proposed amendment.
- C. An assignment amendment is necessary when a contractor seeks to transfer a contract to a new entity created by a corporate takeover or merger. This allows the State to conduct due diligence, if needed, regarding the new corporate elements seeking to contract with the State. For example, if a contractor working for the State merges with a company on the federal debarment list, the State would deny the assignment and terminate the contract.
- D. An assignment amendment is not necessary when a contractor merely changes its name or transfers a contract to an intra-corporate affiliate. However, the contractor must ensure that Secretary of State business license requirements are still met and that the State Controller's Office has updated information necessary for payments under the contract to be made to the correctly named entity.
- E. BOE review may determine that it is in the best interest of the State to have a new contract with another contractor rather than amend the existing contract with the current contractor.
- F. All amendments must include language that clearly identifies the applicable changes/revisions.
- G. Contract amendments require approval in accordance with SAM 0107. The Clerk, or a designee, may, on behalf of BOE, approve amendments which extend the time of the contract with no additional

money. The Clerk may also approve contract amendments that change the scope of work if such a change is deemed to not adversely affect State interests.

- H. Amendments that propose extending a contract beyond the original term(s) authorized in the procurement require State Purchasing approval in accordance with SAM 0310.
- I. Amendments are submitted to GFO like a contract in accordance with SAM 01200. In addition to the documents required in that section, amendment submissions should include one copy of the contract and any previous amendments.

0200 Travel

[NRS 281.160](#) outlines State statutes regarding travel and subsistence for State officers, board and commission members, contractors, and employees, hereinafter referred to collectively as “employees”. *The State Administrative Manual (SAM) seeks to make travel arrangements equitable statewide and includes requirements for the establishment of internal agency procedures regarding employee travel.*

0204 Board of Examiners Travel Policy

- A. *The Board of Examiners (BOE) establishes that agencies shall follow the Federal Government’s travel policy as administered through the U.S. General Services Administration (GSA).* In accordance with [NRS 281.160\(7\)](#) BOE shall establish the rate of reimbursement employees are entitled to receive while transacting public business. This rate must be the same as the comparable rate established for employees of the Federal Government. ~~However, certain State policies may differ and supersede the established federal guidelines or policy.~~ It is BOE policy that travel should be by the least expensive method available when such factors as total travel time, salary of employee, availability of agency cars or Fleet Services Division cars, and costs of transportation are considered.
- B. [NRS 281.160 \(6\)](#) allows an agency to adopt a rate of reimbursement less than the amounts specified in [NRS 281.160 \(1\)](#) where unusual circumstances make that rate desirable. An agency adopting such rates must submit their proposed policy to BOE for approval. The lesser rates may not be adopted until such approval.
- C. A person employed by an agency that has adopted a lesser reimbursement rate shall be reimbursed in accordance with agency policies.
- D. Employees are eligible for per diem, lodging and/or vehicle rental reimbursements only if they are 50 miles or more from their official duty station, unless the Board of Examiners has approved a policy for a given department that permits travel reimbursements within 50 miles of the assigned duty station.
- E. Advanced planning for travel will allow for the purchase of airline tickets at discounted rates.

0206 Agency Procedures Regarding Travel

- A. Because of the variety of ~~situations faced by State agencies~~ *internal agency process requirements*, it is important for agencies to adopt agency-specific ~~policies~~ *procedures in accordance with SAM 2416*. The Board of Examiners (BOE) instructs all agencies to ~~carefully review travel requirements and to adopt detailed policies consistent with the Board of Examiners’ travel policy and within the legislatively approved travel budget authority.~~ establish procedures regarding agency employees accurately requesting, approving, monitoring, and reporting all travel and per diem. These ~~policies~~ procedures should address, but may not be limited to, the following ~~situations~~:

 - 1. Required forms and instructions for completion of in-state and out-of-state travel requests.
 - 2. Approval processes.
 - 3. Verification for budget authority.
 - 4. Submittal timeframe requirements for both travel requests and travel claims.
 - 5. Estimating compensation while traveling.

6. Travel advances.
7. Procedure exceptions.

0208 Agency Accounting for Travel Expenses

All travel expenses of State employees will be charged to the budget account specifically appropriated or authorized to provide for the employees' salary and/or travel expenses. The director of the department, *or comparable agency head*, paying for the travel must approve exceptions to this rule in advance of the travel.

0210 Travel Status

- A. Employees in travel status shall receive reimbursement that matches the rates established by the General Services Administration (GSA) for the employee's primary destination. Maximum per diem reimbursement rates for lodging, meals, and incidental expenses are established by city/county and vary by season. State employees are directed to the GSA website <http://gsa.gov> and the link "Per Diem Rates" under the "Travel" drop-down menu to locate the ~~most~~ current rates. Employees may receive reimbursement for breakfasts even though continental breakfasts are provided. Employees shall not claim full meals furnished to them during a conference, meeting, or other work function on their reimbursement request. Employees may not claim full meals if a meal is offered as part of a conference, meeting, or other work function even if the employee does not consume the meal offered, except when the department head has approved an exception when the following applies:
 1. Employee has a food allergy and/or dietary restriction that preclude the employee from consuming the provided meal at a conference, meeting or other work function.
 2. If the condition above exists, agencies may allow employee to claim meal reimbursements for any meals provided at a conference, meeting or other work function that may pose a health risk to the employee if consumed.
- B. For out-of-state travel, employees are required to submit a Travel Request for approval prior to making any travel arrangements.
- C. Upon approval of the department head, agencies may make exceptions to the rate of reimbursement for lodging when ~~the following applies~~ *one of the conditions below exist. The agency head shall determine and approve an appropriate rate of reimbursement.*
 1. Lodging is procured at a prearranged place such as a hotel where a meeting, conference or training session is held. ~~;~~ ~~or~~
 2. Costs have escalated because of special events; lodging within prescribed allowances cannot be obtained nearby; and costs to commute to/from the nearby location exceed the cost savings from occupying less expensive lodging.
 3. ~~If the condition(s) above exist, agencies may apply the following rules to the rate of reimbursement for:~~

In-State Travel

4. ~~150% of the standard Continental United States (CONUS) federal per diem rate for non-surveyed~~

~~sites, or~~

~~Out of State Travel~~

- ~~1. 175% of the federal per diem rate for surveyed out-of-state sites, or~~
- ~~2. 1.300% of the standard CONUS federal per diem rate for non-surveyed out-of-state sites.~~

0212 Air Transportation between Las Vegas and Reno

~~State agencies travelling~~ Whenever possible, agencies travelling between Reno and Las Vegas are to **use** ~~the Southwest Airlines corporate Internet booking tool, SWABIZ. State agencies can obtain information about SWABIZ from the State Purchasing Division's website at <http://purchasing.nv.gov/>.~~ utilize statewide contracts for air travel as listed on the State Purchasing website. Due to the fluid nature of the travel industry, changes to State travel programs will be announced to agencies via All Agency Memoranda, as well as postings on the State Purchasing website. *Agencies are encouraged to establish a ghost card/State corporate business account (CBA) pursuant to SAM 0322 for purchase of airfare.*

~~0214 Bonus Flight Points~~

~~Most commercial airlines maintain customer loyalty programs which allow for the accumulation of free bonus flight points to travelers based on miles flown or the amount of the fare as an inducement to travel with that airline. Any bonus flight points or other rewards received by State agencies or State employees as a result of State paid air travel shall, whenever possible, be used by the agency to meet State travel needs.~~

0216 Use of Rental Cars

The Fleet Services Division must be used for all in-state motor vehicle travel when an agency car is not available. Employees should not independently rent vehicles for in-state use; instead, they must utilize the Fleet Services Division. When traveling out-of-state, rental cars are to be rented from the State-contracted companies. Visit the State Purchasing website for the ~~names of these companies and the~~ guidelines on how to access these *statewide* contracts. When renting from statewide contracts, it is not necessary to purchase collision damage waivers, as these protections are already included in the negotiated overriding agreement. Should an employee be required to rent a vehicle outside of these agreements, they should, if possible, rent the vehicle using a State sponsored credit card, which provides coverage for physical damage to the rented car.

0218 Travel Reimbursement

- A. All claims for travel reimbursement to an individual should be filed on a “Travel Expense Reimbursement Claim” (TE) form, as developed by each department. TE forms may not contain claims for expenses associated with travelers other than the traveler indicated on the form, even if the traveler paid for the other travelers’ expenses. All areas of the TE form must be completed, including:
1. start and end times of journey;
 2. destination;

3. purpose of trip;
 4. official duty station; and
 5. authenticated signatures
- B. If applicable, hotel bills noting the employee name, date(s) of stay, and breakdown of costs by day are required for all lodging expenses. ~~If lodging was paid for through a travel website, (Expedia, Travelocity, etc.) the travel website receipt shall accompany the hotel bill.~~—In addition to the reimbursable lodging rates, employees may be reimbursed for lodging taxes and fees. Lodging taxes are limited to the taxes on reimbursable lodging costs. For example, if the maximum lodging rate is \$50 per night, and the traveler elects to stay at a hotel that costs \$100 per night, the traveler can only claim the amount of taxes on \$50 which is the maximum authorized lodging amount. Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the primary destination. Receipts are not required for the M&IE allowance. ~~Pursuant to SAM 0206, the hours and conditions which employees are allowed to claim meals must be included within each agency's travel policy.~~
- C. Employees may be reimbursed for the following:
1. Actual expenses incurred for parking or vehicle storage fees for private automobiles and commercial transportation costs (i.e., *rideshare*, taxi, shuttle, etc.). *Gratuity will be reimbursed for commercial transportation costs up to 20%.* Receipts are required (*scanned copies of original receipts are acceptable*).
 2. Other miscellaneous reimbursable business-related expenses including: *reasonable baggage fees*, use of internet services, computers and other business machines, conference room rentals, and official telephone calls/service. Receipts are required (*scanned copies of original receipts are acceptable*).
 3. Laundry cleaning/pressing services if the employee's official business related hotel stay is four (4) consecutive nights or longer. Receipts are required.
 4. A meal rate approved by the Board of Examiners (BOE) for employees traveling outside the United States, commensurate with U.S. Department of State's meal allowances for foreign cities as listed in the U.S. Department of State publication, Maximum Travel Per Diem Allowance for Foreign Areas. The current foreign per diem rates can be accessed at the [U.S. Department of State website](#).
 5. Using their own personal vehicle for the State's convenience, at the standard mileage reimbursement rate for which a deduction is allowed for travel for federal income tax. The Governor's Finance Office, ~~Budget Division~~, shall issue an All-Agency Memorandum periodically reflecting the current rate in effect at that time.
 6. Using their own personal vehicle for their own convenience at one-half the standard mileage reimbursement rate.
 7. Using ~~his/her~~*their* own personal vehicle for any miles driven in excess of ~~his/her~~*their* normal commute while on official State business. An employee's normal commute is the roundtrip mileage between the employee's residence and their official duty station. *Board members traveling*

on State business can list their duty station as their home address.

8. The standard credit card fee for cash advance transactions is reimbursable by the State to the employee for every authorized advance obtained through the use of an ATM. Said expense should be treated for budgeting purposes as any other travel expense and should be limited to one (1) per authorized trip.
 9. Additional bank ATM facility charges relating to obtaining an authorized advance from an ATM are also reimbursable by the State to the employee, and should be limited to one (1) per authorized trip.
 10. Interest charges incurred due to delays beyond the control of the traveler will be travel expenses reimbursable by the employee's agency.
- D. The claimant's signature on the TE form attests to the accuracy of the claim. A supervisor, manager, or designee must sign the TE form approving the appropriateness of the travel. Travel claims must be submitted within one month of completion of travel unless prohibited by exceptional circumstance. An employee cannot sign as the authorizing signature on any travel voucher made out in ~~his/her~~*their* own name unless that employee is the head of the agency. All TE forms must be retained either by the travelers' agency or fiscal agency if electronic or facsimile copies are used for payment purposes pursuant to SAM 2616 (Supporting Documentation for ~~Expenditures~~*Transactions*).
- E. Alternate documentation and/or procedures which provide at least the level of control described in this section are acceptable, but the documentation must be specified in the agency approved travel policy. For the purposes of this chapter, a fiscal agency is an organization that performs accounting transactions and budgeting functions for a given department, division, agency, or office within the Executive Branch of State government.

0220 Reimbursements for Meals Purchased for Firefighters, Patients, Wards, or Inmates

- A. The Nevada Division of Forestry, when providing firefighters meals per [NRS 472.110](#), may request reimbursement for trips that are directly related to the provision of fire meals for firefighters when the cost of the meal in total is less than or equal to the State per diem rate.
- B. State officers or employees who purchase meals for people in their custody are entitled to reimbursement for the actual cost of such meals, within the limits established for State employees. A receipt for each meal purchased must accompany claims for reimbursement. If an agency sends an unchaperoned or unguarded client to an institution for treatment or care by public conveyance, an employee of the agency may advance an allowance for meals at the same rate allowed State employees. Reimbursement for such advance shall be made upon a regular travel claim, with the receipt waived.
- C. Agencies may, with the approval of the Clerk of the Board of Examiners (Clerk), which is appealable to the Board of Examiners (BOE), set up petty cash accounts to reimburse employees for

meals purchased for firefighters, patients, wards, or inmates. A receipt for each meal purchased must accompany claims for reimbursement to the petty cash account.

0222 Travel Advances from the Agency Budget Account

- A. In the event an advance is not available through the use of the State sponsored credit card, a State employee may be advanced money to cover anticipated travel expenses from the agency budget account at the discretion of the agency or, in the case of a temporary budget restriction, the **Budget Director** *of the Governor's Finance Office (GFO)*.
- B. Only State officers and employees may receive a travel advance. Independent contractors are not eligible to receive travel advances. The agency head, or **his/her/their** designee, must approve employees' written requests. The amount advanced must be justified by the circumstances. Travel advances constitute a lien upon the accrued wages of the requesting employee. (NRS [281.172](#), [281.173](#))
- C. The procedure for obtaining a travel advance through the agency budget is:
 - 1. If the administrative head or **his/her/their** designee approves the request, the agency shall process a voucher for a cash advance for travel in the approved amount in the same manner as other claims against the State are processed.
 - 2. Unless approved by the Budget Division in advance, all cash advances for travel issued by the administrative head or **his/their** designee must be charged to the budget account to which money was appropriated or authorized for expenditure for the travel.
 - 3. If the administrative head or **his/her/their** designee cannot process a cash advance for travel because of a temporary budget restriction, the administrative head may, with the approval of the Budget Division, forward a copy of the request and approval to the State Treasurer.
 - 4. The administrative head or **his/her/their** designee must reconcile cash advances to actual travel taken.

0224 State Sponsored Credit Cards for Official Travel Only

- A. ~~The State Department of Administration~~ State Purchasing has contracted with a provider of credit card services for travel-related expenses. The State sponsored credit card is for official State travel only. ~~The credit cards are for official use only~~, and they should only be used to pay for travel related expenses. Employees must contact their agency designated Travel Card Administrator (TCA) to request approval.
- B. The payment of the credit card bill is the responsibility of the individual to whom the card is issued and payment in full is due monthly. ~~It is the State agency's responsibility to monitor employees' credit card activity on a monthly basis.~~ *The agency is responsible for monitoring employees' credit card activity monthly. If a State sponsored credit card bill is not paid timely, [NRS 281.1745](#) authorizes the State to withhold from an employee's paycheck the amount required to pay any delinquent balance.*

- C. Information regarding the State sponsored credit card program can be found ~~on the Purchasing Division's website under the "Credit Card Programs" link within the "State Contracts" section~~ in SAM 0322 and on the State Purchasing website.

0226 Claims and Payments When Credit Cards Have Been Used

- A. When an employee who has used a State sponsored credit card for State travel expenses submits a claim for reimbursable expenses, ~~all agencies~~ *the employee's agency* must process the claim timely to preclude the employee from incurring an interest charge on the credit card account. *In order to process a claim timely, the traveler should* ~~Claims must be filed by the claim traveler~~ within five days after returning from travel status. The employee's agency should take no more than ~~two~~ *five business working* days to process the claim.
- B. Whenever an employee uses a State sponsored credit card for authorized cash advances and/or travel expenses and the receipt of ~~his/her~~ *their* travel reimbursement may be delayed more than five working days after the date of the initial submission of the travel reimbursement claim, the administrative head or ~~his/her~~ *their* designee may issue to the employee, for payment to the issuer of that credit card, a cash advance in the amount of the total travel expenses charged on the State sponsored credit card.

~~Payment of the credit card bill is the responsibility of the employee to whom the credit card has been issued and payment is due in full monthly. If a State sponsored credit card bill is not paid timely, NRS 281.1745 authorizes the State to withhold from an employee's paycheck the amount required to pay any delinquent balance.~~

0228 Disposition of State Sponsored Credit Cards upon Employee's Change of Employment Status

When an employee who has been issued a credit card for official State travel expenses transfers to a different agency or leaves State service, the employee's agency Travel Card Administrator shall suspend the card within 5 days and cancel the card after the current statement cycle. If the employee is moving to a new agency, rather than leaving State service altogether, it is at the discretion of the employee's new agency to determine if a travel card will be required in their new position.

0230 Travel & Moving Expenses on Transfer or Hire of Employee

- A. [NRS 281.167](#) defines State minimum requirements for authorizing reimbursement of travel and moving expenses with regard to the transfer or hire of State employees. All requests for payment of travel expenses, subsistence allowances and moving expenses must be submitted to the Clerk of the Board of Examiners (Clerk) before obligations are incurred. *The Clerk will approve or deny and return the request to the agency within ten (10) days.* An estimate of costs to be incurred must be provided with the request and include the following, at a minimum:
1. A listing of the individual (s) being considered for reimbursement.
 2. An explanation of the purpose of the reimbursement including:
 - a. For new hires, ~~A~~ *an* explanation detailing the position's critical need and why this need cannot

- otherwise be filled.
- b. For transfers, one of two criteria must be met:
 - i. An explanation of how the transfer is for the convenience of the State and not for the convenience of the employee; or
 - ii. An explanation of the critical need being met by the transfer, including an explanation of why this need cannot otherwise be filled.
 - 3. The dates the obligations will be incurred.
 - 4. A detailed estimate of the total expenses including an itemization of travel costs, per diem rates and moving expenses.

- B. ~~Upon approval by the Clerk of the Board, e~~ Claims are submitted for payment in the same manner as other travel claims against the State ~~from the agency's funds~~ and must include a copy of the approved request *along with supporting* ~~R~~ receipts ~~must support for~~ all moving expense reimbursements. Agencies must ensure that funds are available within their existing budgets.

0232 Moving Expense Reimbursement Eligibility

To be eligible for reimbursement, the following conditions must be met:

- A. The transferring or hiring agency head must approve moving reimbursement, or in the case of a permanent employee who is transferring between agencies, the head of the agency, board or commission accepting the employee.
- B. The payment of moving expenses must be justified. For transfers, it must be less expensive for the agency to pay moving expenses than to pay the employee per diem and travel expenses for new duty station assignments of short duration.
- C. The relocation must occur within six months of transfer or appointment.
- D. Except for people newly hired due to critical need, the employee must have achieved permanent status within the agency, thus being permanent to the agency rather than permanent in position classification.
- E. Where citing “convenience of the State” as justification for the transfer or hire pursuant to SAM 0238, the agency must show that the transfer is for the convenience of the State and not for the convenience of the individual.
- F. The move must be for more than fifty (50) miles between duty station or home address, whichever is less.
- G. Subject to all other conditions of eligibility, the State may, on behalf of those current State employees with demonstrated financial hardship, pay a vendor directly for moving expenses incurred. For example, the State may pay the common carrier directly for moving household goods in lieu of reimbursement to the employee. All requests for a direct payment to a vendor shall be submitted as part of the request for payment to the Clerk of the Board of Examiners (Clerk) before obligations are incurred.

H. Departments must have policies related to allowances for moving household goods by common carrier, rental truck or trailer, and mobile home.

~~I.—An agency may, with the approval of the Board of Examiners, establish a rate of reimbursement less than the amounts specified in 0248 and 0250 for per diem and mileage for moving.~~

0234 Per Diem and Subsistence Allowances for Moving

~~A.—Allowable per diem and subsistence allowances:~~

- ~~1.A. Per diem~~ will be paid for the actual days in transit not to exceed six (6) days. The employee may elect to utilize a portion of the total day allocation to locate suitable housing before the move, with prior approval from the agency head.
- B. Per diem and mileage rates allowable for location of housing will only apply to the employee and spouse and will be reimbursed at the established in-State rates.
- C. Allowable per diem shall be equal to regular travel status for the employee and family members.
- D. Allowable lodging will be approved as follows:
 1. For the employee: Established in-State rates per the GSA schedule.
 2. For the spouse: Three-fourths (3/4) of the amount allowed the employee up to the actual.
 3. For each additional member of the family: Age twelve or over, three fourths (3/4) of the employee allowance up to the actual; under age twelve, one-half (1/2) of the employee allowance up to the actual.
- E. Receipts are required for lodging if the family accompanies the employee.

0236 Mileage Allowance for Moving

In addition to the allowances for moving household goods, an agency may pay one-way personal vehicle mileage from the old to the new place of residence for a maximum of two personal vehicles. The actual miles travelled are reimbursable at the rate established by the General Services Administration (GSA) for relocation.

0238 Interview Expenses

- A. [NRS 281.169](#) allows an agency to pay for the travel and per diem expenses of the three most highly rated applicants, for a permanent position with that agency, incurred while those applicants interview for that position. All requests for travel and per diem expenses must be submitted to the Clerk of the Board of Examiners (Clerk) before obligations are incurred. An estimate of the costs to be incurred must be included with the request and include:
 1. A list of the individual(s) being considered for reimbursement;
 2. The purpose of the reimbursement;
 3. The dates the obligations will be incurred; and

4. A detailed estimate of the total expenses including an itemization of travel costs and per diem rates.
- B. Upon Board of Examiners (BOE) approval, claims are submitted for payment in the same manner as other travel claims and must include a copy of the approved request. Agencies must ensure that funds are available within their existing budgets.
 - C. No reimbursement may be made to an applicant who has been offered the position and declined.

0300 Procurement: Contracts and Purchasing

0301 Introduction

- A. The State Purchasing Act ([NRS 333](#)) governs most purchasing by State executive branch agencies. Unless specifically exempted by statute, all goods and service procurement and contracting actions are subject to [Chapter 333](#). The Nevada State Purchasing Division of the Department of Administration (State Purchasing) is responsible for implementing the provisions of [Chapter 333](#). Pursuant to [NRS 333.140](#), State Purchasing pursues a policy of obtaining best value for the State.
- B. In addition to the requirements of SAM 0300, contracts for services of independent contractor obtained through [Chapter 333](#) are subject to approval by the Board of Examiners (BOE) as described in SAM 0100.
- C. Professional licensing boards and commissions are included in the [Chapter 333](#) definition of Using Agencies; even boards and commissions that do not process funds through the *State's accounting system* ~~Integrated Financial System (IFS)~~ are required to comply with all provisions of [NRS 333](#), [NAC 333](#), and this manual regarding procurement, contracting, and inventory.
- D. Construction contracts for new construction, repair, or reconstruction are considered public works. More information on public works contracts can be found in SAM 1900. Contracts for normal operation of a public body or normal property maintenance are service contracts subject to SAM 0305.
- E. Information about State Purchasing process and procedures, including forms and templates, can be found on the State Purchasing website at <https://purchasing.nv.gov>.

0302 Spending Federal Money

- A. Nevada law dictates that procurement policies apply regardless of the source of the funds. Federal law generally requires federal money sent to a state to be spent in accordance with the procurement policies of that state. See, for example, 2 CFR 200.317.
- B. When procuring directly with federal money or other grant funds, the agency is expected to follow the same procurement policies and procedures as it does for any other purchase, with any specific federal requirements added to State policies and processes.
- C. There ~~are subtle~~, technical differences between a vendor with a contract and a subrecipient with a subgrant *which* need to be carefully examined. ~~with the help of a grant expert and legal counsel.~~ Typically, a subrecipient is a governmental entity or non-profit organization that uses funds to carry out a program *on behalf of* ~~for~~ the awarding agency, ~~whereas and~~ a vendor/contractor provides goods or services to an agency or their clients. If you are unsure whether a project requires a contract or a subgrant, ~~elicit~~ *with the help of a grant expert and legal counsel*, ~~or~~ contact the Governor's Office of Federal Assistance (OFA) for guidance pursuant to SAM 3000.

0303 Certified Contract Managers

- A. It is the responsibility of each agency to understand and comply with State procurement and contracting requirements. To assist agencies with fulfilling this requirement, State Purchasing offers training on purchasing policies and procedures, called the Nevada Certified Contract Management (NVCCM) course. The NVCCM is offered free to all public employees in Nevada, *including not just* State employees and officers, ~~but also~~ local governments, Nevada System of Higher Education staff, and the legislative and judicial branches ~~as well~~. ~~Initial certification lasts for two years,~~ ~~‡~~Recertification is required every two years.
- B. Those who successfully complete the NVCCM course become a Certified Contract Manager (CCM). Any staff can become a CCM, and State Purchasing encourages everyone to consider certification, but not every CCM will personally participate in the procurement process.
- C. Each agency is required to identify an internal, professional level position (occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge) to serve as their primary Certified Contract Manager (CCM). The role of primary CCM should be included as part of job description. The primary CCM is responsible for ensuring agency compliance with the NRS, NAC, and this State Administrative Manual (SAM) about purchasing and contracting policies and processes.
- D. Each agency head is responsible for designating the primary CCM and notifying State Purchasing if the primary CCM has been replaced. Until the agency head appoints a primary CCM, the agency head is ex officio the primary CCM.
- E. The primary CCM or a designee CCM must review and approve each agency contract prior to submission to the Governor's Finance Office (GFO) pursuant to SAM 0107.
- F. All formal solicitations must be conducted by a CCM, and State Purchasing encourages agencies to have a CCM perform all contracting and procurement actions.

0304 Special Approvals

The following procurements require prior approval from certain agencies before any order or solicitation.

- A. New or used ~~passenger~~ vehicles, ~~light trucks and vans~~ require Board of Examiners (BOE) approval. *For the purposes of this section, a "vehicle" is any wheeled apparatus that would generally require a license plate, all-terrain vehicles (ATV), utility task vehicles (UTV), side-by-sides, aircraft, watercraft, and heavy equipment.* Agencies shall refer to SAM 1300 on policies for State Vehicles.
- B. Information Technology projects with combined goods and services require review and approval pursuant to SAM 1600.
- C. Computers, laptops, file servers, software and information systems require preapproval pursuant to SAM 1600.
- D. Telecommunications equipment requires preapproval pursuant to SAM 1600.
- E. Contracts that include credit card payment processing require preapproval from the State Treasurer's Office and possibly the Board of Finance (BOF).

- F. Occasionally agencies have a need to evaluate a piece of equipment before it is purchased. These try and buy acquisitions must be approved in writing by State Purchasing prior to the evaluation period.

0305 Competition Requirements

- A. Agencies are generally encouraged to procure under existing contracts before conducting separate competition and contract.
- B. The determination of what type of procurement is appropriate partially depends on the estimated project value. The estimated project value of a contract is the total potential revenue and/or expense to the State and partners, customers, and clients. The source of the funds makes no difference, whether collected from customers or clients as a fee, part of a grant, or a general fund appropriation.
1. When the State will pay the vendor, the total project value is the total amount that may be paid to a vendor over the life of the contract.
 2. When the vendor will pay the State, the total project value is the total amount that may be earned over the life of the contract.
 3. When the contract includes both revenue and expense, the total project value is the absolute value of projected revenue plus expected expense, not net value of one subtracted from the other. For example, on contracts where the vendor provides a service paid for by customer facing fees, the project value includes those fees as revenue earned by the State and funds expended by the State: *(e.g., \$20,000 in vendor collected fees and \$20,000 in expenditures* spent supporting the vendor system is a project with a value of \$40,000 not a value of \$0.
- C. The following dollar limits apply when conducting competition as part of a proposed purchase.
1. All purchases of goods worth less than \$5,000 or services worth less than \$25,000 may be made by agencies after an informal process. See SAM 0313.
 2. Purchases of goods valued at more than \$5,000, but less than \$50,000 require review by State Purchasing after an informal process. See SAM 03130.
 3. Purchases of goods of \$50,000 or more must be made by State Purchasing using a formal solicitation process. See SAM 0318 or SAM 03190.
 4. Purchases of services of at least \$25,000 but less than \$100,000 must be made using a formal solicitation process. An agency may choose to conduct this formal solicitation itself or ask State Purchasing to conduct the formal solicitation. See SAM 03190.
 5. Purchases of services of \$100,000 or more must be made by State Purchasing using a formal solicitation process. See SAM 03190.
- D. When goods and services are combined, the purchase shall be treated as a contract for services. This requirement helps prevent the problem of splitting goods and services to circumvent the required approvals based on dollar thresholds.

- E. It is the Board of Examiners (BOE) general policy that service contracts be solicited every four years. However, there are often valid reasons for entering into a longer or shorter contract and an agency may request a different term. State Purchasing makes the final determination on the length of a proposed contract term and/or inclusion of option years that will yield best value for the State.
- F. State Purchasing shall authorize contracts for leasing equipment unless otherwise specifically provided by law. ([NRS 333.150](#)) Agencies must contact State Purchasing prior to any rental, lease or time pay agreements for any supplies, material or equipment that are not available on an existing statewide contract. No rental or lease agreements may be signed without approval of State Purchasing, except for short-term rentals not exceeding \$5,000. Agencies are responsible for ensuring staff operating rented equipment are appropriately qualified.
- G. Questions regarding solicitation requirements should be addressed to State Purchasing.

0306 Emergency Purchases

- A. Emergency purchases may be made as needed to address a disaster or emergency as declared by the Governor pursuant to [NRS 414.0335](#) or [NRS 414.0345](#).
- B. The Purchasing Administrator may authorize an emergency purchase in any situation the Purchasing Administrator identifies as a threat to the health, safety, or welfare of persons or wildlife in the State. ([NAC 333.114](#)) Agencies shall obtain Purchasing Administrator approval prior to initiating these emergency purchases, if possible.
- C. Emergency purchases may also be made to protect human life or public property. Purchases to protect human life or public property may be made without prior authorization from State Purchasing. Such purchases must be reported to State Purchasing no later than the next business day to obtain post facto emergency purchase authorization.
- D. Authorized emergency purchases are exempt from formal competition; however, agencies are still expected to conduct informal competition to the extent practicable. ([NRS 333.300\(4\)](#))
- E. Emergency contracts for services still require Governor's Finance Office (GFO) submission for Board of Examiners (BOE) approval pursuant to SAM 0107. A retroactive memorandum is required pursuant to SAM 0114 if the nature of the emergency requires the vendor to start work prior to approval.

0307 Preferred Purchase Program

- A. The Preferred Purchase Program, administered by State Purchasing, allows agencies to contract with approved non-profit groups whose primary purpose is to train and employ individuals with disabilities to provide a wide range of services including janitorial services, mailing services, package and assembly, sewing, production of promotional materials, poly bagging, shrink wrapping, document imaging, and document destruction. ([NRS 334.025](#))

- B. Contracts with organizations authorized through Preferred Purchase Program are exempt from competition normally required by SAM 03050. Preferred Purchase Program contracts require Governor's Finance Office (GFO) submission for Board of Examiners (BOE) approval pursuant to SAM 0107. Additional information about the Preferred Purchase Program is available at: <http://preferredpurchase.nv.gov/>.

0308 Statewide Contracts

- A. The easiest way to make a purchase is to use an existing statewide contract. Statewide contracts (SWC) are contracts executed by State Purchasing for the collective benefit of two or more agencies (formally known as good of the State contracts and/or master service agreements). Instructions for use and information about statewide contracts available for use by State agencies and other governmental entities are available on the State Purchasing website. For State agencies, statewide contracts can be mandatory, meaning use is required, or permissive, meaning use is optional. ([NRS 333.160](#)) Specific exemptions to mandatory contracts can be considered by the Purchasing Administrator on a case-by-case basis.
- B. The process for using each statewide contract is on the State Purchasing website. Many purchases from statewide contracts can be made with only a Purchase Order from the electronic procurement system according to SAM 03230 or via procurement card (PCard) according to SAM 03220, however projects that include professional services may require a service agreement.
- C. A service agreement is used to document the specific project scope of work and terms and conditions for purchases under statewide contracts that include services of independent contractor. The service agreement template is available on the State Purchasing website. The State Purchasing website also has statewide contract instructions for use, including whether Governor's Finance Office (GFO) submission for Board of Examiners (BOE) approval is required pursuant to SAM 0107.

0309 Direct Client Services

- A. Direct client services (DCS) contracts (formerly known as provider agreements) are contracts where the State pays a vendor to provide a service to a client third party, and that third party or their representative has input in provider selection. DCS contracts are frequently used by the Department of Employment, Training and Rehabilitation (DETR) and the Department of Health and Human Services (DHHS), among other agencies, to provide certain services directly to clients.
- B. State Purchasing facilitates an ongoing, rolling award, Request for Qualifications (RFQ) to identify and contract with qualified providers of direct client services (DCS). Qualified service and treatment providers submit a response to the RFQ, and if determined qualified, receive a DCS contract for a defined term.
- C. DCS contracts are intended to provide choice to the client whenever possible. The State does not competitively award DCS contracts, but rather seeks to award contracts to all qualified vendors to maximize client choice. If an agency is unsure whether a service meets the definition of DCS or should be competitively solicited, they should contact State Purchasing.

- D. To utilize a DCS contract, the agency must complete a written service agreement and process it through the electronic procurement system as described on the State Purchasing website. Statewide DCS contracts are submitted to the Governor's Finance Office (GFO) and Board of Examiners (BOE) approved upon execution to comply with SAM 0107. DCS service agreements do not require submission to GFO or additional approval by BOE.

0310 Contract Extension

- A. Contracts are for a fixed term, and in most circumstances the State expects to conduct renewed competition pursuant to SAM 03050 for a new contract if services are still needed beyond the intended expiration. Occasionally, contracts include optional extensions as part of the intended term and enacting an included extension does not require separate authorization from State Purchasing.
- B. In situations where an intended contract term is near completion, and the agency feels it would be in the best interest of the State to amend a contract, the agency can request written authorization from State Purchasing to waive competition normally required by SAM0 0305 to allow for a contract amendment extending the contract term.
- C. The Contract Extension Justification Request form can be found on the State Purchasing website. A contract extension request must be approved by the agency head or designee prior to submission by a CCM to State Purchasing for consideration.
- D. Amendments to contracts for services authorized via contract extension justification request require Board of Examiners (BOE) approval pursuant to SAM 0107 following the amendment process in SAM 0121.

0311 Use of Another Governmental Solicitation

- A. When the purchasing needs of multiple agencies align, State Purchasing considers a statewide contract as listed in SAM 03080, but there are also circumstances where an agency need does not rise to the level of statewide contract, but may align with a different governmental entity. In these situations, State Purchasing has the authority to enter into a contract pursuant to solicitation for bid or proposal by other governmental entities pursuant to [NRS 333.475](#) and contracts awarded by the General Services Administration (GSA) or other federal agencies pursuant to [NRS 333.480](#).
- B. The Request to Use Another Governmental Solicitation form can be found on the State Purchasing website. A Request to Use Another Governmental Solicitation must be approved by the agency head or designee prior to submission by a CCM to State Purchasing for consideration. Additionally, the Deputy Attorney General representing the agency shall review the project scope of work from the original solicitation to ensure the projects are substantially similar.
- C. State Purchasing has a duty to review the original solicitation and ensure it is conducted in an open and competitive manner like processes and procedures used by State Purchasing.
- D. Contracts for services authorized via another governmental solicitation require Board of Examiners (BOE) approval pursuant to SAM 0107 and SAM 0113.

0312 Solicitation Waiver

- A. In exceptional circumstances pursuant to [NAC 333.150](#), the Purchasing Administrator may grant a solicitation waiver, authorizing an agency to proceed with a contract for services without competition normally required by SAM 03050.
- B. The Solicitation Waiver Request form can be found on the State Purchasing website. A Solicitation Waiver Request must be approved by the agency head or designee prior to submission by a CCM to State Purchasing for consideration.
- C. Contracts for services authorized via solicitation waiver require Board of Examiners (BOE) approval pursuant to SAM 0107 and SAM 0113.

0313 Informal Solicitation

- A. Informal solicitation is a competition method for purchases below formal solicitation thresholds described in SAM 03050. Agencies may obtain a template for an informal solicitation from the State Purchasing website, however use of the template is not required.
- B. Informal solicitation requires an agency to attempt to obtain at least three quotes with documentation and provide an award justification. Below are some general guidelines for what should be included; however, this is only a recommendation. Informal solicitation is by definition informal, and the actual process can vary provided the intent is to document an agency attempt to get competition prior to making a purchase to ensure best value.
 - 1. In writing. Provide the same information to all prospective vendors at the same time.
 - 2. Defined award plan. Inform prospective vendors how award will be made—either low price or providing evaluation criteria.
 - 3. Contract terms and conditions. Provide required insurance and contract terms for review and acceptance as part of the solicitation.
 - 4. Submission instructions. Inform prospective vendors when and how to submit a response to be considered for award.
- C. After informal solicitation is complete and a vendor is selected, the method for purchase varies based on what is being purchased. Contracts for services may require Governor’s Finance Office (GFO) submission and Board of Examiners (BOE) approval pursuant to SAM 0107. Contracts for goods are generally a purchase order pursuant to SAM 03230.

0314 Software Agreements

- A. With rare exceptions, software is an ongoing purchase commitment—either purchasing a perpetual software license and then ongoing maintenance and support costs, purchasing annual licensing, or as-a-service where licensing, maintenance and support are combined. In each method, the State maintains a long-term relationship with a vendor, and the vendor is responsible for contract compliance on an ongoing basis.

- B. Purchasing through a statewide contract allows for commodification of software licensing, for either perpetual or annual licensing models. Software licensing purchased through a statewide contract can generally be considered a goods purchase, made on a Purchase Order or PCard, if the purchase is for standard products similarly available to all customers.
- C. Software when combined with professional services, including onsite implementation, training, customization, or consulting, is a service project requiring approval pursuant to SAM 0107. Software related service projects from statewide contracts require a service agreement. Software related service projects not from statewide contract require normal competition and contract like any other service.
- D. It is possible for acquisition of software outside an existing contract to be deemed a purchase of a goods if: (1) the software is being purchased off the shelf with no vendor customizations; and (2) it is a one-time expenditure with no need for ongoing license or maintenance payments. The final determination as to whether a particular software purchase is treated as a good or a service for purposes of compliance with [Chapter 333](#) is made by the Purchasing Administrator.
- E. Software agreements present one of the greatest potential threats to the State because of the possibility of the introduction of malicious code and potential for liability resulting from loss or exposure of data, including Personal Identifying Information (PII). Agencies should work closely with their Deputy Attorneys General and information security officer to ensure that software and other information technology agreements protect the State in the event of a data breach.

0315 Training

- A. Training of State employees or those representing the State at an offsite location, like a conference registration or registering for a publicly offered training, is considered a purchase of goods and can be made via PCard, Purchase Order, or travel request. Offsite training does not require a standard form contract or Governor's Finance Office (GFO) submission for Board of Examiners (BOE) approval and can be processed direct by the agency regardless of dollar value.
- B. Onsite training, including at alternate locations temporarily occupied by the State and conferences an agency is hosting, shall follow the normal services contracting process.
- C. Whether onsite or offsite, training is not exempt from competition requirements, however, there may be situations where training is unique or specific to the point that competition is not practicable. Non-competitive offsite training purchases require written justification from the head of the agency. Onsite training requires the same competition or approval for non-competitive purchase as other service contracts.

0316 Real Property Repair and Maintenance

- A. All contracts for repair or maintenance of public property require use of a licensed contractor. Contractors, as defined by [NRS 624](#), must be licensed before they can submit a bid or proposal on any minor remodeling, repair and maintenance work, pursuant to [NRS 624.700](#) unless specifically exempt under [NRS 624.031](#). Major construction or repairs with an estimated value over \$100,000 are the authority of the State Public Works Division pursuant to SAM 1900. Where the building is under control of the Buildings and Grounds Section of the State Public Works Division, see SAM 1004.

- B. Pursuant to [NRS 338.011](#), normal operations and maintenance of a property follows standard contracting requirements. Contracts for ongoing maintenance require competition in accordance with SAM 03050 and approval in accordance with SAM 0107.
- C. Contracts for one-time, non-structural minor remodeling or repair work require are governed by [NRS 338.13862](#) rather than [NRS 333](#). Contracts for one time repair or maintenance require approval in accordance with SAM 0107 and informal competition as described below.
 - 1. All project requirements and specifications must be provided in writing to at least three licensed contractors.
 - a. Award must be made to the lowest responsible bidder based on a firm-fixed-price.
 - b. If no bids are received, the agency may resolicit or move to negotiations with a licensed contractor on a time and materials basis.
 - 2. If a general contractor has been awarded a contract, each of their subcontractors who will perform work on the contract that exceeds \$50,000 or 1 percent of the proposed project, whichever amount is greater, shall be required to furnish a bond in an amount to be fixed by the State Public Works Division as required by [NRS 339.025](#).
- D. The State Public Works Division can assist agencies in drafting specifications and bid proposals, evaluating bids, and preparing contracts.

0317 Equipment Repair and Maintenance

- A. Contracts for repair and maintenance of equipment, including motor vehicles and other large equipment, are subject to the same rules as other contracts. Agencies are encouraged to prepare, by soliciting and awarding ongoing contracts for maintenance and repair of any equipment vital to agency operations. However, sometimes circumstances necessitate contracts for one-time equipment repairs. Contracts for equipment repair and maintenance require competition in accordance with SAM 0305 and approval in accordance with SAM 0107, with the exception that warranty work performed at no cost requires no approval.
- B. Agencies authorizing repairs on State property are required to verify that the contractor maintains insurance as required by Risk Management prior to start of work.

0318 Invitations to Bid

- A. Invitations to Bid (ITB) are a formal competition method for purchases based on thresholds in SAM 03050. All ITB are offered by State Purchasing in compliance with [Chapter 333](#). ITB are awarded to the lowest responsible bidder. State Purchasing offers all ITB through the electronic procurement system.
- B. ITB are generally used to solicit for large one-time purchases and for contracts to provide as-needed ongoing purchases of supplies, materials, and/or equipment by a single agency. Ongoing contracts, also called open term contracts (OTC), are solicited for an initial period of two years. If an agency

estimated need over a two-year term exceeds the formal solicitation threshold in SAM 03050, contact State Purchasing to conduct an ITB for an OTC. Needs that exist across multiple agencies are generally met through statewide contracts, see SAM 03080, rather than an ITB for an OTC.

- C. When requesting a purchase via ITB, agencies must specifically describe requested items to ensure prospective vendors are provided accurate and complete information. Agencies should provide State Purchasing with whatever information is necessary to obtain the desired type, color, size, shape, or special characteristic necessary to perform the work intended or produce the desired results.
- D. Agencies must avoid the use of standards that would unnecessarily restrict and diminish competition. The purpose of an ITB process is to allow the State to benefit from competition. An agency may make a "no substitute" request for a specific brand of an item; however, such a request must be made in writing and must prove that only the requested brand will meet agency needs. The Purchasing Administrator makes the final decision regarding a "no substitute" request.

0319 Requests for Proposals

- A. Requests for Proposals (RFP) are a formal competition method for purchases according to thresholds described in SAM 03050. RFP are awarded to the highest scoring proposal based on the evaluation factors and relative weights provided.
- B. All RFP must be offered through the electronic procurement system. Use of the electronic procurement system helps ensure compliance with the following.
 - 1. Advertising requirements of [NRS 333.310](#).
 - 2. Online bidding requirements of [NRS 333.313](#).
 - 3. Notice of Intent process requirements of [NAC 333.170](#).
 - 4. Notice of Award process requirements of [NAC 333.170](#).
 - 5. Appeal process requirements of [NRS 333.370](#).
 - 6. Public records requirements of [NAC 333.185](#).
- C. RFP is the primary method of solicitation for contracts for services and/or contracts for combined goods and services. Agencies are required by [NAC 333.150](#) to use RFP for agency led solicitations. State Purchasing often uses RFP for solicitations it conducts, but may also use other solicitation methods like Request for Qualifications (RFQ), Invitation to Negotiate (ITN), Competitive Proof of Concept (CPC), or other similar processes as authorized by the Purchasing Administrator.
- D. Depending on the estimated project value or written authorization from State Purchasing, RFP may be facilitated by State Purchasing or by an agency Certified Contract Manager (CCM). Agencies must use the approved RFP template or request a State Purchasing facilitated project with an RFP development from, both of which may be obtained from the State Purchasing website.
- E. For every formal solicitation, the State must identify a single point of contact pursuant to [NAC 333.155](#). The single point of contact must be a CCM pursuant to SAM 0303.
- F. Prior to an RFP being released, the evaluation committee, evaluation factors, and relative weights of those factors must be determined and approved. Approval for agency led solicitations must be from the agency head or designee and State Purchasing approves solicitations they lead. The RFP must

provide the evaluation factors and relative weights to prospective vendors. Details on the composition of evaluation committees can be found at [NRS 333.335\(2\)](#) and [NAC 333.162](#).

- G. Agencies are encouraged to present a draft scope of work and RFP to their Deputy Attorney General for review prior to release. It is also useful to have a purchasing officer from State Purchasing review the RFP to make sure solicitation requirements are met.
- H. RFP must include insurance requirements obtained from Risk Management. See SAM 0516.
- I. The State should allow for at least one question and answer period within the RFP timeline. The agency must receive all questions in writing and respond to all questions in writing via amendment to the RFP.
- J. An RFP opening is public; however, the only information available is the names of proposing vendors. Submitted information is confidential and shall only be shared with authorized individuals who have agreed to confidentiality until award.
- K. Evaluation committee members agree to participate using the memo available from the State Purchasing website. Evaluators score each technical proposal individually, giving a score for each evaluation criteria listed in the RFP. After individual scoring is complete the single point of contact holds an evaluation committee meeting for discussion of technical proposals and finalizing scoring. Cost proposals are generally evaluated quantitatively, using a formula to determine relative scores. On larger projects, the RFP may include additional rounds of scoring for presentations, demonstrations, and/or best and final offers.
- L. Once evaluation scoring is complete, the individual scores are averaged together for an overall ranking, and the highest ranked vendor(s) identified. A Notice of Intent to Award (NOI) is issued through the electronic procurement system, notifying all proposers of the vendor(s) offered the opportunity to negotiate a final contract.
- M. Following successful negotiations, a contract is drafted which incorporates the State solicitation (RFP), the vendor proposal and any written negotiated or clarified items. Agency policy determines the order that signatures on the contract are obtained. A contract that has been signed by the agency assigned Deputy Attorney General, the awarded vendor and the agency head is considered ready for award.
- N. When a contract has been agreed to, a Notice of Award (NOA) is issued through the electronic procurement system pursuant to [NAC 333.170](#). The NOA must identify the proposal selected and the anticipated contract value, must state that the appeal period pursuant to [NRS 333.370](#) has commenced, and must state the contract is not effective until approved by BOE.
- O. Pursuant to [NRS 333.335](#) and [NAC 333.185](#), all information pertaining to a formal solicitation becomes public upon NOA release. Vendor proposals, including unsuccessful proposals, and evaluation scoring become available to vendors through the electronic procurement system at this time.
- P. Pursuant to SAM 0107, awarded contracts usually require Governor's Finance Office (GFO) submission for Board of Examiners (BOE) approval prior to final contract execution.

0320 Circumvention

- A. Circumvention is any agency action taken with perceived intention of trying to *avoid* exploit or undermine the purchasing and contracting requirements.
- B. Exemption from Board of Examiners (BOE) policies in SAM 0100 is not the same as exemption from State Purchasing requirements of SAM 0300 and vice versa. When entering a contract, both requirements must be met; agencies are legally obligated to comply with all Governor's Finance Office (GFO) submission and BOE approval requirements and all State Purchasing solicitation requirements.
- C. Purchases shall not be made contrary to requirements set forth in statute, regulation, or SAM, nor shall purchases be made in such a manner as to circumvent the intent of these requirements, nor shall related or similar items be purchased separately by splitting purchases or series of smaller purchases as a device to avoid requirements.
- D. State procurement law and policy exists to ensure the State takes due care in expending public funds with private organizations. Compliance with the law is about intent. Corruption and maleficence can occur within the letter of the law while violating the spirit and intent. All public employees have an ethical duty to act with integrity. If an employee or officer has concerns about an action taken or under consideration, they are encouraged to report it to the Division of Internal Audits (DIA) of the Governor's Finance Office (GFO).
- E. Any purchase and any contract for the purchase of any goods or services made or entered into by any State officer, department, institution, board, commission, or agency contrary to the provisions of the Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), and this State Administrative Manual (SAM) shall be void. The agency head and the employee who actually made such purchase or entered into such contract shall be personally liable for the cost of any such purchase. ([NRS 333.810](#))
- F. Violating Nevada law is grounds for an audit finding, potential employee discipline, and potential individual liability for the contract amount. Additionally, federal law usually requires federal dollars to be spent in compliance with State procurement law, and failure to comply with Nevada procurement law can cause purchases to be disallowed and become the responsibility of the State.

0321 Post-Award Contract Management

- A. Contract award and execution is not the end of agency responsibilities; it is the beginning. Once approved, contracts must be actively managed to make sure the State is getting what is promised in the contract.
- B. A Certified Contract Manager (CCM), pursuant to SAM 0303, shall be identified as the point of contact for each active contract or service agreement.
- C. At a minimum, active contract management includes monitoring vendor performance, tracking required licensure and insurance, and processing contract amendments.

- D. Agencies shall maintain contract logs for all agency contracts and service agreements, whether on paper or in a software system. Each contract log sheet should include agency, vendor, approved contract authority, approved budget and category authority (initial contract and all amendments), contract beginning and ending dates, and total contract value. Each order and payment should be recorded on the log, with the associated document number(s) and a declining balance. Contract amendments pursuant to SAM 01210 may require submitting the contract log to the Governor's Finance Office (GFO).

0322 State Credit Card Programs

- A. State Purchasing maintains mandatory statewide contracts for credit card programs and merchant accounts. Information and guidelines governing each program can be found on the State Purchasing website. Agencies shall not establish credit accounts with other merchants or credit providers.
- B. To participate in a credit card program, the agency must establish internal controls pursuant to SAM 2416. Agency internal controls must be submitted to the Division of Internal Audits (DIA) of the Governor's Finance Office (GFO) for review and approval.
- C. CREDIT CARD PROGRAM TYPES.
1. PCARD / PROCUREMENT CARD. A Procurement Card or PCard, is a credit card for payment of claims outside the State's *accounting system*—~~Integrated Financial System (IFS)~~, with consolidated monthly billing to the agency that must be paid in full. A PCard is a method of payment, not a method of procurement. Purchases made with a PCard still require compliance with SAM 0300 generally for competition and contract. Agency internal controls may authorize certain purchases without a Purchase Order normally required by SAM 0323 if paying via PCard.
 2. TRAVEL CARD / STAFF INDIVIDUAL LIABILITY ACCOUNT (ILA). An ILA/Travel Card is a credit card for use by an individual employee or officer for expenses related to official State travel. Travel Card use is further described in SAM 0200 generally.
 3. GHOST CARD / STATE CORPORATE BUSINESS ACCOUNT (CBA). A CBA/Ghost Card is a cardless credit account exclusively used for advanced transportation purchases for official State travel, with consolidated monthly billing to the agency that must be paid in full.
 4. FLEET CARD. A Fleet Card is a credit card for vehicle fuel purchases, with consolidated monthly billing to the agency that must be paid in full. The Fleet Card program allows for assignment of cards to specific individuals or vehicles. Further information can be found in SAM 1416.
 5. SPECIAL USE CARD. There may be unique situations necessitating payment via credit card that do not align with the credit card programs listed here. A Special Use Card program may be requested, and if appropriate, established in coordination with State Purchasing and the Division of Internal Audits. Justification and process for each Special Use Card program must be documented in Agency internal controls.

0323 Requisitions and Purchase Orders

- A. A requisition is an internal document in the electronic procurement system for an agency to request authorization to make a purchase. Requisition process generally requires budgetary and programmatic authorization, and agency internal controls may require additional processes or approvals. A requisition should never be sent to a vendor or outside party, as that may be interpreted as placing an order. Requisitions are part of ordering from statewide contracts pursuant to SAM 03080, planning direct client services (DCS) pursuant to SAM 03090, ordering after informal competition pursuant to SAM 03130, or requesting an Invitation to Bid (ITB) pursuant to SAM 03180.
- B. A Purchase Order (PO) is a written document that defines the types, quantities, and agreed prices for products or services ordered. A PO can be issued pursuant to an existing contract, agency or statewide, or a PO can be a stand-alone agreement that becomes a contract when accepted by the vendor. Only POs issued through the electronic procurement system are allowed. Agencies cannot create paper documents claiming to be a purchase order.
- C. Most purchases require a requisition and PO, however, as part of individual agency internal controls established pursuant to SAM 2416, an agency can define specific circumstances where a requisition and/or PO may not be required. Purchases that do not require a requisition and PO may include purchases made via PCard pursuant to SAM 03220, some purchases made pursuant existing contracts, and certain utility payments. Purchases that include fixed assets pursuant to SAM 03260 always require a PO.
- D. A purchase order, once accepted by the vendor, constitutes a contract. Changes to that contract must be in writing through the electronic procurement system. Failure to comply could negate any legal recourse the State has regarding a delinquent vendor.
- E. The Purchasing Administrator or a designee may cancel any purchase order or contract procured pursuant to [Chapter 333](#) if deemed to be in the best interests of the State. An agency can request such a cancellation. However, the Purchasing Administrator makes the final decision.

0324 Delivery, Receipt, and Inspection

- A. All deliveries shall be subject to inspection at time of delivery. Deliveries that fail in any respect to meet specifications or conform to vendor sample, or are not in satisfactory condition when received, shall be subject to rejection.
- B. Deliveries shall be made to the location specified in a purchase order. Freight charges shall be prepaid to the location of the agency, except when expressly stated on the purchase order.
- C. Within eight business days of receipt of an order, agencies must confirm receipt in the electronic procurement system pursuant to [NAC 333.116](#).
 - 1. What to do at time of delivery.
 - a. When accepting a shipment from a third-party delivery agent, verify the number of cartons listed on the freight bill. Carefully examine each carton for external damage. If damage is visible, note it on the delivery receipt and have the driver sign your copy.
 - b. Confirm that products delivered have been ordered by the agency receiving the delivery.

- c. Immediately after delivery, open all cartons and inspect for merchandise damage. Inspection must be made, and hidden damage reported to the delivery agent.
 - d. Verify count. Make certain item quantities align with the packing slip/delivery receipt. Note any overage or shortage on the packing slip/delivery receipt and have the driver sign your copy if possible.
 - e. Sign and date that goods were received on the delivery receipt, purchase order or invoice.
 - f. Confirm receipt in the electronic procurement system.
2. Steps to take if damage is discovered.
- a. Immediately notify the purchaser or buyer listed on the Purchase Order.
 - b. Retain damaged items. All damaged materials and cartons must be held at the point received.
 - c. Call carrier to report damage and request inspection.
 - d. Confirm call in writing. This is not mandatory but is for the receiver's protection.
 - e. Make certain damaged items remain at the receiving area prior to inspection by carrier.
 - f. After carrier-inspector prepares damage report, carefully read it before signing. Forward damage report to the purchaser or buyer.
 - g. Continue to retain damaged materials. Damaged material should not be used or disposed of without written permission by the carrier. Do not return damaged items to shipper without written authorization from the shipper/supplier.
 - h. Whenever agencies doubt whether the merchandise received is acceptable, immediate notice should be given to purchaser or buyer so they may notify the vendor. Such notice should explain why merchandise does not meet specifications.
3. This procedure must be followed so necessary corrections can be made immediately. Merchandise should not be returned to the vendor without prior clearance from the purchaser or buyer.
- D. In the event a vendor delivers and invoices part of a purchase order, or a portion of one item, the invoice should be marked "partial delivery," and partial payments should be made.
- E. Agencies must match the purchase order, receipt, and invoice prior to authorizing payment for any items purchased.

0325 Federal Surplus Property Program

State Purchasing runs the Nevada Federal Surplus Property Program. This program allows State Purchasing to obtain federal surplus property for State agencies, local governments, and other qualified entities with no payment being made to the U.S. Government. Federal rules require State Purchasing to charge the receiving agency a fee, usually about 10% of the current item value, to reimburse program operating costs.

0326 Personal Property and Fixed Assets

- A. Personal property is under the authority of State Purchasing pursuant to [NRS 333.220](#). Real property, meaning lands and buildings, is under the authority of State Lands. The State Property unit within State Purchasing is tasked with administration and oversight of process and procedures for inventory and records of trackable personal property.

- B. To protect State investment and guard against waste and abuse, certain personal property must be tracked in the *State's accounting system* ~~Integrated Financial System (IFS)~~ by the agency. Pursuant to [NRS 333.220](#), each agency must maintain an inventory record of all fixed assets as defined below.
1. Computer equipment, including laptops, desktops, and servers, regardless of acquisition value.
 2. Motorized vehicles, including cars, trucks, motorcycles, carts, all-terrain vehicles (ATV), utility task vehicles (UTV), side-by-sides, aircraft, watercraft, and heavy equipment, regardless of acquisition value.
 3. Weapons, including any item that under normal use can deliver lethal force against a person and/or any item that is regulated by the Bureau of Alcohol, Tobacco, and Firearms, regardless of acquisition value.
 4. Any other personal property with an expected life of at least two years, that is not consumed in use, and has a unit cost of at least \$5,000.
- C. Each agency shall maintain an inventory of the Fixed Assets in their custody. Inventory records shall be updated any time custody of a Fixed Asset changes, including items lost or stolen.
- D. Pursuant to SAM 03230, all Fixed Assets shall be procured through the electronic procurement system with a Purchase Order to ensure the items are issued State ID tags and added to inventory. State ID tags are issued by State Purchasing when an order is complete. State ID tags are to be attached to the asset when received by the agency.
- E. In the event an agency acquires personal property that qualifies as a Fixed Asset in any other method, including donation or forfeiture, the agency shall submit a Property Disposition Report (PDR) to request the Fixed Assets be issued State ID tags and added to inventory.
- F. Agencies shall conduct a physical inventory and reconcile with the *official* records in *the State's accounting system* ~~IFS~~ at least annually. Schedule and procedures are at agency discretion. To provide separation of duties, State Purchasing cannot perform inventories, but will provide technical assistance to agencies upon request. As a courtesy, State Purchasing will notify agencies annually to provide instructions of inventory requirements and procedures.

0327 Surplus

- A. Surplus supplies, materials, or equipment are under the authority of State Purchasing pursuant to [NRS 334.030](#). The State Property unit within State Purchasing is tasked with administration and oversight of process and procedures for transfer, sale, or disposal of excess supplies, materials, or equipment.
- B. The goal of the surplus program is to allow any governmental entity to take full advantage of the available surplus properties of any other governmental entity. Surplus is any and all supplies, material, or equipment, including forfeited property, no longer needed by an agency regardless of acquisition cost or condition.
- C. Under no circumstances may surplus be given to employees.

- D. Surplus should be reported to State Purchasing using a Property Disposition Report (PDR), available from the State Purchasing website. A completed PDR should include a disposition recommendation and a complete description of the surplus, its condition, and any State ID tag numbers. State Purchasing shall make the final determination on disposition method, surplus should not be moved until a written authorization from State Purchasing is received. Disposition options include the following.
1. Transfer to another agency within State government.
 2. Sale or donation to another governmental entity like a city, county, or district pursuant to [NRS 334.020](#).
 3. Sale or donation to a religious, charitable, or educational organization pursuant to [NRS 333.195](#).
 4. Sale or donation to an entity eligible to receive federal surplus pursuant to [NRS 333.220](#).
 5. Sale to the public at auction pursuant to [NRS 333.220](#).
 6. Sale to the public pursuant to [NRS 334.040](#).
 7. Recycling pursuant to [NRS 232.007](#).
 8. Disposal via landfill or another paid disposal method.
- E. Sale of Surplus. ~~State Purchasing may sell surplus to another governmental agency within the State, any entity eligible to receive federal surplus property, or to the public.~~ Unless otherwise authorized by the Director of the Department of Administration, the proceeds of a sale, less State Purchasing service charges and directly billed expenses if applicable, must be deposited in the fund the money to purchase the supplies, materials or equipment was expended in accordance with the following procedures.
1. Sale amounts of \$100 or less will be retained by State Purchasing to cover costs of picking, storing, and/or sale.
 2. Sale amounts above \$100 and less than \$1,000 will be deposited in the fund from which the money to purchase the item(s) was expended. State Purchasing shall retain a service and handling charge of \$100 plus directly billed expenses, if applicable.
 3. Sale amounts above \$1,000 will be deposited in the fund from which the money to purchase the item was expended. State Purchasing shall retain a services and handling charge of 10% of the gross sale price plus directly billed expenses, if applicable.
 4. Sale of recycled materials shall comply with [NRS 232.007](#).
 5. Sale amounts may be based on each individual item sold or an aggregate sale amount of multiple items purchased from the same fund.
- F. Surplus Vehicles. Vehicles as defined in SAM 03260 identified as surplus shall be turned over to State Purchasing for transfer or sale. The process for turning over a surplus vehicle is as follows.
1. Agency shall complete a Vehicle Turn-in Document, available from the State Purchasing website.
 2. Written declaration on a Vehicle Turn-in Document must indicate that the vehicle is surplus and must be accompanied by the ownership title.
 3. Vehicle Turn-in Document must have an Appointing Authority signature.
 4. The vehicle title should be properly signed off by an authorized person.
 5. The agency shall clearly note the condition of the vehicle with special attention to defects and problems.
 6. All license plates, decals, official markings, and special equipment (i.e., emergency lights) must

- be physically removed and the vehicle must contain at least five gallons of fuel.
7. Two complete sets of keys must accompany the vehicle.
 8. The Agency shall notify the Attorney General's Office of vehicle transfers or changes. Insurance will be maintained by the agency until the vehicle has been sold or transferred.
 9. Towing services for transport of disabled surplus vehicles are available upon request. Towing fees will be deducted as directly billed expenses from sale proceeds.
- G. Surplus Weapons. Weapons, including confiscated or forfeited weapons, as defined in SAM 0326,0 identified as surplus shall be disposed of in accordance with [NRS 202.340](#).
1. Weapons obtained through the Federal Surplus Property Program which are no longer needed must be returned to State Purchasing so they can be transferred back to the United States government.
 2. State Purchasing recommends weapons declared surplus by an agency be used for trade to a properly licensed retailer or wholesaler during procurement of equipment necessary for performance of agency duties or be transferred to another law enforcement agency.
 3. Weapons reported as beyond useful life will be considered dangerous to the public and designated for destruction by a method deemed appropriate by the custodial agency. Upon request, State Purchasing will assist agencies in finding an appropriate means of destruction.
 4. Prior to initiating trade, transfer, or destruction, an agency is required to file a PDR with State Purchasing containing descriptions, quantities, and serial numbers of surplus weapons. An agency must also report the weapon descriptions to a forensic services laboratory pursuant to [NRS 202.340](#). Upon receipt of written approval from State Purchasing, the agency may proceed with destruction and notify State Purchasing within five business days after completion.

0400 Records

0402 Agency Responsibility for Records

- A. The head of each State agency must make, receive and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures and essential transactions of the agency. The head is responsible and shall be held accountable to provide for effective controls over the creation, use, maintenance, security, distribution and disposition of these records by establishing a records management program.
- B. The head of each State agency shall take the following actions to establish and maintain an agency records management program:
 1. Issue a directive establishing program objectives, responsibilities, authorities, standards, guidelines, and instructions.
 2. Control the creation, maintenance, use, and distribution of agency records and information to ensure that the agency:
 - a. Does not accumulate unnecessary records or gather data which do not pertain to the function of the agency;
 - b. Adheres to a records retention and disposition schedule as mandated by [NRS 239.080](#);
 - c. Does not create information system forms and reports that collect information inefficiently or unnecessarily;
 - d. Annually reviews all existing forms and reports to determine if they need to be improved or dispensed with;
 - e. Designs forms for computer data entry or information gathering that are easy to complete, read, transmit, process, retrieve and does not gather information which does not pertain to the functions of the agency;
 - f. Eliminates unnecessary reports, designs reports for ease of use, deletes information on reports which is not needed, and limits distribution of reports to reduce cost;
 - g. Maintains its records in a cost-effective format, which allows for the rapid retrieval and protection of the information;
 - h. Provides for the security of electronic records consistent with the security and disaster recovery standards and procedures established by the Office of the Chief Information Officer within the Office of the Governor;
 - i. Establishes a written organized filing system which is standardized for all branches of the agency, provides for the supplies, personnel, and equipment to properly run the filing system, and provides for an ongoing training program for staff in the use of the filing system;
 - j. Provides for the transfer of records to the State Archives of historically valuable information in accordance with [NRS 239.080](#), [239.090](#), and [378.250](#), and
 - k. Establishes written procedures for the proper access or denial of access to the public or other governmental agencies to records that have been declared by law to be confidential.
 3. Prior to the creation of electronic records, the head of each State agency must:
 - a. Consult with the Office of the Chief Information Officer within the Office of the Governor on the

- implementation of its strategic plan for information resources and information technology, the purchase and implementation of information technology services, cloud solutions (e.g., Function-as-a-Service, Software-as-a-Service applications, Platform-as-a-Service, Infrastructure-as-a-Service), hardware and software, and the establishment of security and training programs consistent with [NRS 242](#);
- b. Work with the State Records Management program of the Nevada State Library, Archives and Public Records (NSLAPR) to ensure the proper use, maintenance, retention, preservation, and disposal of that record, and to implement the procedures outlined in NRS Chapters [239](#) and [378](#), and [NAC Chapter 239](#);
 - c. Establish a records retention and disposition schedule for the record series to be created, in accordance with [NRS 239.080](#) and [NRS 378.255\(3\)\(7\)](#) and
 - d. Create a migration strategy and include this in a written plan for implementation to ensure that the information will be transferable to another format.
4. The head of each State agency must establish and be responsible and accountable for the implementation of written safeguards against the unlawful removal, misuse, damage, alteration, destruction or loss of records. An ongoing training program to teach staff in safeguarding records must be established. The training program must include:
 - a. That records in the legal custody of the agency are not to be compromised or destroyed except in accordance with [NRS 239.080](#) and [NAC 239.722](#); and
 - b. That penalties are provided in law for the unlawful removal, misuse, damage, alteration, destruction or loss of records as provided by [NRS 205.4765 to 205.481](#), [NRS 239.010 to 239.011](#), [NRS 239.080 to 239.085](#), [NRS 239.300 to 239.330](#), [NRS 378.255\(9\)\(a\)](#), [NRS 281.180 to 281.190](#), and [NRS 603.080 to 603.090](#).
 5. The head of each State agency must ensure that records are protected from the unlawful removal, misuse, damage, alteration, destruction or loss. The head of each State agency must inform the Attorney General of any actual, impending or threatened unlawful act regarding records in the legal custody of an agency of which they are the head that comes to their attention. With the assistance of the Attorney General and the Assistant Administrator for Archives and Records, they shall initiate action as provided by [NRS 378.255\(9\)](#) to recover records that they know or has reason to believe were unlawfully removed from their agency.
 6. The head of each State agency shall take all measures possible to protect the records in their legal custody from a natural or other disaster. The head shall be responsible and held accountable to procure the proper supplies, equipment, and personnel to protect the records in the agency's legal custody. If any damage occurs to the records, this must be reported to the Assistant Administrator for Archives and Records. The Assistant Administrator for Archives and Records, as provided by [NRS 378.255\(6\)\(7\)](#), shall provide advice and all help possible in saving or restoring damaged records.
 7. As part of the Emergency Management Plan required by the Division of Emergency Management of the Department of Public Safety, and as allowed by [NRS 378.255\(6\)](#) in cooperation with the Assistant Administrator for Archives and Records, the head of each State agency must prepare a disaster recovery plan for the records in the legal custody of the agency. The disaster recovery plan must include measures staff will take to recover records, regardless of physical format, after a disaster has occurred. The disaster recovery plan must provide for:

- a. A list of vital records, in order of importance, toward which efforts to protect and recover will be directed;
 - b. A list of staff assigned responsibilities and duties to be carried out in case of an emergency;
 - c. A list of vendors capable of rendering help in an emergency. For electronic records, agencies must follow the standards established by the Office of the Chief Information Officer within the Office of the Governor;
 - d. A list of equipment and supplies, with the location of each, which are to be used by staff in the recovery of records damaged or threatened by a disaster; and
 - e. An ongoing training program for staff in disaster preparedness and recovery of damaged or threatened records.
8. “Officially filed” means that records have been placed in the legal custody, care and keeping of a State agency.
9. Records that have been officially filed with a State agency are subject to the provisions found in [NRS Chapter 239](#) and [NAC Chapter 239](#), and must be inventoried, appraised, and included on a records retention schedule.
- a. When such records are transferred to the State Archives, legal custody is transferred to the State Archives as provided in [NRS Chapter 378](#).
 - b. If an approved records retention schedule provides for the destruction of such records, they may be destroyed subject to [NAC 239.722](#).
10. If, in the regular course of business, any agency has kept, received, or made any official State record and caused the same to be recorded, copied, or reproduced in any physical or electronic format on any durable medium, the original may be destroyed in the regular course of business unless prohibited by law. If the original is destroyed, the duplicate of such record shall be deemed to be the original and must be retained according to an approved records retention schedule.

0404 Records under Custody of the Secretary of State

The Secretary of State has legal custody of the following records:

- A. Election laws and corporation laws of the State of Nevada that have been recorded, compiled, and distributed.
- B. Official records of election returns, reports and results after final compilation.
- C. Corporation records, trademarks, limited partnerships, etc.
- D. All deeds and conveyances belonging to the State.
- E. The official bond of the State Treasurer as approved by the Board of Examiners (BOE). (~~SAM-0120~~)
- F. All written contracts to which the State is a party, unless required to be deposited elsewhere.

- G. A record of all commissions and appointments made by the Governor. The Secretary of State must attest to the Governor's signature thereon and affix the State Seal.
- H. Files and records of licensed ministers.
- I. Rules and regulations of agencies filed pursuant to provisions of the Nevada Administrative Procedures Act.
- J. Securities agents and dealers licensing and registration records.
- K. A record of all Notary Public appointments.
- L. Statements of financial disclosure for Statewide and multi-county candidates and public officers. ([NRS 281.561](#))
- M. UCC financing statements and related documents, federal tax liens and utility filings.
- N. After six years many of the records filed with the Secretary of State are transferred to the State Archives for preservation and research access. They remain in the legal custody of the Secretary of State. ([NRS 378](#))

0406 Electronic Records

- A. Electronic records ([NRS 75.040](#), [NAC 239.906](#)) may be any combination of text, data, graphics, images, video, or audio information that are created, maintained, modified, communicated, or transmitted in digital form by a computer or similar system. Electronic records are commonly stored on a variety of storage media, networks, or in cloud environments. The State envisions maximum compliance with best practices, while recognizing that we operate in a rapidly changing digital landscape and defining best practices for electronic records is therefore an iterative and ongoing process.
- B. Not all electronic information is a record. ([NAC 239.705](#)) The technology or medium in which a document is created, stored, used, or presented does not determine whether it is a record. The content and context of the information determine if it is a record. State agencies must follow approved retention schedules to determine what electronic information is a record and to inform their actions related to the retention and disposition of their records. ([NRS 239.080](#)) For example, not all emails are records. Official correspondence are records, but transitory correspondence are not records. ([General Records Retention Schedule](#) 2009023, 2010033, and 2010034)
- C. A record may exist on any medium, including electronic media. ([NRS.75\(060\)](#)) Therefore, a record that is native to a computing environment (born digital) is an official record. Electronic copies of records (such as those digitized from other formats) may be deemed official records if they meet the criteria set forth in the Nevada Revised Statutes. “A reproduction of an image of a record in writing that has been...saved pursuant to this section shall be deemed to be the original record or writing, regardless of whether the original exists” ([NRS 239.051\(1\)](#)), provided it is “durable, accurate, complete and clear.” ([NRS 239.051\(4\)](#)) “A duplicate is admissible to the same extent as an original if the person or office having custody of the original was authorized to destroy the original after preparing the duplicate, and in fact did so.” ([NRS 52.245](#))

- D. State agencies must ensure government records, regardless of format or physical characteristics, are managed in compliance with records laws and requirements. ([NAC 239.945](#)) Management, retention, storage, and disposition of electronic records should be done in collaboration with agency information technology (IT) staff.
- E. Authenticity and integrity. Agencies must implement procedures to support the legal admissibility of electronic records by upholding the authenticity and integrity of records in their legal custody. Agencies must protect records from “unlawful removal, misuse, damage, alteration, destruction or loss.” ([NAC 239.699](#)) Agencies can support the authenticity of electronic records in their custody by retaining unaltered all system-generated metadata (date created, dates modified, file size, file extension, etc.). The Archives will contribute to the integrity and authenticity of electronic records by following best practices to preserve and document the provenance and properties of records, such as generating hash values when records transfer to the Archives’ custody.
- F. Accessibility. While records remain in an agency’s legal custody, the agency is responsible for ensuring continued accessibility and usability of their records by the government and for inspection by the public. ([NRS 239.010](#) and [NRS 239.0107](#)) To that end, records should be reformatted and/or migrated to supported formats and stored in reliable, accessible systems. Agencies should maintain associated indexes and/or metadata to facilitate timely retrieval, access, use, transfer, or destruction.
- G. Storage. Agencies are responsible for working with their IT staff to implement safeguards and procedures that protect and preserve records to ensure their continued use by the government and inspection by the public. ([NRS 239.010](#) and [NRS 239.0107](#)) Official electronic records should be stored in secure backed-up environments. The official copy of a State record should not be maintained on an employee’s hard drive or removable storage media.
- H. Transfer. Electronic records identified as having permanent value must be transferred to the State Archives according to the applicable retention schedules and in accordance with procedures established by the State Library, Archives and Public Records Administrator. ([NAC 239.940](#)) To minimize opportunities to inadvertently compromise the integrity or authenticity of permanent records, agencies should work with IT and Archives staff to transfer electronic records. Archives, IT, and agencies must work together to ensure the ongoing accessibility of permanent records. Archives and IT staff will advise agencies regarding acceptable file formats and conversion of atypical file formats to ensure ongoing accessibility and use of permanent records.
- I. Destruction. Electronic records may be destroyed only in accordance with applicable retention schedules. ([NRS 239.080](#)) Non-records ([NAC 239.051](#)) should be deleted when they are no longer of use to the agency. Non-permanent records should be deleted when they have met retention. Electronic records scheduled for secure destruction must be disposed of in a manner that protects confidential information following federal guidelines for media sanitation. Confidential electronic records (including all back-ups of such records) must be destroyed in such a manner that the records cannot be retrieved or reconstructed. ([NAC 239.722](#) and [NAC 239.165](#)) Media previously containing confidential information should not be reused if the previously recorded information could be recovered from it. It is recommended that agencies keep logs of secure destruction witnessed by staff who are trained to perform secure destruction. If an electronic record scheduled for destruction is part of a public records request, audit, investigation, litigation, or anticipated litigation, the record must not be destroyed until the request, audit, investigation, or litigation is complete.

0412 Archives and Records, State Library and Archives

The State Library and Archives Administrator is charged by statute to administer Archives and Records. The Administrator appoints an Assistant Administrator for Archives and Records who is responsible for maintaining the Archives and Records programs, receiving materials into the Archives from State agencies deemed to be of historical value, and providing reference and research services. With the approval of the State Records Committee, material may be returned to the State agency from which it is received if determination is made that the material is not of historical value.

0414 Nevada System of Higher Education

- A. The Board of Regents may establish archives and records management programs with records storage and archival facilities for each of the separate campuses of the Nevada System of Higher Education. The Board of Regents is encouraged to do this to provide for efficient preservation of and access to research and archival records within each campus location. Since each institution is the center of research functions, the records of that institution should remain with and be preserved by that institution. The Board of Regents shall furnish information relating to the operation of these programs, such as names, addresses and phone numbers, to Archives and Records.
- B. The Nevada System of Higher Education records management programs shall be responsible for the inventory and appraisal of record series produced and stored by university agencies. These shall be placed upon forms authorized by the Archives and Records and shall be submitted for review and subsequent submission to the State Records Committee. ([NRS 239.080](#))
- C. The Board of Regents must provide for the protection of records of the Nevada System of Higher Education that have been appraised as having archival/research or permanent legal value in storage facilities that meet the minimum standards set by Archives and Records or transfer the records to Archives and Records for preservation in the State Archives.
- D. All records management and archival programs established by the Board of Regents must adhere to the minimum standards.
- E. Archives and Records shall preserve Board of Regents' records appraised as having research/archival and permanent legal values through an approved records retention schedule.

0416 Minutes of Public Bodies

The minutes of public bodies, whether of a public or closed meeting must be created in a written format. They have been declared by [NRS 241.035](#) to be a permanent record. This does not mean that agencies are duty bound to preserve these records indefinitely and, in fact, State agencies should not consider themselves the permanent repository for such records. Special institutions, usually named archives or special collections have been set up and staffed to handle these types of records. By authority of the General Records Retention Schedule that was authorized by the State Records Committee in accordance with [NRS 239.080](#) and [NRS 241.035](#), such records may be transferred to an archival repository and [NAC 239.850](#) describes where such records may be transferred. For executive branch agencies, other than the Nevada System of Higher Education, the institution to transfer these records to is the Nevada State

0418 Sealing of Records

Procedures for Sealing of Records:

- A. State agencies that have been required by NRS or by a Nevada court of record to seal records must do so as described in this section. This will ensure the security of the records and compliance with court orders. These procedures will also ensure that these and any associated records (such as microfilm on the same roll) will still be legally acceptable as evidence in a Nevada court of record.
- B. **Sealing** means placing the records in a file system not accessible to the general public, only to authorized staff. This can be done by designating a locked file drawer cabinet or a file cabinet in a locked room for deposit. Sealed records can also be sent to the State Records Center (see NAC 239.725 to 239.735).
- C. Authorized staff includes the staff responsible for file maintenance, the agency's legal counsel and the agency appointing authority. The actual file contents may only be disclosed by order of the court. Authorized staff may review the record for administrative purposes. A log must be kept with the record indicating who had access, for what purpose, when access was made and by what authority.
- D. After receiving an order from the court, or upon expiration of the time and conditions set forth in law, the record must be physically removed from the office filing system, and a card placed in the file system stating what the file is that has been removed, the date it was removed and why it was removed (cite the court order or legal citation for removal of the record). Place the sealed file in an envelope or file folder that can be closed. Place the court order or a copy of the NRS citation authorizing sealing in the envelope or closable file with the record. On the outside of the envelope or file, place a label identifying the record (number and name of case) and wording to the effect: **Sealed by authority of (cite court order or legal citation). Access by authorized staff or by court order only.**
- E. Create a special finding aid for sealed records, listing file name, case number and new location of the record and other data as needed in order to facilitate retrieval of the record. Authorized staff may disclose to the public that the agency has sealed records in their legal custody, but no other details, e.g., the name of the files and location.
- F. If the record to be sealed is on a microfiche, microfilm jacket, aperture card or micro card: remove the microform from the file system and place it into a closable envelope as described in 1, 2 and 3 above. Replace the microform with an index card stating the name of the record removed, the date it was removed from the file system and why it was removed.
- G. If the record to be sealed is on roll microfilm, such as reel, cartridge or cassette: either remove the entire roll from the file system as described above. If only a portion of the roll is to be sealed: cut the portion to be sealed out of the roll and place it in a closable envelope, etc. as described above. Targets, certification and a copy of the court order or citation must be microfilmed and spliced between the roll meeting all requirements found in ANSI/AIIM MS 19 and 42. Splicing must be done in accordance with ANSI/AIIM MS 18 standards.
- H. Sealed records are not subject to disposition by the Records Retention Schedule described in [NRS 239.080](#). Sealed records may only be disposed of by order of a Nevada court of record. Disposition

may be destruction of the record or transfer to the State Archives. Contact the State Archives for appraisal prior to requesting disposition from the court. For purposes of appraisal, Archives and Records staff from the NSLA are considered authorized staff. Agencies should request court disposition for all files retained at least 50 years.

0420 Vital Records

- A. **Vital records** are official State records containing information required for a State agency to continue functioning during a disaster or to re-establish operations after a calamity has ended. Vital records contain administrative, fiscal, legal and archival values representing the particulars of obligations incurred by the State. Without these vital records, the daily business of an agency would stop and the public interest would be endangered because of:
1. Vulnerability to litigation that would endanger the operations of State government;
 2. Vulnerability to the expenses of financial settlements (claims against the State from contracts, vendor service agreements, purchases and other charges);
 3. Loss of revenue (license and service fees, taxes, investments, etc.);
 4. Disruption of employment records, payroll and benefit services; and
 5. Loss of information vital to the public health and well being (hazardous waste, law enforcement, fire safety, health and welfare services, etc.).
- B. A vital records program prevents the loss of information critical to the continuing operation of State government. Archives and Records identifies vital records during the inventory process using the criteria established and may recommend that they be microfilmed with the security copy of the film stored in an off-site location (preferably in another city) remote from the site of the agency.
- C. State agencies must give priority to the microfilming and protection of vital records within the limits of their budgets. If money is appropriated for microfilming or the storage of records, those identified as a vital record shall be dealt with first.
- D. The Records Center must give priority to the storage of official State records that have been identified as vital records.

0422 Defunct Agencies

- A. Any State official, upon notification of the pending abolishment of the agency by the Legislature, Governor or department head shall make provisions to protect agency records. The records of State agencies that have been abolished by law or administrative procedure shall be transferred to Archives and Records for appraisal and protection, unless otherwise provided. ([NRS 281.190](#)) Archives and Records shall have legal custody of the records of defunct agencies. Records having administrative, legal and fiscal values shall be maintained in the Records Center until all requirements for disposition according to a valid records retention schedule have been met. Records appraised with research/archival value shall be transferred to the State Archives for preservation.
- B. Upon reinstatement or reorganization of an abolished State agency, those records that have been appraised with legal, fiscal or administrative values and not destroyed may be transferred into the legal

custody of that State agency. Those records appraised with research/archival value shall remain in Archives and Records for preservation in the State Archives. ([NRS 239.090](#))

0500 Insurance and Risk Management

0502 General

The Risk Manager is responsible for placing all insurance (except Group Life, Self-Insured Liability, and Accident and Health) required by the State of Nevada. The Risk Manager may also select deductibles and/or self-insurance when it is economically advantageous to do so. ([NRS 331](#)) The Risk Manager is also responsible to promote and encourage loss prevention and may assign variable deductibles, with due notice, to agencies or specific locations to promote the loss prevention program.

0503 Self-Funded Liability Program

All self-funded liability claims are handled through the Attorney General's Office. This includes general liability, automobile liability, watercraft liability, etc. The Attorney General's Office also sets rates and collects premiums for this program. For information regarding these programs, agencies should contact the Attorney General's Office. Self-funded liability programs are not part of the Risk Management Division. ~~Liability claims that have the potential to exceed the deductible level selected under the commercial excess liability insurance policy, if applicable, are administered through the Risk Management Division.~~

0504 Insurance and Self-Insurance

- A. Property Insurance. This program combines self-funding and commercial insurance to provide property coverage, subject to certain policy exclusions, on State-owned buildings and contents and the contents of leased buildings for physical loss or damage. This program also provides coverage for specialty property including but not limited to communications equipment, mobile equipment, solar arrays, watercraft and water tanks. Agencies can apply for coverage on their specialty property by submitting the form called "Supplemental Insurance for State-owned Mobile Equipment and Miscellaneous Property" located on the Risk Management website. State employees' personal property kept or maintained on State property will be "at their own risk" and not covered under the state property insurance.
- B. STATE-OWNED/LEASED BUILDING(S) REPORTING REQUIREMENTS.
1. Agencies must report all changes related to their State-owned buildings including changes in location, building usage, square footage occupied, and changes to property values to the Risk Management Division within 60 days of a move, completion of remodeling, construction projects, or acquisition of new buildings. Those changes must be reported by submitting the form called, "Request for Property Insurance for New State-Owned Buildings", located on the Risk Management website.
 2. Agencies that occupy lease locations via private landlord, must report any move to a new leased location with 60 days of move. The changes must be reported by submitting the form, "Lease Property Insurance Change", located on the Risk Management website.
 3. Annually, Risk Management will send out the Origami Risk Property Survey. Agencies must

review their schedule of properties and provide updates. (Buildings and Grounds are responsible for reporting buildings that they own and/or manage on behalf of their State occupants.)

4. State Public Works Division (SPWD) or agencies (when the project is not handled by SPWD) shall notify Risk Management of all new construction projects at the beginning of the project and when they are completed or substantially completed and occupied. Upon completion of the project, SPWD shall report to Risk Management, the full details about the building including construction, occupancy, construction values and any furniture or equipment purchased in conjunction with the project using the form, "Request for Property Insurance for New State-Owned Buildings" located on the Risk Management website.
5. Project managers can request a review of the building plans prior to construction by making a request via Risk Management to the State's property insurer regarding plans related to the fire protection system and/or earthquake protection, prior to initiation of the construction project.

C. PROPERTY DEDUCTIBLES.

1. Property losses are subject to a ~~\$1,500~~10,000 per occurrence deductible.
2. A \$100 deductible is applicable to the Governor's Mansion.
3. Specialty equipment including Contractor's and mobile equipment losses are subject to a ~~\$5,000~~10,000 per occurrence deductible.
4. The Risk Manager may increase the deductible at a specific location, with due notice to the agency, if an agency fails to implement loss prevention recommendations made by the commercial insurer, in a timely manner, that would prevent or minimize a loss.

D. PROPERTY CLAIMS

1. **REPORTING LOSSES:** Agencies must report all losses and take prompt action to protect the property from further damage or loss. In the event of a loss estimated to exceed ~~\$25,000~~50,000, agencies must contact Risk Management as soon as practicable. Risk Management will contact the State's property insurer, who will dispatch a claims adjuster to the scene. Damaged property must be retained, and all evidence related to the loss preserved until inspected by an adjuster.
2. Property losses must be reported using the Origami Risk Portal link called, "Submit a Vehicle Accident/Property Loss Claim", located on the Risk Management website.
3. When reporting the loss, agencies should submit the incident details and additional documentation, such as photographs and estimates of the damages. Losses reported later than 90 calendar days from the date of loss may not be covered. Losses that result from mysterious disappearance (no signs of forced entry or losses found during inventory) or resulting from known risks that have not been corrected may not be covered.
4. When a loss involves vandalism, theft, or other criminal activity, a copy of the police crime report must also be forwarded to Risk Management. If an agency experiences repeated or multiple losses due to inadequate security or protection of equipment, deductibles may be adjusted, or claims denied with due notice.
5. Contested claims compensability determinations can be referred to the Risk Manager for review.

The decision of the Risk Manager will be final and binding.

- E. **MAKING REPAIRS:** Agencies are responsible for affecting the repair or replacement process by contacting the appropriate parties as soon as possible. These contacts might include Buildings and Grounds, State Purchasing, State Public Works Division, Governor's Finance Office or outside contractors or vendors (following Purchasing and State Public Works Division requirements).
1. Repairs or replacement for significant structural property losses (exceeding \$50,000) must be coordinated with the Risk Management Division and the State Public Works Division, unless a specific waiver is approved by the Risk Manager. Additionally, claims that require repair or replacement in excess of \$100,000 will be submitted to the State's outside insurer and subject to further review by the property insurer adjuster. Repairs must be completed within two years from the date of loss unless a written waiver is obtained from the Risk Manager.
- F. **PAYING FOR A LOSS:** Agencies are responsible for a ~~\$1,500~~ **10,000** per occurrence deductible or an alternate deductible identified by the Risk Manager. Risk Management will pay the lesser amount of the repair or replacement, excluding any betterment and subject to the exclusions contained in the commercial excess property insurance policy.
1. Agency Reimbursement. When an agency pays for the entire loss out of its budget, Risk Management will reimburse it, after submission of the deductible, proof of repair/replacement, and evidence that the invoices have been paid by the agency. Agencies must submit the "Reimbursement Request Form" located on the Risk Management website.
 2. Risk Management Direct Vendor Payment. Risk Management can directly pay a repair/replacement vendor. To do this, it is necessary that Risk Management be forwarded a copy of related contracts or the original invoices and copies of all estimates and written documentation from the agency that the work has been completed in an acceptable fashion. The agency must pay Risk Management the appropriate deductible in advance of payment to vendors.
 3. Regardless of payment method, it remains the responsibility of the agency to complete all necessary paperwork required to affect the repair or replacement of the damaged or destroyed items. This would include any contracts, purchase requisitions, etc. Risk Management can be identified as the contracting agency once the SPWD contract is reviewed and approved by the Risk Manager.
 4. In the case of purchase requisitions, agencies should complete the form, except for the budget coding sections and the authorization signature and forward to Risk Management for completion. The form must be retained by the requesting agency if electronic or facsimile copies are used for payment purposes pursuant to SAM 2616.
- G. **BOILER AND MACHINERY:** Provides blanket coverage for damage to boilers, pressure vessels, etc. at State-owned locations. Agencies are responsible for payment of policy deductible subject to various deductibles dependent upon size of unit and building square footage. Current deductibles are located on the Risk Management website. All losses must be reported to Risk Management within 48 hours and all damaged equipment must be kept until Risk Management, or its designee has had an opportunity to inspect it.

- H. **CYBER LIABILITY:** Protects agencies from risks relating to information technology infrastructure and related activities. It also protects agencies should confidential information fall into the wrong hands, sometimes called a “breach” (whether the information is contained in electronic or hard copy/written form). In part, the coverage pays monies to address legal issues (i.e., lawsuits/regulatory fines), conduct forensic investigations, and to pay expenses related to notifying affected individuals and/or to offer credit monitoring services. The agency suffering the loss should report the incident as soon as possible but no later than 15 days from time of incident. Complete the claim form called, “Cyber Claim Form” located on the Risk Management website. Agencies are responsible for paying Cyber policy deductible of \$250,000.
1. Coverage for physical damage to computer equipment is provided under the property and contents insurance policy. Agencies are responsible for a \$2,500 deductible per occurrence. All losses should be reported to Risk Management as soon as possible, but not more than 90 days from the date of the loss. Reports of losses received beyond 90 days from the date of loss will not be covered. Mysterious disappearance losses (no sign of forced entry) or losses discovered during inventory may not be covered. When a loss involves vandalism, theft, or other criminal activity, a copy of the police crime report must also be forwarded to Risk Management. If an agency experience repeated or multiple losses due to inadequate security or protection of equipment, deductibles may be adjusted, or claims denied with due notice. All damaged equipment must be kept until the insurance company adjuster has had an opportunity to inspect it.
- I. **COMMERCIAL CRIME INSURANCE (aka Employee Bond):** A Public Employees’ Blanket Bond provides \$67,000,000 coverage, subject to a \$250,000 agency deductible for loss caused by any fraudulent or dishonest act committed by an employee acting alone or with others. The policy covers all employees except those required by statute to furnish an individual bond; employees of the Nevada System of Higher Education, and employees of the Legislative Counsel Bureau. Coverage for specific employees is automatically terminated upon discovery of their involvement in any dishonest act during current or prior employment or having been canceled under a prior bond. Potential claims must be reported to the Risk Manager as soon as possible, but no later than 15 days upon discovery, so that reimbursement may be sought from the insurer.
1. **Claims Procedures:** Due to the sensitivity of an alleged employee dishonesty claim, the Risk Manager must immediately be notified of any potential claim. The Risk Manager will coordinate with the Attorney General’s Office prior to filing a claim for losses with the insurance company.
- J. **AIRCRAFT LIABILITY AND HULL INSURANCE:** Provides liability coverage on owned and non-owned aircraft, and physical damage coverage on fixed wing aircraft and helicopters, subject to various deductibles. Policy also provides coverage for unmanned aerial units, aka drones. Agencies with the above-mentioned aircraft and/or drones must request coverage through Risk Management. Agencies should contact Risk Management for more information.
- K. **FINE ARTS/EXHIBIT INSURANCE:** Coverage for Fine Arts/Museum exhibits are provided under a separate policy issued through Lloyds of London along with excess coverage through the State’s Commercial property and contents insurance policy, subject to certain exclusions. Policy provides coverage for both owned collections and temporary exhibits(loans). In order for the agency to obtain coverage for that specialized coverage, agencies should provide an inventory of items and loan agreement (if applicable) outlining the agreed values for the covered exhibits.

1. Claims filed under the commercial policy are subject to a policy deductible of \$1,000. All losses should be reported to Risk Management as soon as possible, but not more than 90 calendar days from the date of the loss. Reports of losses received beyond 90 calendar days from the date of loss will not be covered. Mysterious disappearance losses (no sign of forced entry) or losses discovered during inventory may not be covered. When a loss involves vandalism, theft, or other criminal activity, a copy of the police crime report must be forwarded to Risk Management.
 2. The agency must keep the item until the outside insurance adjuster or other designated representative from Risk Management has had an opportunity to inspect it. All items that are not able to be repaired become property of the insurance company unless the agency is willing to accept reimbursement less the salvage value as determined by the insurance company.
- L. **Watercraft:** Liability protection for all State-owned watercraft is provided through the Attorney General's Office, as part of the self-funded tort claims liability program. There is no separate premium charge for this coverage. Liability claims relating to watercraft should be reported to the Attorney General's Office. Watercraft, related trailers, and equipment may be covered for physical damage, subject to a ~~\$1,500~~ **10,000** per occurrence deductible. This physical damage hull coverage, which is self-funded through the Risk Management Division, is optional and must be elected by any agency desiring coverage. Agencies should contact Risk Management to place this coverage.
- M. **WORKERS' COMPENSATION:** Pays compensation, medical and other benefits for job related injuries and illnesses subject to the requirements of [NRS 616](#) and [617](#). Please refer also to SAM 0524.
- N. **EXCESS COMMERCIAL GENERAL LIABILITY:** Agencies are sometimes required (often as a requirement of property or equipment lease agreements) to obtain commercial general liability insurance coverage. This coverage provides limits in addition to those afforded under the Attorney General's Office's administered self-funded liability program and permits the lessor to be named as additional insured (which cannot be done under the self-funded program). The excess commercial general liability insurance is procured by the Risk Management Division on behalf of the Attorney General's Office. Agencies should contact Risk Management when evidence of this coverage (certificate of insurance) is required.
- O. **AUTOMOBILE PHYSICAL DAMAGE:** The State of Nevada self-funds its automobile physical damage exposures—there is no insurance company involved. As such, it is particularly important that agencies do as much as possible to minimize the cost of this program. The Risk Management Division will provide assistance and guidance, upon request, to agencies to help minimize costs and secure timely repairs to damaged vehicles. Outstanding claims will be reviewed every 30 to 60 calendar days and followed-up, as necessary. Agencies will be billed for this coverage at the beginning of the fiscal year and again before the end of the fiscal year (for any changes with may have occurred throughout the year).
1. **VEHICLE COVERAGE:**
 - a. **Comprehensive and Collision:** This coverage is offered but not required for State-owned automobile physical damage. Agencies must elect this coverage if they want their vehicles insured under this program. Agencies not electing this coverage will be responsible for the entire amount of any loss to their vehicle. Certain vehicles, which are being commercially leased on a long-term basis, may also be eligible for coverage under this program.

- b. **Liability:** All State-owned motor vehicles are required to have automobile liability via the self-funded auto liability program, administered through the Attorney General's Office.
2. **HOW TO ADD OR DELETE A VEHICLE:** Upon acquisition of a new vehicle, agencies have 30 calendar days during which time physical damage coverage will be automatically in force. Should a claim be filed on such a vehicle and accepted, the claim (subject to applicable deductibles) will be paid by Risk Management and premium for self-funded physical damage insurance will be assessed retroactively back to the date of acquisition. Claims filed on newly acquired vehicles, which have not been added to the insured vehicle schedule after 30 calendar days, will not be paid by Risk Management and will be returned to the agency for handling.
 - a. When agencies turn in vehicles to State Purchasing, insurance coverage will not be dropped until such time as the vehicle has been sold or until it has been reassigned to another agency.
 - b. Agencies shall submit all changes (additions, deletions, coverage changes) for physical damage coverage and liability coverage to the Attorney General's Office Tort Claim Unit (*See SAM 2907*). The Fleet Changes Form may be found on the Attorney General's website. Premium is assessed based on the date of acquisition. Even though the Risk Management Division administers the self-funded physical damage program, the Attorney General's Office maintains the database on the self-funded automobile fleet.
3. **DEDUCTIBLES:** Insured vehicle claims, other than Nevada Highway Patrol, are subject to a ~~\$300~~*1,000* deductible per occurrence for collision and comprehensive losses. Insured vehicles with the Nevada Highway Patrol are subject to a ~~\$500~~*1,200* deductible per occurrence. If another party caused the damage and Risk Management successfully recovers the total amount of the loss, deductibles will be waived or reimbursed. Deductibles are subject to change with due notice, at the discretion of the Risk Manager to promote loss prevention.
4. **EXCLUSIONS:** Claims will be denied if investigation reveals:
 - a. The vehicle was not being used in the course and scope of employment.
 - b. The employee does not possess a current valid driver's license.
 - c. The employee was under the influence of alcohol, illegal drugs or prescription drugs with driving restrictions at the time of an accident.
 - d. The employee violates provisions within Nevada statutes~~ory~~ or ~~State~~-administrative codes and the agency does not have or enforce adequate internal controls and procedures to prevent this type of activity.
 - e. The Risk Manager will have the discretion to waive this exclusion if exceptional circumstances are presented. If a decision is made to cover the physical damage costs under these circumstances, the Risk Manager will seek reimbursement from the employee.
5. **REPORTING PROCEDURES:** Agencies must report any physical damage to covered vehicles that exceed the deductible amounts to the Risk Management Office as soon as possible, but not later than 90 calendar days from the date of damage. Reports must be made utilizing the online Vehicle Accident Form Origami Risk Portal link called, "Submit a Vehicle Accident/Property Loss Claim" on the Risk Management website. It must be filled out as completely as possible and accompanied by three repair estimates and claim documentation such as photos. It is the responsibility of the agency to secure and forward to the Risk Management Office all police reports that are related to a claim. Claims involving another party, which could possibly result in a claim

against the State, must also be reported to the Attorney General's Office Tort Claim Unit.

6. **GLASS REPAIRS:** If the damage is such that a repair, rather than replacement, is needed agencies are encouraged to make the repair. These repairs usually cost between \$30 and \$50 and are 100% reimbursable. Multiple estimates are not required for glass repairs and the usual ~~\$300~~**1,000** comprehensive deductible is waived.
7. **GLASS REPLACEMENT:** The State of Nevada has agreements with several preferred vendors in various regions across the State. These agreements are intended to provide the State with consistently competitive pricing and reduce the administrative burden on agencies.
 - a. Agencies utilizing these vendors will not be required to obtain competitive bids for automobile glass replacement. For information regarding the participating vendors and other details of this program, please contact Risk Management. Agencies unable or unwilling to utilize preferred glass replacement vendors must obtain three (3) estimates for vehicle glass replacement and have the glass replaced for the lowest available cost.
 - b. Exceptions to this rule may be made on a case-by-case basis in rural areas where there are not three available vendors. Because of the nature of glass replacement claims, agencies may obtain telephone estimates for windshield and other vehicle glass replacements. However, these estimates must still be documented for the file. Reimbursement of claims not utilizing contracted vendors must be made using a Windshield/Glass Loss Report Form RSK-001W, which also helps to document telephone estimates. These forms are available from Risk Management.
8. **NUMBER OF BIDS COLLISION DAMAGE:** When a State-owned vehicle has been damaged in a collision, it is the responsibility of the owner-agency to secure three (3) estimates for the repair of the vehicle, unless a waiver is received from the Risk Manager. Waiver may be granted due to unique circumstances including but not limited to remote rural locations or specialty work. The repair must be made using the lowest responsible bid. Reimbursements will be made based on the low bid, when applicable and cannot include State of Nevada sales tax. Agencies doing their own repairs will be reimbursed for parts only, subject to the applicable deductible amount. In cases where contracts are required for repair work pursuant to State Purchasing guidelines and requirements, and the affected agency does not have sufficient funds to execute a contract for the repairs, Risk Management may advance the funds for the loss, less the appropriate deductible, to the agency. Any unused funds that were advanced to an agency must be returned to Risk Management as soon as possible.
9. **ANOTHER PARTY IS LIABLE FOR THE DAMAGE:** If the vehicle is insured by the State for loss against physical damage, Risk Management is available to assist agencies with recovering from the at-fault third party. When another party is responsible for the damage to a State vehicle, Risk Management will assist the involved agency, if needed, to deal directly with the at-fault third party's insurer for the repair of the damaged vehicle. In these situations, the requirement to obtain three (3) estimates for repair of the vehicle may be waived. In cases where the damage is being taken care of directly by the other party's insurer, without going through Risk Management, agencies must still provide an informational summary, including an accident report and repair costs, of the loss to Risk Management.
 - a. If initial subrogation claim is denied or unavailable and the vehicle is insured for

comprehensive and collision loss, Risk Management would pay the loss and would then further pursue recovery from the adverse party. If Risk Management makes full recovery from the adverse party, the agency will be reimbursed any deductible they may have paid. For claims that do not exceed the agency's deductible, the agency will work directly with the third party/his insurer for the repair and/or recoveries of monies spent for the repairs to the damaged State vehicle.

10. PAYMENT TO VENDORS/REIMBURSEMENT TO AGENCIES:

- a. Agency Reimbursement - *When an agency pays for the entire loss out of its budget, Risk Management will reimburse it after submission of the deductible, proof of repair, and evidence that the invoices have been paid by the agency.* ~~If the agency pays for the entire loss out of its budget, reimbursement of expenses will be made by Risk Management directly to the agency, less the deductible, after receiving proof of repair/replacement, copies of the three estimates, and evidence that the invoices have been paid by the agency (e.g., copy of paid invoices, Vouchers Payable, and "3.0" Report, or canceled check).~~ Agencies doing their own repairs will be reimbursed for parts only, subject to the usual deductibles. Reimbursements are typically accomplished using a journal voucher (for those agencies in the State accounting system) or a voucher payable/check (for those agencies outside of the State accounting system). Agencies must submit the "Reimbursement Request Form" located on the Risk Management website under the Vehicle/Property Claims section on the Property Loss/Damage Procedures page.
- b. Risk Management Direct Payment to Vendor. Risk Management can directly pay the vendor. In order to do this, it is necessary that we have the original invoice, written statement from the agency with OK to pay which indicates the work has been completed in an acceptable fashion, copies of the three (3) estimates, and the agency has paid Risk Management the appropriate deductible amount. Risk Management must have the deductible before they can pay the vendor.

11. **TOTAL LOSS REPLACEMENTS:** An insured vehicle will be deemed to be a total loss when the cost to repair it (according to the lowest estimate) is 80% or more of the Kelly Blue Book (mid-range) actual cash value (ACV). Agencies are then responsible for securing a minimum of three (3) reasonable salvage bids. After this is done and once the deductible is received, Risk Management will pay the agency the ACV and any related expenses (e.g., towing) that the agency has paid, less any salvage recovery and deductible amounts. Vehicles may be salvaged via State Purchasing, as well as through commercial salvage operations. For assistance with this process, contact Risk Management. Agencies are responsible to use these recovered funds for authorized expenditures only.

- a. In the event a vehicle is "totaled", the agency must notify Purchasing (to remove the vehicle from the State inventory) and the Attorney General's Office (to delete the vehicle from self-funded insurance coverage). Agencies may decide to keep a totaled vehicle (usually for parts). When they do this, the high salvage bid will still be deducted from the ACV amount. If a vehicle has been totaled, it will not be insured for physical damage coverage in the future.

12. **TOWING:** Towing charges related to an insured comprehensive or collision loss will be reimbursed, subject to the appropriate per claim deductible. Towing should be limited to getting the disabled vehicle to the repair shop or to the closest State facility where it can be stored until such time as a repair can be done or until the vehicle can be sold.

13. **STORAGE.** Efforts should be made to minimize the cost of storage of a disabled vehicle in commercial storage areas. Reasonable storage costs (generally not to exceed 10 calendar days) are a reimbursable expense. However, if the duration of storage is likely to be lengthy, the agency can request assistance from the Risk Management Division to move the vehicle to a State-owned property to minimize storage fees. The Risk Management Division will follow-up with agencies every 30 to 60 calendar days to determine the status of the repairs. If excessive storage fees are being accumulated, the agency head will be contacted for appropriate action.
14. **REPLACEMENT VEHICLES/LOSS OF USE:** The State's self-funded automobile comprehensive and collision program does not provide for temporary replacement vehicles (i.e., rentals) while the damaged vehicle is being repaired or replaced.
15. **SPECIAL EQUIPMENT:** Equipment that is permanently attached to a vehicle is normally insured for physical damage as part of the vehicle, subject to the usual deductibles; examples of this would include such things as NHP light bars, external lights, fixed radios, etc. Other equipment that is in the vehicle, but is not permanently affixed, is insured under the State's property insurance program (which is subject to a ~~\$1,500~~ *10,000* deductible). Some examples of this type of equipment include: State issued firearms, cellular phones, portable two-way radios, laptop computers, etc. Vehicle operators should do whatever is prudent to secure the contents of their vehicle to protect them from damage or theft.
16. **PERSONAL VEHICLES.** When a personal vehicle is used on State business, and is involved in a collision, the employee will need to file a claim with their personal insurance carrier. Risk Management does not insure personal vehicles or reimburse for any collision deductibles.
17. **RENTAL VEHICLES.** Vehicles must be rented from companies with whom State Purchasing and Fleet Services Division have negotiated State-wide agreements. It is not necessary for the agency to purchase additional insurance when renting under those agreements *as* the negotiated contract rates include insurance coverage. As such, usage of the negotiated contracts is mandatory. Any agency renting outside those agreements will be responsible for their own insurance coverage and for any accident claims.
18. **LEASED VEHICLES:** Agency may lease vehicles rather than own them directly. There may be situations where it is in the best interest of the State for agencies to lease vehicles. When the agency lease agreement requires that the State insure these vehicles, it is the responsibility of the agency leasing a vehicle to notify the Attorney General's Office. As with State-owned vehicles, agencies may elect comprehensive and collision (physical damage) coverage (liability is mandatory) to be covered for these types of vehicle losses. Unless physical damage coverage has been elected by the agency, damage to leased vehicles will not be paid by Risk Management; all physical damage costs and related expenses will become the responsibility of the agency.

~~18.P.~~ *Contractors and Mobile Equipment Insurance:- Agencies may insure their contractor's or mobile equipment (e.g., backhoes, graders, forklifts, dump trucks, and other large construction type equipment). Only equipment that is scheduled on the commercial property insurance policy is covered for loss against physical damage or theft. Agencies should contact Risk Management if this coverage is desired.*

0505 Certificates of Insurance

A. In many business transactions (special events, equipment financing, property leasing, etc.), the State is required to provide proof of liability or property insurance. Contact Risk Management with the following information:

1. For liability insurance, the name and complete address of the party requiring the certificate, the purpose for the document, dates for which coverage is required, additional insured requirements, if any.
2. For property insurance, the name and complete address of the party requiring the certificate, a description of the property to be insured, the complete physical address of where the property is located, the total dollar value of the property, loss payee requirements, if any.

B. Risk Management will promptly arrange to have the evidence of insurance provided the requiring party.

~~1. Contractors and Mobile Equipment Insurance. Agencies may insure their contractor's or mobile equipment (e.g., backhoes, graders, forklifts, dump trucks, and other large construction type equipment). Only equipment that is scheduled on the commercial property insurance policy is covered for loss against physical damage or theft. Agencies should contact Risk Management if this coverage is desired.~~

~~2. Excess Commercial General Liability Insurance. Agencies are sometimes required (often as a requirement of property or equipment lease agreements) to obtain commercial general liability insurance coverage. This coverage typically provides limits that are higher than those afforded.~~

~~3. Certificates of Insurance. In many business transactions (special events, equipment financing, property leasing, etc.), the State is required to provide proof of liability or property insurance. Contact Risk Management with the following information:~~

~~C. For property insurance, the name and complete address of the party requiring the certificate, a description of the property to be insured, the complete physical address of where the property is located, the total dollar value of the property, loss payee requirements, if any. Risk Management will promptly arrange to have the evidence of insurance provided the requiring party.~~

0510 Premium Payments

All State agencies covered under the various insurance policies and the State self-insurance program will pay their share of the premiums and administrative fees as determined by the rating plans adopted by the Budget Division of the Governor's Finance Office on behalf of the Risk Management Division. Expenditures shall be made by the Risk Management Division for insurance premiums, self-insured losses and other expenses that may be necessary. Variable deductibles may be assigned to agencies to promote loss prevention programs.

0514 Additional Insurance

Agencies with requirements for special insurance coverage for their property or operations must contact

Risk Management with the particulars. Risk Management will then review the needs and conduct a market search for available contracts, coverage, and premiums. Agencies will be billed for policies or bonds coverage placed on their behalf.

0516 Request for Proposals, Contracts, and Agreements

- A. Most contracts and agreements contain insurance requirements and hold harmless (i.e., indemnification) provisions which affect the State's liability insurance or self-insurance program. To ensure adequate protection is provided to the State, the Insurance Schedule (Attachment BB of the Independent Contractor Contract available at the State Purchasing website), must be completed for all bid documents or requests for proposals and all contracts above formal competition limits in SAM 0305. Risk Management also provides a sample contract/attachment BB on its website under the Contracts menu section within the "Insurance Requirement for Contracts" page. See link called, "Contract for Services of Independent Contractor."
- B. For small contracts awarded informally, State Purchasing has developed a *simplified*~~short-form~~ contract, with the standard insurance requirements already included. The "*Short Form Contract*"~~contract~~ form is located within Popular Links section under the Contracting Toolbox link under the Forms/Template Section. ~~Short form is called, "Short Form Contract"~~.
- C. To further assist agencies, Risk Management has published various standard insurance schedules based on common scopes of work within a web-based document called "Insurance Requirements for Contracts Manual", *which* can be found under the Contracts menu section within the "Insurance Requirement for Contracts" page. Modifications from those schedules contained within that manual are only made if agencies can demonstrate that their contract scope falls outside of the standard published scope.
- D. Agencies may request additional assistance from Risk Management for review of hold harmless language and setting of insurance minimum limits and requirements should their contract have a specialized scope or circumstances. To obtain that review, copies of the proposed contracts or agreements along with scope of work, should be forwarded to the Risk Management Division 60 calendar days prior to contract or as soon as possible to allow sufficient time for review and negotiation of any necessary changes before contract.
- E. As directed by the Budget Division of the Governor's Finance Office, contracts are entered into the Contract Entry and Tracking System (CETS). Within CETS agencies must enter insurance information regarding the insurance schedule used for their contract. Agencies can request a waiver of required insurance as directed within CETS. Evidence of the required insurance must be entered within the insurance compliance section within CETS as well. Risk Management provides centralized monitoring of contracts to ensure that required insurance specifications are being met and that all insurance policies are current and placed with insurers acceptable to the State of Nevada.
- F. Sole Proprietors. Effective July 1, 2001, sole proprietors, as defined in [NRS 616A.310](#), contracting with the State of Nevada may reject workers' compensation insurance coverage. An Affidavit of Rejection of Coverage must be executed by the sole proprietor/contractor. The affidavit form is available from the Office of the Attorney General and the Risk Management Division~~office~~.

0518 Inspections

Risk Management and the State's insurance carriers may inspect State facilities. Agencies must do whatever is reasonable to cooperate with these inspections and shall make all reasonable efforts to comply with all recommendations in a timely manner. Each agency that is provided a copy of an inspection report with recommendations must submit a documented action plan within 30 business days to the Risk Management Division addressing the recommendations. The boiler inspector has the authority to immediately shut down any boiler that poses an immediate danger to persons or property.

0519 Security

- A. Agencies should take all necessary precautions for the security of their property. Duplicates of valuable records and frequent backups of electronic data should be made and stored in separate locations. Special attention should be paid to areas open to the public if there is a potential for loss. In the event of losses, agencies must promptly do whatever is reasonable to preserve and protect any salvageable property.
- B. Personnel should be made aware of their need to protect their personal belongings from theft or other loss as the State's insurance does not cover such losses.

0520 Property Conservation and Loss Prevention

- A. Each department is responsible for loss prevention activities within its agencies. Risk Management is prepared to assist in coordinating employee/supervisor accident prevention training and set up hazard recognition surveys. These services are intended to complement, not take the place of agency loss control efforts.
- B. Agency responsibilities:
 - 1. Alert Risk Management of those operations and activities that could cause losses. Agencies must also notify Risk Management when there have been significant changes in the use and occupancy of their facilities.
 - 2. Cooperate with Risk Management in the investigation of claims, accomplishment of various insurance surveys, and the remediation of unsafe conditions.
 - 3. Review and sign all accident or incident reports before forwarding to Risk Management.
 - 4. Conduct routine and detailed inspections of its properties and fire protection systems.
 - 5. Perform or cause to be performed preventive and corrective maintenance on State properties, to ensure that properties are not damaged or destroyed due to poor maintenance. Documented records must be maintained.
 - 6. Water Damage
 - a. Immediate attention to and correction of water leaks and flood events must be initiated to

- prevent unhealthy fungal growth from occurring.
- b. Water intrusion events not corrected within 48 hours can lead to fungal growth.
 - c. The Risk Manager must be notified when evidence of water damage such as damp carpets, water stains on walls or multiple ceiling tiles, discoloration, etc., or suspected mold growth is identified or discovered at either State owned or leased buildings.
 - d. Agencies must follow the guidelines established by the Risk Manager regarding the identification, sampling methodology and remediation of water damaged materials and fungal growth or secondary fungal contamination.
7. Air handling and ventilation systems must be inspected and cleaned on an annual basis. Filters must be installed and replaced in accordance with the manufacturer's recommendations. Documented records of inspections, cleaning and filter changes must be maintained and will be reviewed periodically.
 8. HVAC systems must be tested and balanced, if indicated, at least every five (5) years.
 9. Request adequate funding to appropriately maintain agency properties and conduct activities in a manner that is safe and healthy for employees, clients, and members of the public.

0521 Safety and Health Program

- A. Each department is responsible to develop and implement a safety and health program for State of Nevada employees and volunteers, consistent with the requirements of [Nevada Revised Statutes, Chapter 618](#) and the guidelines established by the Risk Management Division. The director, *or other titled executive*, is responsible to ensure that *their department, including any* ~~each~~ divisions; therein, adheres to the requirements established for ongoing implementation of the program. The Risk Management Division is responsible to monitor the effectiveness of these programs; review program activities; publish an annual report including comparative statistical information; provide technical assistance to agency representatives; and to identify injury trends and high-risk activities, and take the necessary action to coordinate, develop and implement a plan for risk reduction. The Risk Management Division is prepared to coordinate general employee/supervisor safety training, assist with Safety Committee activities, facilitate special projects involving common safety issues among multiple agencies and provide general assistance for effective program implementation.
- B. Division/Department head responsibilities include:
 1. Safety Coordinator. Designate a safety coordinator to oversee and facilitate the safety efforts of their agencies. This coordinator should have direct access to the agency head or deputy; be given proper authority to ensure that all employees cooperate with the program and be provided ample time to perform the duties of the position, adjusting requirements of other duties if necessary. Risk Management must be notified, in writing, of any changes in the assignment of the Agency Safety Coordinator.
 2. Written Safety Program. Develop, maintain, monitor and revise, on an annual basis or as necessary, a written systematic program of safety and health as outlined by [NRS 618.383](#) and related sections of [Chapter 618 of NRS](#) and [NAC](#). This program must include the following:
 - a. Policy: A statement outlining the agency's commitment to the program with specific

- responsibilities assigned to all levels of employees to ensure that the various elements of the program are carried out. Safety responsibilities must be included in work performance standards.
- b. Safety Inspections: Outline of a plan for informal and formal safety inspections to be conducted on an ongoing basis. Noted hazards must be corrected in a timely manner with responsibilities for corrective action specifically assigned. Agencies can request assistance from the Risk Management Division, [Safety Consultation and Training Section \(SCATS\)](#) of the Division of Industrial Relations or the [State Fire Marshal's Office](#) in completing inspections.
 - c. Safety Training: Outline of a safety training plan for all employees, including mandatory training for managers, supervisors, and other agency designated staff which includes applicable OSHA required training, topics identified by Risk Management and any other safety issues that have caused recurring injuries within the agency. Annual refresher training should be provided. Records must be maintained of these training sessions, including a list of attendees, and be retained for a minimum of *three (3)* years.
- ~~3.~~ Note: Agencies can participate in scheduled safety classes coordinated or provided by the Risk Management Division, contracted consultants or insurance company representatives, ~~Safety Consultation and Training Section (SCATS) of the Division of Industrial Relations~~, or the State Fire Marshal's Office in meeting their safety training needs.
- ~~a.d.~~ Accident Investigation: All minor, serious and near miss accidents with a potential for injury must be immediately investigated by the designated employee and an accident investigation form as prescribed by Risk Management (RM-ACCINV-) completed. The necessary corrective action to eliminate the cause of the injury must be assigned and completed in the timeliest manner possible. Copies of accident investigation reports must be forwarded to the Risk Management Division upon request.
 - ~~b.e.~~ Safety Rules: Specific safety rules pertinent to the unique circumstances of each agency must be adopted, revised, and consistently enforced by supervisors.
- ~~4.3.~~ Safety Committees – Agencies that have 25 or more employees statewide are required to establish an internal safety committee. These safety committees must include representatives of employees. If the employees are represented by a labor organization, the representatives of employees must be selected by the employees and not appointed by the employer. The committee members, not appointed by agency management, should elect the chair of the committee. Frequent meetings should be conducted, but not less than quarterly.
- a. Agencies that have locations with 50 or more employees should establish separate committees or subcommittees to the general committee at these locations.
 - b. If a State building or complex establishes a safety committee, representatives from all agencies regardless of the size must participate. All agency representatives must participate in scheduled evacuation drills coordinated by safety committees.
 - ~~b.c.~~ Agencies with less than 25 employees that are not required to establish a safety committee must allow for suggestions and input regarding safety issues in their general meetings.
- ~~5.4.~~ Alert Risk Management of dangerous situations that are beyond the control of the agency to be corrected or otherwise be resolved in a timely manner. Examples of this may include lack of cooperation from another agency that threatens the safety of employees or the general public; dangerous materials or faulty equipment that cannot be immediately corrected; unforeseen hazards

or conditions that arise or are discovered for which funds are not available to correct; or existence of dangerous conditions in buildings or areas of operation that arise during construction or result from some type of natural disaster.

~~6.5.~~ Cooperate with Risk Management in the investigation of accidents, unsafe conditions, scheduled audits of program activities and submit activity reports as requested.

~~7.6.~~ For additional information refer to [NRS 618.295](#) and [Chapter 618 of the Nevada Administrative Codes](#).

~~8.7.~~ Ergonomic Equipment. Identify and request adequate funds to obtain the appropriate equipment and tools necessary for employees to safely perform their job duties. Standard ergonomic equipment should be provided to employees who perform sedentary and repetitive motion duties for greater than 50% of their average workday. This equipment generally includes an adjustable workstation, adjustable chair, articulating keyboard, headset, wrist rests, footrest, copyholder, and glare screen. Employees with different physical attributes or who have disabilities may need special equipment. Consideration should be given to the use of voice activated software systems, when appropriate, for positions that require extensive data entry. Automated equipment including, but not limited to, electric staplers and automatic date stamps should be provided whenever possible to prevent repetitive motion injuries. Agencies should utilize vendors that take appropriate measurements in recommending equipment/furniture, provide employee/supervisor training, and utilize credentialed/certified personnel in this assessment/training. In the event that an unanticipated need arises, an agency can request financial assistance from the Risk Management Division to prevent immediate injury to an employee. To request financial assistance from Risk Management, the agency must follow the procedures found within the Risk Management website under Safety/Ergonomics.

8. Workplace Violence. A specific section must be included in the safety program to address the prevention of and response to workplace violence, based on the guidelines established by the Risk Management Division and Attorney General's Office. Agency management must initiate immediate intervention when direct threats of violence are reported by employees. Indirect threats, intimidation, harassment, or hostile behaviors must not be tolerated and must be promptly and appropriately addressed. If a significant workplace violence incident occurs, agency management must report it to the Risk Management Division as soon as practical for coordination of appropriate critical incident stress debriefing for employees and their families. Public statements to the press should be restricted to specific and appropriate personnel.

~~9.~~ Note: The Risk Management Division has established a fund to assist agencies in obtaining fitness for duty exams, upon request and approval, for potentially violent or unsafe employees that present an imminent and significant security or liability threat to the agency.

~~10.9.~~ Indoor Air Quality. A specific section must be included in the written safety program to address the prevention of and response to complaints and reports of indoor air quality problems. Each agency must follow the policy and guidelines developed and adopted by the Risk Manager. All investigations related to indoor air quality issues must be coordinated through the Risk Management Division.

0524 Workers' Compensation

A. Policy and Premium. The Risk Management Division is responsible to obtain an insurance policy for and pay premiums on behalf of all agencies within the Central Payroll System. The Risk Management Division is the designated representative for all policy and claims issues. Rates are assessed to each budget account per \$100 of payroll through the payroll system. Claim deductibles may be established and assessed to agencies at the discretion of the Risk Manager, with due notice to affected agencies, to promote loss prevention and cost control. Premiums due for volunteers, board members, interns, inmate, cadet or community service workers or any other State employee not paid through the Central Payroll system are solicited quarterly from identified agencies.

1. Agency Responsibilities:

- a. Notify Risk Management when there is a change in the nature of work being performed, a new budget is added or an existing budget inactivated, a Board or Commission is established, or volunteers, interns, inmates, cadets, or community service workers are utilized at any time during a quarter.
- b. Submit quarterly reports and premium payments to Risk Management as requested for volunteers, board members, interns, inmates, cadets, community service workers or other employees not paid through the Central Payroll System.
- c. Provide updated applications, job descriptions and Memoranda of Understanding as requested by Risk Management.
- d. Maintain a roster of volunteers, inmates, community service workers, interns, cadets, or board members not paid through the Central Payroll System.

B. Managed Care Organizations. Injured employees, who reside in a county where the commercial insurance company has established managed care for workers' compensation, are required to seek medical treatment for injuries and occupational diseases from a physician contracted with the Managed Care Organization, unless there is not a provider within 20 miles of the employee's residence.

1. Agency Responsibilities:

- a. Provide information to employees on their rights and responsibilities regarding the Managed Care Organization and maintain an updated list of physicians included on the panel.
- b. Assist employees, as necessary, in obtaining information and medical treatment.

C. Claims Reporting. Employees are required to immediately report all injuries and accidents to their supervisor, regardless of the degree of injury. They must complete a [Notice of Injury \(C-1 form\)](#) within 7 days of any injury or accident that occurs on the job for which immediate medical treatment is not obtained as per [NRS 616C.015](#). Failure to complete this form in the required time frame will result in the possibility of any claim submitted for an injury thereafter to be denied.

1. Agency Responsibilities:

- a. ~~Maintain~~**Provide** a sufficient supply of *current* C-1 forms, ~~utilizing the correct revision,~~ at all locations and operations for easy access by employees.
- b. Educate employees on their responsibility to complete this form and the consequences of refusing to complete it.

- c. Notify the insurer when the required Notice of Injury Form (C-1) was not completed within the required seven days if a claim is submitted after this time period.
- d. Send a copy of the C-1 Form to the insurer only if a claim has been initiated.
- e. Maintain records of all C-1 forms for three (3) years.
- f. Ensure that employees losing time from work due to their injury do not receive both compensation benefits from the insurer and full-accrued leave concurrently. Employees can use their accrued leave to make up the difference between their compensation benefits and regular salary; however, they cannot receive more than 100% of their regular wage. A leave choice option form can be obtained from Risk Management to assist agencies in complying with this requirement. Once completed the form is to be provided to the insurer.
- g. Supervisors must document an investigation of all accidents. All completed accident investigation forms will be forwarded to Risk Management. The investigation form will be forwarded to the insurer should the employee seek medical attention.
- h. When appropriate, employees should be directed to or assisted in obtaining prompt medical attention.
- i. Agency supervisors or other designated representatives are required to complete, in its entirety, and submit a [Employers' Report of Injury \(C-3 Form\)](#) to the insurer within six (6) business days after the receipt of a Physician's Report of Injury (C-4 Form) for an employee who has sought medical treatment for an on-the-job injury or occupational disease. Employers who fail to return this form within the established time frame are subject to a fine from the Division of Industrial Relations.

~~z.~~ Note: Ideally this form should be completed at the time the employee reports the injury and states their intent to seek medical treatment. This report can be faxed to expedite this process.

- ~~a.~~j. If the validity of the claim is doubted or there are extenuating circumstances, the agency is expected to provide complete and detailed information at the time the C-3 form is submitted.
- ~~b.~~k. Forward a copy of all C-3 Forms to Risk Management.
- ~~e.~~l. If an accident results in a serious injury, fatality, or requires hospitalization, the Risk Management Division and the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations must be called immediately (within eight hours of notification of accident).

D. Claims Management

1. Each agency head must assign a designated employee to act as the workers' compensation liaison, to review and monitor all claims activity. The guidelines established by the Risk Management Division must be followed.
2. If the agency has factual information that the employee has a preexisting condition that could have affected the severity of the resulting injury or occupational disease and this was not noted on the C-4 form, this information should be forwarded to the Risk Management Division and the insurer with a request for Subsequent Injury Review.
3. The designated workers' compensation liaison shall work closely with the insurer/third-party administrator, to ensure that all claims are being handled promptly and efficiently.
4. Technical assistance and/or representation at the hearing/appeal is available from Risk

Management, upon request, when sensitive, serious, or complex claims issues arise. The Risk Management Division may initiate hearings and appeals when the potential for a high cost or precedent setting claim issue occurs. Agencies shall cooperate with the Risk Management Division when this action occurs.

E. Early Return to Work Program

1. All agencies must follow the guidelines of the Early Return-to-Work Program developed by the Risk Management Division and closely monitor the progress of the injured employee to assist in the speedy return to work.
2. Modified duty must be provided whenever possible. ~~and if~~ the agency cannot accommodate the injured employee, the agency must contact Risk Management Division and *the Division of Human Resources Management* ~~State Personnel~~ to locate appropriate modified duty within another agency. Refer to [Nevada Administrative Code 284.600-6008](#) for additional requirements.
3. Injured employees who are unable to return to their former position have reemployment rights within the department ~~or~~ ~~the~~ ~~division~~ ~~that~~ they are injured in, for up to a maximum of one year. NAC 284.6014-6019.
4. Agencies must interview injured employees unable to return to their former positions, ~~from~~ *in* other ~~D~~departments that are referred by *the* Division of Human Resources Management, and give special consideration to hiring them for vacant positions that they are qualified to perform.
5. Employees on temporary assignment as per [NAC 284.6004](#) may be extended beyond the 90-day limitation providing the injured employee is performing 51 percent or more of their regular job duties. The extension shall be limited to one additional 90 days.
6. Agencies who have employees who were injured on the job and subsequently miss 30 consecutive days of work due to that injury will be assessed a \$1,000 deductible by the Risk Management Division. Catastrophic or unusual claims will be considered on a case-by-case basis.

F. Contagious Diseases

1. Agencies that have employees who are considered to be “occupationally exposed” to blood borne pathogens in accordance with [29 CFR 1910.1030](#) must establish an exposure control plan. The plan will be specific to each site within their agency. Procedures for reporting exposures and subsequent testing within 72 hours as per [NRS 617](#) will be addressed in the exposure control plan.
2. Agencies which have employees who are required to be tested for contagious diseases as per [NRS 616C.052](#) shall ensure they have written procedures to comply with this statute. Each agency must request adequate funding to pay for the required screening tests.

G. Employee Medical Examinations/Services

1. The Risk Management Division is responsible to secure and oversee statewide contracts with medical providers/clinics on behalf of all agencies who are required to provide physical exams for police/fire employees pursuant to [NRS 617.455](#) and [617.457](#), and other medical exams, screening

tests or immunizations required by OSHA, EPA or DOT for all agencies who are required to provide these services.

2. Each agency that is required to provide these exams must utilize the contracted providers.
3. Each agency must follow the guidelines established by the Risk Management Division for the types and frequency of exams, screening tests or immunizations.
4. Each agency must request adequate funding to pay for the required medical exams, screening tests or immunizations.
5. Agencies who have employees in the job positions as identified in [NRS 617.135](#) shall ensure the duties of employer as defined in [NAC 617.080](#) are followed with individuals who are identified to have predisposing risk factors for heart and lung disease. Agencies must cooperate with the Risk Management Division in matters dealing with their employee's predisposing risk factors, including the delivery of correspondence from Risk Management to employees with identified risk factors and returning an acknowledgment receipt form for the correspondence to Risk Management within 60 business days.
6. Each agency that has employees who are required to have physicals under [NRS 617.445](#) and [617.457](#), shall establish procedures related to the physical exam process based on the guidelines developed by the Risk Management Division and for personnel who are determined to be unfit for duty by the evaluating physician.
7. Hearing examination results must meet the Council for Accreditation in Occupation Hearing Conservation guidelines for the ability to hear normal speech (55dB threshold at frequencies 500 Hz, 1000 Hz, and 2000 Hz in the better ear with hearing aids). Hearing level thresholds less than 55db in the better ear are expected to jeopardize an employee's ability to safely perform their job duties. Agencies must develop procedures to address fitness for duty issues when levels do not meet this threshold.
8. Hearing examinations conducted pursuant to [NRS 617.454](#) that identify a standard threshold shift of 10dB at frequencies 2000Hz, 3000Hz, and 4000Hz shall be referred to an appropriate medical specialist in accordance with [29 CFR 1910.95](#).

0600 Administrative Procedures

0602 General

The Nevada Administrative Procedure Act, [NRS Chapter 233B](#), sets minimum procedures for (1) regulation-making and (2) adjudication by agencies of State government. The Nevada Administrative Procedure Act is particularly concerned with providing greater public awareness of and participation in administrative rulemaking.

0604 Application

The Nevada Administrative Procedure Act applies to all agencies in the executive branch of State government authorized to make regulations or to determine contested cases, with certain statutory exceptions [NRS 233B.039](#).

0608 Regulation-Making Authority

To the extent authorized by law, each agency may adopt reasonable regulations to aid it in carrying out the functions assigned to it and shall adopt such regulations necessary to the proper execution of those functions. Regulations implement legislative policy and therefore must be consistent with that policy. Administrative regulations must be within the statutory rulemaking authority of the agency, and cannot contradict or conflict with the statutes they are intended to implement. Furthermore, an agency must have specific authority authorizing it to charge or collect a fee before a regulation imposing any such fee may be enacted.

0609 Effect of Regulations

If adopted and filed in accordance with the provisions of the Nevada Administrative Procedure Act, the following regulations have the force of law and must be enforced by all peace officers:

1. The Nevada Administrative Code; and
2. Temporary and emergency regulations

0610 Regulation-Making Procedure

Administrative regulations must be adopted in compliance with statutory rulemaking procedures set forth in the Administrative Procedure Act. Agencies should consult the Attorney General when adopting regulations. The Attorney General's Office publishes the Nevada Administrative Rulemaking Manual that explains the law in greater detail. [Administrative Rulemaking](#)

0700 Open Meeting Law

0702 Intent

Public bodies working on behalf of Nevada citizens must conform to statutory requirements in open meetings under an agenda that provides full notice and disclosure of discussion topics and any possible action. These requirements are set forth in the Nevada [Open Meeting Law](#), [NRS Chapter 241](#). “In enacting this chapter, the Legislature finds and declares that all public bodies exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.” ([NRS 241.010](#))

0706 Application

- A. With limited exceptions, “all meetings of public bodies must be open and public, and all persons must be permitted to attend any meeting of these public bodies.” [NRS 241.020\(1\)](#) The [Open Meeting Law](#) applies to public bodies as defined in statute [NRS 241.015](#).
- B. The Nevada Administrative Procedure Act, [NRS 233B](#), requires all workshops and public hearings held for the adoption of regulations to be conducted in conformance with the [Open Meeting Law](#) [NRS 233B.061](#). This requirement applies to any agency regardless of whether it is a public body or headed by a single individual.
- C. A committee, subcommittee or advisory body that is given the task of making decisions for or making recommendations to a public body is covered by the [Open Meeting Law](#).

0708 Notice

[NRS 241.020](#) includes detailed requirements for the contents of a public notice and meeting agenda, together with posting requirements. Agendas must include a clear and complete statement of the topics scheduled to be considered during the meeting. [NRS 241.020\(2\)\(d\)\(1\)](#) Agendas must also include a list describing the items on which action may be taken and clearly denoting that action may be taken on those items. [NRS 241.020\(2\)\(d\)\(2\)](#) Public bodies should submit all public notice and meeting agendas for review by the Attorney General prior to posting.

0710 Emergencies

[NRS 241.020\(2\)](#) allows public bodies to conduct an emergency meeting or consider an emergency item without complying with the statutory requirement of providing public notice at least three (3) business days prior to the meeting, but all other requirements of the [Open Meeting Law](#) apply. The emergency rule may be used only when immediate action is required and the circumstances were unforeseen. ([NRS 241.020\(10\)](#)) Public bodies should not hold an emergency meeting or consider an emergency item without first consulting the Attorney General as to whether the basis for an emergency exists.

0712 Exemptions

There are specific statutory exemptions and exceptions to the Open Meeting Law; public bodies should consult the Attorney General as to whether an exemption or exception applies.

0716 Void Actions

The action of any public body taken in violation of the [Open Meeting Law](#) is void. ([NRS 241.036](#))

0718 Enforcement

The Attorney General has the statutory authority to investigate and prosecute violations of the [Open Meeting Law](#). ([NRS 241.039](#)) Complaints alleging a violation can be filed with the Attorney General. [File a Complaint](#).

0724 Conclusion

- A. The Nevada [Open Meeting Law](#) is clearly intended to further open government in Nevada. This objective is essential to a democratic society that depends upon a well-informed citizenry. Every public body in this State has both a legal and moral duty to faithfully observe the [Open Meeting Law](#) and to take all reasonable steps to insure public access to its deliberations and actions. Sometimes the particular facts surrounding a meeting will present a close question of law. In those cases, the Attorney General offers the following advice: “If in doubt, open the meeting.”
- B. The Attorney General’s Office makes available the Nevada [Open Meeting Law Manual](#) that explains the law in greater detail. If you require additional information concerning the [Open Meeting Law](#), contact the Attorney General's Office to request a copy of the Nevada [Open Meeting Law Manual](#) or go online to <http://ag.state.nv.us>

1000 Buildings and Grounds

1002 Serving the Capitol

The Buildings and Grounds Section of the State Public Works Division (SPWD) provides maintenance and emergency services in the Carson City Capitol Complex as well as in Reno and Las Vegas.

1004 Scope of Services

The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. Buildings and Grounds maintenance duties include carpentry, construction, plumbing, landscape, irrigation, janitorial services, electrical work, heating, ventilating and air conditioning.

The Buildings and Grounds Division is responsible for minor improvements and repairs not within the scope of the Professional Services Section of the State Public Works Division.

1006 Procedure for Service

Written requests for major repairs or services specific to Buildings and Grounds properties (refer to ~~s~~Section 1012 ~~for listing~~) shall be made in writing to the *Buildings and Grounds* Section using approved forms. For minor repairs, services, or emergencies, in Reno or Carson City, telephone the ~~State Public Works Division~~ (SPWD) at 775-684-1800 and in Southern Nevada telephone the *Buildings and Grounds* Section at (702) 486-4300. If the emergency involves life-safety call 911.

1008 Care of Buildings

Buildings, rooms, basements, floors, windows, furniture, and other items are to be kept clean, orderly and presentable as befitting public property. Conditions should be as such to reduce fire hazard to a minimum.

1010 Inspections

~~State Public Works Division~~ (SPWD) employees periodically inspect State-owned property.

1012 Maintenance, General

The Buildings and Grounds Section maintains all State buildings, grounds and properties not otherwise provided for by law.

1014 Janitorial Service

Most State-owned buildings are cleaned by a contracted janitorial service. Desks will be cleaned upon request only if all objects are removed from the desk surface. Janitors are under specific instructions not to clean those portions of the desks that have papers and/or objects left upon them.

1016 Craft Services

The Buildings and Grounds Section performs electrical, carpentry, flooring, concrete repair and replacement, painting and plumbing services and property maintenance. ~~The Section~~ *Buildings and Grounds* employees are skilled tradesmen and are assigned to repair duties accordingly. Some work, particularly extensive remodeling, may be contracted. Buildings and Grounds is authorized to charge for materials, parts, and a labor rate for all extra services requested by agencies, such as remodeling, moving, installing fixtures and equipment such as shelf building, etc.

1020 Leases

The Administrator of the ~~State Public Works Division~~ (SPWD) has authority to lease office space for State agencies and departments and approves and issues all leases for State leased office space. ([NRS 331.110](#)) Leases that extend beyond a one-year term require approval of the Board of Examiners (BOE) (SAM 0112). When an agency determines a need for office space and has budget authority, a Space Request Form must first be completed and submitted to Leasing ~~and~~ Services. The Space Request Form is available from the SPWD website at <http://bandg.state.nv.us> (click on “Services” then “Leasing Program”). The SPWD will determine whether the agency will be housed in leased or State-owned space.

~~If leased space is selected and taking into consideration an agency’s particular needs and requests, the Division will locate potential sites for the agency to inspect. Once the location is selected, the Division will negotiate lease terms, prepare lease documents and obtain required approvals. Leased space requirements should be scheduled to allow time for the Division to accomplish the above. Additional time should be allowed depending on required tenant improvements. To cover this service, a percentage of the rental fee for leased space goes to the Buildings and Grounds Section.~~

~~At no time should the agency enter into negotiations with private building owners or their agents.~~

~~The exception to this Section 1020 is a requirement for storage space.~~ If *a lease is solely for* the storage space *and* does not involve staff being located at *or* ~~and~~ utilizing office space within the storage unit, the rental agreement can be negotiated and approved (by following contract procurement procedures) directly by the requesting agency.

Note: SPWD does not provide leasing services for the Nevada System of Higher Education or State Boards that are exempt from State financial administration laws.

1022 Rent Charges for State Owned Buildings

- A. The ~~Administrator of the State Public Works Division~~ *Governor’s Finance Office* determines the rent cost per square foot, *based upon* the *calculated* rentable ~~space~~ *area* occupied by each agency, *as determined by the Leasing Services Section of the SPWD*, and the total yearly charge to each agency. *Based upon the type of space rented*, Each agency shall pay the appropriate amount to the *Leasing Services* Section’s operating fund.
- B. The ~~lease~~ rate is expressed as a cost per square foot per month. This is the most common manner of expressing *rent rates* ~~lease~~ or service charges and provides comparability with non-State-owned buildings’ costs. All State-owned buildings have the same ~~lease~~ rate *for the type of space rented (unless otherwise allowed)*. *Contact the Leasing Services Section if there are any questions on the*

~~costs of a particular building. Non State owned buildings vary as to price depending on location, amenities, physical condition and age. Contact the Division if there are any questions on lease costs of a particular building.~~

1024 Office Space

The Buildings and Grounds Section must supply suitable and sufficient office space for all State agencies and officials. Agency needs should be brought to the attention of the ~~Division~~ *Leasing Services Section*. Administrative officials should make every effort to efficiently utilize all space available to them.

1026 Protection of State Property

The Administrator of the ~~SPWD State Public Works Division~~ with the assistance of the ~~Department of Public Safety's~~ *Capitol Police of the Department of Public Safety* have the authority to prevent any unlawful activity or damage to any State property under ~~his/her~~ *their* supervision and control to protect the safety of any persons on that property. ([NRS 331.140](#))

1028 Energy Conservation

The *Buildings and Grounds* Section has an energy conservation program involving State-owned and leased buildings. The following guidelines are to be followed:

1. Building temperatures ~~should be kept at a maximum of 68° F in the winter and a minimum of 78° F in the summer~~ *are managed by Buildings and Grounds for optimum energy efficiency and comfort*; and
2. General office ambient lighting levels are to be kept between 25 and 60-foot candle power. Desk top levels in the range of 50 to 70-foot candles may be attained through the use of task lighting if needed.

~~Buildings will be heated or cooled to 55° F and 85° respectively and lighting reduced to minimum safe levels during weekends and after regular office hours unless specifically approved by the Administrator of the State Public Works Division.~~

~~Section employees make periodic inspections of buildings to insure that energy policies are being enforced. Portable space heaters will not be allowed unless authorized by the Division.~~

1030 Energy Information and Assistance

The Buildings and Grounds Section, upon request, will provide information and assistance to any agency, bureau, commission, department or division engaged in the management, planning, utilization and distribution of energy.

1032 Recycling of Aluminum Cans

Until such a time as the contract provisions described in SAM 0117 require a vendor to provide for the recycling of aluminum cans, the ~~division~~ *SPWD* shall provide for the collection and recycling of aluminum cans in State buildings having a vending machine that dispenses soft drinks in aluminum cans.

1200 Mail Service

1202 General

The Administrator of the Mail Services Division supervises mail service for all State offices, departments and agencies located in Carson City, Las Vegas and Reno. All State agencies shall use the services provided by the Mail Services Division unless the Director of the Department of Administration provides specific exemption. Requests for exemption must be submitted in writing to the Director of the Department of Administration and contain a business justification for the exemption. Exemptions are valid for the duration of a biennium and must be renewed as part of the budget building process.

1204 Revenues to Department of Administration Communications Fund

The Mail Services Division is supported from charges to the ~~using~~ *customer* agencies.

1206 U.S. Mail Service

- A. The outgoing mail is picked up when mail is delivered, usually one pickup in the morning ~~and one pickup in the early~~ *or* afternoon. *There is no late afternoon pickup after 3:00 p.m.* The Mail Services Division will handle small mailings delayed beyond pickup time until 3:30 p.m. if delivered to the mail facility. ~~There is no late afternoon pickup.~~
- B. The Mail Services Division will apply only applicable postage to each piece of mail. Such markings as “bound printed matter,” “priority mail,” “parcel post,” “media mail,” “non-machinable,” “library mail,” etc. must be applied before mail is picked up.
- C. Certified mail, registered mail and return receipts are handled for departments, but the relevant postal sticker, identifying the specific type of mailing, must be affixed on the mailing *by customer agencies*. Each mailing must have the recipient’s name and address, sender’s return address and the applicable postal form completely filled out and affixed to the mailing.
- D. Agencies must have a budget account number above the return address of each mail piece to ensure that postage is correctly charged to that account. Agencies that require a special ~~computer~~ *charge* breakdown within their budget (*for example, charges to special grant funding*) should contact the Department of Administration, Administrative Services Division *and Mail Services*, for special account numbers *prior to the mailing job being completed*.
- E. The Mail Services Division does not handle personal mail. Any personal mail sent through the mailroom will not be delivered.
- F. The mailroom hours in Carson City are 6 a.m. to 5 p.m. daily except Saturdays, Sundays or holidays. The mailroom hours in Las Vegas are 7:30 a.m. to 5 p.m. daily except Saturdays, Sundays and holidays.

- G. All printing orders for envelopes, mailers, or forms must be reviewed by the Mail Services Division before printing to ensure the order meets postal regulations.
- H. State agencies using services provided by the Mail Services Division are billed each month ~~with certain large accounts billed in advance for postage~~. Claims are expected to be submitted before the 10th of each month. Agency charges are made for postage, salaries of mailroom personnel and operating expenses.
- I. An agency's share of the latter expenses will be determined by the dollar volume of postage used. Any questions on billings should be directed to *the* Department of Administration, Administrative Services Division. *For additional detailed information regarding charges, such as class of mail, please contact Mail Services at mail to: mailservices@admin.nv.gov.*

1208 Mailing Hints, Economies

- A. *Please give Mail Services as much advance notice as possible for mailing projects and complete a work order form and submit it to mailservices@admin.nv.gov. This form should be completed with appropriate contact information, budget account number to be charged, the amount of pieces to be processed, date to be completed, and any other special instructions.*
- B. *Typical turnaround time on your mailing pieces will be 48 to 96 hours, depending on the size of your mailing job. On high volume jobs, please call ahead for proper preparation of materials and to establish a turnaround time.*
- C. Use standard fonts for letter-size mail (12 pt Courier recommended) ~~to receive postage discounts~~.
- D. *If an agency needs to send mail from a rural area, please contact Mail Services to have postage emailed through Pitney Ship Pro.*
- E. ~~Use Standard or Media Mail whenever possible for larger bulk mailings. Contact the Mail Services Division at (775) 684-1860 for more information.~~ *Place labels for extra services above the delivery address and to the right of the return address, or to the left of the postage.*
- F. In most cases, do not use priority mail or special delivery on Fridays or the day before a holiday. Regular mail will serve just as well to most destinations.
- G. Use certified mail rather than registered mail whenever possible, unless sending international mail.
- H. ~~Do not use special delivery for parcel post when special handling will do just as well. The latter is very often just as fast.~~ *If shipping thumb drives, please mark the envelope as "non-machinable."*
- I. All outgoing mail to be insured must have all proper forms filled out and attached to the mail piece(s).
- J. Do not send books first class, if possible. They may be mailed at a media mail rate.
- K. Nine-digit or five-digit ZIP codes must be used on every piece of mail.
- L. Do not stack inter-office or stamped mail in with outgoing mail.

- M. International letters should be kept separate (airmail and surface mail).
- N. When sending large packages or boxes via commercial carrier (e.g., Fed Ex, UPS, etc), designate the type of service if sending other than regular ground. If the package(s) is to be insured, please designate the value.
- ~~O. To avoid delays in delivery or potential return of your inter-departmental mail, be sure to address your mail pieces properly by including:~~
- ~~1. The recipient's agency fully written out (do not use an acronym).~~
 - ~~2. The destination city (e.g., Carson City, Las Vegas, Reno).~~
 - ~~3. The recipient's first and last name.~~
 - ~~4. The sending agency.~~
- ~~P.O.~~ All letters must not have any text appearing below the address block.

1210 Inter-Departmental Mail

- A. The Mail Services Division offers inter-departmental mail service to all participating agencies in Carson City, Las Vegas, and Reno. Mail going to agencies outside our service area or to non-participating agencies must be mailed via the U.S. Postal Service. Further information regarding inter-departmental mail service can be found ~~in the Mail Guide or~~ by calling the Mail Services Division, at 775-684-1860 in Carson City, or 702-486-2485 in Las Vegas.
- B. *If your agency is not currently participating in interdepartmental mailing but would like to sign up, please notify Mail Services at mailservices@admin.nv.gov.*
- C. *Interoffice mail services are charged per budget account at the beginning of the fiscal year. Any mailstops added during the fiscal year will be added and charged in the following budget cycle.*
- D. *Agencies that choose not participate in interoffice mail are welcome to drop off interoffice mail for participating agencies. Additionally, mail going to the USPS and needing postage added can be dropped off to the northern or southern facility to have postage applied and charged back to the proper budget account.*
- E. *Addressing Interdepartmental Mail*
- 1. To avoid delays in delivery or potential return of your inter-departmental mail, be sure to address your mail pieces properly by including:*
 - a. The recipient's agency fully written out (do not use an acronym).*
 - b. The destination city (e.g., Carson City, Las Vegas, Reno).*
 - c. The recipient's first and last name.*
 - d. The sending agency, name of sender, and budget account number.*
 - e. Many agencies have Finance, Personnel, Accounting, etc., so please be specific.*
 - f. Please limit the use of abbreviations.*

- g. Many agencies have northern and southern offices, please be specific to the location you are mailing to (CC for Carson City, LV for Las Vegas, and Reno).*
- 2. Interdepartmental mailing is not available in rural areas such as Elko, Ely, Fallon, Lovelock, etc. If your office is in a rural area, mail needs to be sent via USPS. A list of participating agencies, their addresses, and budget account numbers (BA#) can be provided by Mail Services upon request.*
- 3. Interdepartmental correspondence should be placed in reusable envelopes. The previous address should be marked out when the new address is applied.*
- 4. If using a different envelope than a reusable envelope, please follow the same addressing instructions above, but make sure to indicate that it is “interdepartmental.”*
- 5. Packages weighing over 25 pounds will be sent via FedEx ground.*
- 6. High-value and breakable items such as computers, laptops, and monitors are not recommended for interdepartmental mailing and should be sent via FedEx Ground with proper insurance.*
- 7. The Mail Services Division will not be held liable for any damaged items in interdepartmental transit.*
- ~~1.8.~~ Each agency must have incoming and outgoing mail baskets.
- ~~2.9.~~ Inter-departmental and outgoing mail should be separated and labeled to facilitate pickups and deliveries. Further information regarding inter-departmental mail service, or any of the other types of services offered by Mail Services Division, can be obtained by calling the Mail Services Division, at 775-684-1860 in Carson City, or 702-486-2485 in Las Vegas or emailing them at mailservices@admin.nv.gov.

1300 State Vehicles

1302 Policy

- A. All State-owned vehicles shall be used only for authorized official business and driven by qualified and authorized personnel in a safe and courteous manner. Smoking in State-owned motor vehicles is strictly prohibited.
- B. To avoid violations of State policy prohibiting the use of State vehicles for non-State use, agency heads are urged to remind their employees who utilize State-owned motor vehicles of the provisions of [NRS 204.080](#).
- C. The policies outlined in this chapter are applicable to all State vehicles, whether agency-owned or Fleet Services-owned. Please see SAM 1400 for policies and procedures specific to Fleet Services rental vehicles.

1305 Insurance Coverage & Defensive Driving Requirement

- A. A State-owned vehicle will be covered for auto physical damage when driven by any State employee, temporary employee, board member, commissioner, volunteer, contracted employee or those working in conjunction with the State of Nevada while conducting official State business and within the course and scope of employment.
- B. The Defensive Driving course is required for all executive branch employees whose job functions require driving a State-owned vehicle for State business. Employees and other authorized drivers should refer to the Risk Management Division website for further details at <http://risk.nv.gov/>.

1307 Texting While Driving a State Vehicle

- A. Pursuant to [NRS 484B.165](#), a person shall not drive a motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication. Furthermore, hand-held mobile phone conversations and accessing the Internet are also prohibited. As used in this section “write, send, or read a text-based communication” means using an electronic wireless communications device to manually communicate with any person using a text-based communication, including, but not limited to, communications referred to as a text message, instant message, or e-mail.
- B. This does not apply to a driver who is:
 - 1. Reporting a medical emergency, safety hazard, or criminal activity;
 - 2. Using a voice operated navigation system affixed to the vehicle or those riding in autonomous vehicles;
 - 3. Using citizen band or other two-way radios that require a license and have a separate hand-held microphone;
 - 4. A law enforcement officer, firefighter, or emergency medical professional acting within the scope of their employment;

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

1309 Insurance

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

1310 Identification of State Vehicles

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

- A. Exempt license plates or a license plate that identifies the vehicle as a State vehicle; for example, a “DOT” plate.
- B. Vehicles equipped with exempt plates must have at a minimum one of the following: window decals or decals placed on the outside of the vehicle; or license plate frames labeled with the words “State Vehicle” and “For Official Use Only.”
- C. Window decals must be placed in an appropriate area of the front and rear window that ensures the decals do not obstruct the driver’s view.
- D. Refer to SAM 1312 for exemptions.

1311 Home Storage of State Vehicles

- A. It is the policy of the Board of Examiners (BOE) that the home storage of State vehicles be authorized in certain circumstances. However, this approval will be limited by individual justification based on convenience and benefit to the State, rather than the authorized driver. The department head or their designee is authorized to approve home storage of State vehicles for their respective department. Each department head shall establish policies outlining the process and the justification for the approval. The department must retain all documentation relevant to the policy per their department’s records retention schedule. In general, home storage may be authorized only when less costly to the State or when a State vehicle must be used by the employee because the vehicle is specially marked or equipped.
- B. Per the Internal Revenue Service (IRS), home storage of a State vehicle is considered a form of compensation in some circumstances. A vehicle that is used by an employee exclusively for business purposes is treated as a working condition fringe benefit. If an employer-provided vehicle is used for both business and personal purposes, the personal use is considered taxable wages to the employees. As a result, agencies should review the IRS website for current IRS rules. In particular, IRS Publications 15-B and 5137 (IRS Fringe Benefit Guide) should be consulted.

- C. Home storage of State vehicles may be authorized only if the following apply:
1. The department has verified that the justification meets IRS guidelines for non-taxable fringe benefits.
 2. The agency is unable to provide adequate, secure storage for the vehicle and the vehicle is at substantial risk if not stored at an employee's home during non-working hours; or
 3. The officer or employee is directed, in writing, by the head of the agency to which the vehicle is assigned, or their designee, to keep the vehicle at their residence because their duties include responding to conditions that regularly require an immediate response; or
 4. The employee operates out of their home.
- D. Authorization may be given for items three and four only if demonstrated, to the satisfaction of the department head or their designee, that it is less costly to the State to assign a State vehicle than to reimburse the employee for the use of their personal vehicle. This requirement does not apply for items three and four if the vehicle carries or is equipped with special equipment needed to perform duties directly related to the employee's job and the employee is in an emergency response capacity after normal working hours.
- E. The department head or their designee must give written approval for the permanent assignment of vehicles to an employee for home storage and a list of those approvals, with justification, must be submitted to the Director of the Department of Administration on or before January 1 of each year together with a report on the value, for federal income tax purposes, of commuting trips made by employees in State vehicles. This report will be made on a form designated by the Director of the Department of Administration. In order to have a complete record, a response from the agency is required even if there are no vehicles authorized for home storage.
- F. Special Note for Law Enforcement Agencies:
- ~~+~~ IRS policy indicates that use of clearly marked police, fire, or public safety officer vehicles by public safety officers is a qualified non-personal use vehicle if, among other stipulations, the employee must always be on call and the employer prohibits personal use other than commuting. Unmarked law enforcement vehicles may be qualified non-personal use vehicles if the vehicle is used by a full-time law enforcement officer authorized to carry firearms, execute warrants, and make arrests, among other requirements. Any State law enforcement agency is responsible for consulting the IRS policies in the development of its own agency policy, and for conforming to those federal policies.

1312 Provision for Unmarked Automobiles

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

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

1314 Purchase of State Vehicles

- ~~A.~~ Agencies must follow [NRS 334.010](#) and SAM 0300 when purchasing vehicles, including:
1. Agencies must complete a [Board of Examiners Request for Approval to Purchase a State Vehicle](#) form and submit to the Governor's Finance Office.
 2. Fleets based in Clark County or Nye County may be subject to the alternative fuel vehicle purchase requirements of the federal Energy Policy Act of 1992 (Public Law 102-486). The Nevada Governor's Office of Energy reports on Energy Policy Act compliance for the State fleet to the U.S. Department of Energy and can provide guidance on meeting vehicle purchase requirements.
 3. Vehicles with a police package are recommended for all law enforcement work. Agencies should reference [NRS 484A.480](#) prior to purchasing emergency lights to ensure lights are authorized.
 4. State agencies are required to utilize the contracts awarded by the State Purchasing for Fleet, Alternative Fuel and Police vehicles and submit a [Vehicle Order Form](#) with their requisition to State Purchasing.

1316 Vehicle Replacement Policy

- A. State vehicles shall be at least 10 years old or have a minimum of 100,000 miles (for sedans)/125,000 miles (for SUVs, vans, and trucks) at the time of replacement.
- B.* Because of the variety of situations faced by agencies, agencies may adopt an alternative policy where unusual circumstances justify replacing a vehicle sooner. An agency adopting an alternative policy must submit their proposed policy and its justification to its budget analyst within the Governor's Finance Office for review and approval by the Board of Examiners (BOE). The alternative policy may not be adopted until such approval by BOE. Alternative replacement policies shall be attached to an agency budget request during each budget building cycle.
- ~~B.C.~~ *Agencies should, to the extent possible, rotate vehicles with low mileage in order to maximize the use of State vehicles and budgetary resources.*

1318 Maintenance

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

1320 Records

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

1322 Complaint Procedure

- A. Direct all complaints concerning misuse of State automobiles to the Fleet Services Division Administrator who will then notify the agency head regarding possible misuse of a State vehicle. If the vehicle is a Fleet Services Division vehicle assigned to an agency, the agency head, together with the Fleet Services Division, shall investigate the complaint, discuss the complaint with the offender's supervisor, ascertain that all facts are obtained and take any appropriate supervisory action.
- B. The agency head will promptly communicate with the complaining party to assure ~~them~~^{him} that the State appreciates the *matter being brought to the State's attention*~~ir—interest~~ and *that appropriate*~~desires to take~~ action *will be taken where* warranted.

1323 Telematics

- A. ~~The State has~~^{Purpose. To} established ~~a statewide requirements for the use of telematics equipment and data associated with State of Nevada Fleet vehicles. The vehicle~~ telematic ~~system program~~ *is used* to monitor State ~~of Nevada~~ vehicle location and activities. ~~The intent of the program is to, which will improve employee safety, create operational and efficiency, energy efficiencies, and reduce costs reduction. Telematic data increases productivity and efficiency while mitigating risk through such factors as improved dispatching, driver routing, vehicle maintenance, safe driving habits, fuel economy, and energy transfer. This policy will be administered in compliance with all State, federal and local laws.~~
- B. ~~Scope. This vehicle~~ telematic ~~program~~^{universal policy} applies to all employees operating a State ~~of Nevada Fleet~~ vehicle equipped with a telematic device.
 1. Employees have no reasonable expectation of privacy while using a State ~~of Nevada~~ owned vehicle.
 2. The State ~~of Nevada~~ reserves the right to use telematics data to monitor State ~~of Nevada~~ owned vehicles.
 - a. ~~While m~~Monitoring may take place on a regular or random basis.
 - b. ~~Telematic data is collected for the location and~~ activities of all ~~State of Nevada~~ Fleet *Services owned* vehicles~~Telematics collects a variety of information about State of Nevada Fleet vehicles, including location, speed, path of travel, route stopping, maneuvering severity, idle and park time, vehicle break downs, and scheduled maintenance needs.~~
 - c. ~~The State of Nevada may uses this information for a range of purposes that benefit both employees who drive State vehicles, employee passengers, and the public and must be used lawfully and fairly.~~
 - d. *Telematics data may be used to address operational training and performance management issues (e.g., driving unsafely, using a State vehicle in violation of any law or policy, or for an unacceptable use). Employees who use State property in an unauthorized manner may be*

- subject to corrective or disciplinary action.*
- e. Telematic information ~~gathered~~ may be available for review by authorized personnel, ~~which may include~~ Fleet Coordinators, ~~managers,~~ Human Resource representatives, ~~supervisors and managers,~~ ~~other State agencies such as the Office of~~ Risk Management, Fleet Services ~~Division,~~ Attorney General's Office, and, *in the event of a claim or litigation,* third parties ~~in the event of a claim submissions or litigation.~~
 - i. *Access to the data produced by the telematics system will be strictly controlled and securely maintained at all times by any authorized user.*
 - ii. *Printed reports must be securely maintained with tightly controlled access.*
 - iii. *Distribution of telematics data should not occur without approval from an agency human resources representative or appointing authority.*
 - iv. ~~Subject to either NRS, NAC, or other applicable laws, the agency may~~ *Disclosure of telematics information when appropriate to third parties, including such as law enforcement, for administrative or legal proceedings, and when otherwise necessary to respond to claims, to protect the State's legitimate interests or the health and safety of others, or as required by law are subject to applicable statutes and regulations.*
3. ~~Data from telematic systems are maintained by the State Agency Fleet Services Division Manager and purged based on the State retention policy, except when subject to a legal hold.~~
 4. ~~Supervisor Responsibilities.~~ *Department directors, managers, and Supervisors responsible for overseeing authorized State of Nevada Fleet vehicle drivers are responsible for;*
 - a. *Informing employees that all driving is monitored by telematics;*
 - b. *Creating a telematics data and driver performance review process.*
 - c. *Reviewing data to determine how drivers are behaving in variable traffic, road and weather conditions;*
 - d. ~~Enforcing compliance with this policy and agency specific guidance around authorized use of State of Nevada vehicles.~~
 5. *Tampering or Altering Telematic System:*
 - a. ~~Tampering with or altering the physical telematics equipment in a State of Nevada vehicle is prohibited.~~
 - b. ~~Tampering with or altering the telematics equipment by intentionally blocking or interfering with the electrical systems, wireless signal, or satellite receiver/antennae is prohibited.~~
 - c. ~~Attempting to repair or adjust the telematics system in a State Fleet vehicle is prohibited.~~
 - d. *NRS205.274 Employees who believe that the telematics system in a State Fleet vehicle is not working properly should report the malfunction immediately to the agency vehicle coordinator.*

~~B.—~~

~~C.A.—Employee Responsibilities. Employees who operate a State of Nevada vehicle are responsible for the following:~~

- ~~1.—Maintaining a valid, non-restrictive drivers license;~~
- ~~2./ Obeying all traffic laws and associated regulations;~~
- ~~3./ Adjusting behavior to account for variable traffic, road and weather conditions;~~
- ~~4./ Reporting to their employer any traffic citations received or accidents occurring in a State vehicle;~~
- ~~5./ Reporting to their employer any medical condition that may impact their ability to safely operate an agency State of Nevada vehicle;~~

- ~~6.1. Paying any traffic or parking citations received in a State of Nevada owned vehicle;~~
- ~~7.1. Using the State of Nevada owned vehicle for proper work-related purposes.~~

~~D.4.— Supervisor Responsibilities. Supervisors responsible for overseeing authorized State of Nevada Fleet vehicle drivers are responsible for;~~

- ~~1.— Informing employees that all driving is monitored by telematics;~~
- ~~2.1. Reviewing data to determine how drivers are behaving in variable traffic, road and weather conditions;~~
- ~~3.1. Enforcing compliance with this policy and agency specific guidance around authorized use of State of Nevada vehicles.~~

~~E.— Information Collection and Use.~~

~~1.— *Telematic data increases productivity and efficiency while mitigating risk through such factors as improved dispatching, driver routing, vehicle maintenance, safe driving habits, fuel economy, and energy transfer.* Telematics collects a variety of information about State of Nevada Fleet vehicles, including location, speed, path of travel, route stopping, maneuvering severity, idle and park time. The State of Nevada uses this information for a range of purposes that benefit both employees who drive State vehicles, employee passengers, and the public.~~

~~2.— Data obtained from telematic units is an invaluable operation and customer tool to:~~

- ~~a.— Help the State to improve employee safety, reward safe driving, and increase efficiencies;~~
- ~~b.— Empower agencies to make more informed dispatching and customer decisions;~~
- ~~c.— Maximize employee productivity and performance.~~

~~3.— Telematic data helps determine the status and location of a State of Nevada vehicle as well as when an agency State vehicle breaks down or an employee may be in distress, monitor vehicles for safety, aid in emergency response, and provide vehicle performance data for scheduled maintenance. In addition, telematics data may also be used to address any operational training and performance management issues, for example, where an employee is driving unsafely, using a State Fleet vehicle in violation of any law or State policy, or using a State Fleet vehicle for an unacceptable use.~~

~~F.— Telematics Information Review. Each agency's telematics data and driver performance review process should include the agency Fleet coordinators, Department leadership and managers, and agency human resources representatives. Agency Fleet coordinators are the agency Subject Matter Expert on the agency's State Fleet vehicles and serve as the liaison to leadership teams to help identify and manage the strategic fleet needs of the agency and coordinate implementation of the policy. The Fleet Coordinator is responsible for a deeper level of knowledge about agency use of vehicles and how to interface with the State Fleet Management including telematics.~~

~~G.— Access/Maintenance of Data~~

~~1.— Access to the data produced by the telematics system will be strictly controlled and securely maintained at all times by any authorized user.~~

~~2. All telematic data must be closely controlled and all files must be password protected before distributing to the authorized recipients. Printed reports must be securely maintained with tightly controlled access. Distribution of telematics data should not be performed without approval from an agency human resources representative or agency Department or Division head.~~

~~3. Subject to either NRS, NAC, or other applicable laws, the agency may disclose telematics information when appropriate to third parties, such as law enforcement, in administrative or legal proceedings, and when otherwise necessary to respond to claims, to protect the State's legitimate interests or the health and safety of others, or as required by law.~~

~~4. Data from telematic systems are maintained by the State Agency Fleet Manager and purged based on the State retention policy, except when subject to a legal hold.~~

~~H.C. Tampering or Altering Telematic System.~~

~~1. The telematic equipment installed in vehicles used by agencies is costly and must be treated as any other State owned equipment assigned to, or utilized by, State employees. In general, the State expects employees to use common sense and sound judgement when utilizing State provided resources and to protect the equipment from loss, damage, or theft. As always, the improper, careless, negligent, destructive, or unsafe use or operation of equipment or State Fleet vehicles, as well as failure to report damage or repair needs, can result in corrective or disciplinary action, up and including termination of employment.~~

~~2. The following covers all agency State Fleet vehicles equipped with a telematic system:~~

- ~~a. Tampering with or altering the physical telematics equipment in a State of Nevada vehicle is prohibited~~
- ~~b.a. Tampering with or altering the telematics equipment by intentionally blocking or interfering with the electrical systems, wireless signal, or satellite receiver/antennae is prohibited~~
- ~~c.a. Attempting to repair or adjust the telematics system in a State Fleet vehicle is prohibited~~
- ~~d.a. NRS205.274~~

~~3. Employees who believe that the telematics system in a State Fleet vehicle is not working properly should report the malfunction immediately to the agency vehicle coordinator.~~

~~I. Corrective or Disciplinary Action. Employees who violate this policy or use State property in an unauthorized manner may be subject to corrective or disciplinary action up to and including termination of employment.~~

~~J. Agency Requirements. State of Nevada departments or divisions are permitted to issue additional policies and guidance on telematics provided they stay within the framework of the policy.~~

~~A. Other Provisions:~~

~~1. This policy will be administered in compliance with all State, federal and local laws. The State reserves the right to modify, revoke, suspend, terminate, or change any or all of its policies, procedures, employment standards and practices related to telematics at any time with or without notice.~~

~~2. All employees are expected to know and follow all the appropriate policies and procedures, including those outlined in this policy.~~

~~3. The information contained in this policy supersedes all policies, practices or procedures on the same or similar topic prior to the effective date of this policy.~~

1400 Fleet Services Division

1402 Purpose

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

1404 Policy

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

1405 Services Provided

The Fleet Services Division provides the following services:

1. Long-term assigned vehicles. Fleet Services maintains a diverse inventory of vehicles for agency use;
2. Short-term assigned vehicles for daily use. Fleet Services maintains a diverse inventory of vehicles for agency use;
3. Maintenance and repairs;
4. Fueling network;
5. Washing facilities; *and*
6. Vehicle acquisition and disposal.

~~7.~~ Agencies utilizing vehicles owned by their respective department may utilize any of the services provided by the Fleet Services Division on a charge-back basis.

1406 Fleet Services Charges and Monthly Trip Reporting

- A. Vehicle usage is charged either on a daily basis or on a monthly basis. Daily rates apply on a 24-hour basis. For specific rate or billing information contact the Fleet Services Division at 775-684-1880 or reference the Fleet Services website <https://motorpool.nv.gov/>
- B. Fleet Services will not be responsible for reimbursement of vehicle expenses resulting from:
 1. running out of fuel;
 2. charges for lost or misplaced keys;
 3. parking charges;
 4. towing, when not a result of mechanical failure;
 5. failure to obtain fuel at designated State fuel facilities (except for emergencies); or
 6. citations issued for violations of traffic laws or parking ordinances.

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

1407 Vehicle Utilization Requirements

- A. The utilization policy is applicable to any motor vehicle which is self-propelled (but not operated on rails), used upon a highway for the purpose of transporting persons or property with a gross vehicle weight rating (GVWR) of 8500 pounds or less. GVWR is the maximum allowable total mass of a road vehicle or trailer when loaded (i.e., including the weight of the vehicle itself plus fuel, passengers, cargo, and trailer tongue weight).
- B. Agencies are required to assign each vehicle that is operated within the span of their control to a specific utilization group. This policy applies to all vehicles that are owned or leased by any department, division or agency. Agencies are required to notify Fleet Services of the utilization group to which the vehicle has been assigned.
- C. The utilization table and agency fleet assessment worksheet are available by accessing the following links: [Fleet Assessment Worksheet](#) and [Vehicle Utilization Table](#)
- D. Agencies that have assigned monthly rentals in Group 1 (Pooled Administrative Vehicles), ~~and~~ Group 2 (Individually Assigned Administrative Vehicles) and Group 3 (Maintenance/Contractors Equipment) must adhere to the minimum usage requirements each year. The Fleet Services Division is responsible for monitoring each agency's minimum usage. Monthly vehicle usage data is required to be reported to Fleet Services by each agency (~~please see SAM 1406~~). ~~Failure to report timely and accurately may result in reassignment of agency vehicles.~~ Fleet Services will send each agency formal notification of any monthly rental vehicles that are not meeting the usage standards. Failure to utilize Group 1, 2, or 3 vehicles at a minimum level may result in reassignment of those vehicles to another agency by the Fleet Services Division.
- E. Any agencies that cannot utilize its Group 1, 2, or 3 vehicles at the minimum level must demonstrate a mission-critical need to retain the vehicle and must request an exemption to the usage requirements from the Board of Examiners (BOE). Exemption requests must be in the form of a memorandum from the agency to BOE with a copy to the Fleet Services Division. ~~Failure~~ *If an exemption is not requested* ~~a time exemption~~ *from or approved by BOE, and there is a* ~~together with~~ *failure to maintain the minimum required usage* ~~of the vehicle, the agency vehicle will be~~ *result in* ~~reassignment of agency vehicles~~ *by the Fleet Services Division.*
- F. *Agencies that have vehicles to be assigned to either Group 4 (Public Safety) or Group 5 (Specialty) that are NOT exempt from the usage guidelines must request an exemption to the usage requirements from BOE. This includes vehicles leased from the Fleet Services Division and assigned to individual agencies. Those agencies are responsible for seeking their own exemptions after being notified that they must do so by the Fleet Services Division.*

1408 Facility Hours of Operation

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

A. Reno

2550 Terminal Way, Reno NV 89502

Phone: 775-688-1325

Fax: 775-688-1309

Email: rnomp@admin.nv.gov

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

B. Carson City

750 East King Street, Carson City, NV 89701

Phone: 775-684-1880

Fax: 775-684-1888

Email: ccmpool@admin.nv.gov

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

C. Las Vegas

7060 La Cienega St. Las Vegas, NV 89119

Phone: 702-486-7050

Fax: 702-486-7042

Email: lvmp@admin.nv.gov

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

1410 How to Request a Vehicle

A. Short-term assignments—30 calendar days or less:

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

B. Long-Term Assignment – Assigned on a Monthly Basis

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

1412 Care and Maintenance of Fleet Services Vehicles

- A. Refer to the Fleet Services Vehicle Use Manual for the care and maintenance of State vehicles. Vehicle use manuals are located in the glove box of each fleet services vehicle. Copies may also be downloaded from the fleet services website <https://motorpool.nv.gov>/<http://fleetservices.nv.gov>
- B. Fleet Services is not responsible for notifying agencies that their assigned vehicles are scheduled for maintenance. Agencies are responsible for returning their assigned vehicles to Fleet Services for any required maintenance. Agency failure to cooperate with regular maintenance schedules may result in the agency assigned fuel cards being temporarily shut down or possible reassignment of agency vehicles by the Fleet Services Division.

1414 Insurance and Accident Reporting

- A. All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Tort Claims Manager of the Office of the Attorney General.
 - 1. **Accident** refers to any collision involving a State vehicle with a pedestrian, other vehicle or other fixed or stationary object, whether or not any physical damage or bodily injury occurs.
 - 2. **Incident** refers to non-accident personal injury or physical damage, i.e., vandalism, window or body damage from flying objects, lost or stolen vehicle parts or accessories, vehicle body damage from tire snow chains, etc.
- B. ~~All accidents or incidents involving a Fleet Services vehicle must be reported within 48 hours to the Fleet Services Division and to the Torts Claims Manager of the Office of the Attorney General in Carson City.~~ An accident report packet is located in the glove box of each vehicle. Accidents reports may be downloaded from the fleet services website <https://motorpool.nv.gov>/<http://fleetservices.nv.gov>

1415 Driver Responsibility

- A. ~~Employee Responsibilities.~~ *Employees who operate a State of Nevada vehicle are responsible for the following:*
 - 1. *Maintaining, in their possession while operating a State-owned vehicle, a valid, non-restrictive drivers license of the appropriate class for the vehicle they are driving;*
 - 2. *Obeying all traffic laws and associated regulations;*
 - 3. *Adjusting behavior to account for variable traffic, road and weather conditions;*
 - 4. *Reporting to their employer any traffic citations received or accidents occurring in a State-owned vehicle;*
 - 5. *Reporting to their employer any medical condition that may impact their ability to safely operate an agency State of Nevada vehicle;*
 - 6. *Paying any traffic or parking citations received in a State--of Nevada-owned vehicle; and*
 - 7. *Using the State--of Nevada-owned vehicles only for proper work-related purposes.*
- A.B. ~~Driving on government business carries with it responsibilities. Observe all traffic laws and drive defensively.~~ Failure to observe ~~all~~ Fleet Services policies while operating a State-*owned* vehicle may

subject the individual to liability for vehicle expenses incurred and/or revocation of Fleet Services privileges.

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

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

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

1416 Vehicle Fuel and Service Available to Other Agencies

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

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

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

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

1418 Energy Management

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

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

1600 Information Technology

1602 General

[Chapter 242](#) of the Nevada Revised Statutes authorized the creation of the Governor's Office of the Chief Information Officer (OCIO) for the coordinated, orderly and economical processing of information in State government, to ensure economical use of information systems and to prevent the unnecessary proliferation of equipment and personnel among the various agencies. The purpose of the OCIO is to perform information services for agencies and to provide technical advice but not administrative control of the information systems within agencies.

The OCIO provides the following services:

- A. **Communication Systems:** Provides primary public safety communication infrastructure support for State agencies, federal and local public safety entities operating in Nevada. Also provides communication transport services, microwave communication channels, mountaintop communication site space and engineering.
- B. **Computer Operations:** Provides computer-processing services (24 x 7 x 365) using various computing platforms, including mainframe and server farm. Also provides hosting of server hardware for agencies.
- C. **Data Networking (SilverNet):** OCIO statewide data network providing high-speed/broadband network connectivity services for State agencies, local and county governments. Secure services include high-speed internet access, dialup and Virtual Private Network connectivity.
- D. **Database Administration:** Provides comprehensive database and information management services for the executive branch of State government. This includes database and information administration services such as database design and support, and specialized and multi-user data file design and management.
- E. **Documentation:** Coordinates departmental and statewide IT policies, standards and procedures and the online State Telephone Directory.
- F. **Internet Services:** Hosts websites and web applications. Also provides specialized web functions such as e-mail and online conferencing.
- G. **Strategic Planning:** Identifies and documents the IT vision, supporting strategies, and guiding principles to meet current State business needs and support long-term strategies.
- H. **Capacity Planning:** Forecasts technology resource needs for mainframe, internet, network, server farm and storage for the State. Coordinates with users to ensure that enterprise capacity and performance needs are met.
- I. **Agency Planning:** Consults with customer agencies in their development of IT Strategy plans. Technical assistance and workshops are also provided for completing the Technology Investment [Request \(TIR\)-Notification \(TIN\)](#) document.

- J. **Policy:** Responsible for developing an enterprise-wide IT strategic plan as well as policies and standards for the information systems and the IT infrastructure of the executive branch of State government.
- K. **Production Services:** Coordinates off-line processing for customer agencies' business applications and report generation.
- L. **IT Governance:** Supports the Governor's IT Governance committee structure. Guides agencies in transitioning through the IT investment lifecycle, which involves project planning, vendor and resource acquisition, project implementation and agency accountability. This includes guidance in acquiring appropriate professional project management and quality assurance resources.
- M. **Security:** Provides information security and contingency planning consulting services for agencies. Also provides project oversight on all security aspects of IT projects.
- N. **Software Design and Development:** Provides all aspects of software systems development, including project design and analysis, programming, installation, documentation and maintenance. Provides web development, administration and support of agency websites. Applications can be developed on a complete range of platforms from mainframe systems to the latest web-enabled applications. Provides team leads for software consultants and assists in drafting and overseeing software deliverables. Additionally, programmers provide technical support on all aspects of program and software development and can assist as technical advisers.
- O. **Technical Support:** Provides installation and maintenance of Local Area Networks (LAN), PCs and related hardware system software.
- P. **Webpage Presence:** The Web Development Unit ~~of AD&D~~ assists agencies with all aspects of their office's internet presence. This unit offers new development of websites for agencies with no web presence, continuous maintenance of existing websites and training of agency employees if requested. The web unit is proactive in developing and implementing procedures for agencies to offer new web technologies as they become available and making it possible for all agencies to be able to offer them with minimal expense and effort.
- Q. **Voice/Telephone:** Coordinates agency telephone system design, installation and maintenance, system administration of the State Telephone System, issuing of phone cards, toll-free numbers; phone and data wiring installation, moves, adds, changes of telecommunications equipment; cellular and paging services and State Operator assistance.

1604 Responsibility

The ~~Office of the Chief Information Officer~~ (OCIO 's) major responsibilities are:

- A. To provide IT systems/services to agencies. See [NRS 242.115](#) and [242.131](#) for exemptions.
- B. To develop policies, procedures, standards and regulations for the procurement, development, implementation, and maintenance of information technology and systems within the executive branch and for elected officials.

- C. To establish and maintain a statewide information infrastructure that provides easy access to government information for everyone authorized to use it.
- D. To assist agencies in the selection of solutions for their information needs that meet established standards.
- E. To develop standards to ensure information systems security and disaster recovery.
- F. To create and publish strategic plans for information technology for the executive branch and elected officials.
- G. To provide guidance to agencies in developing short and long-term information systems plans.
- H. To provide guidance to agencies in developing their information technology budgets for appropriate OCIO services.

1606 Funding

- A. The OCIO operates as an Internal Service Fund. All funding is received through billings for user services or assessments.
- B. Annually, the OCIO establishes billing rates for the services provided by the operating divisions. These rates are developed in accordance with federal ratemaking standards and are monitored on a monthly basis. Adjustments are made to the established rates as needed, but usually no more often than annually.

1608 How and When to Utilize Services

- A. Executive branch agencies and elected officials should contact the ~~Office of the Chief Information Officer (OCIO)~~ at the time of initial planning for any information system/project regardless of technology being considered (voice, data, image, video, etc.). This includes the telephone equipment, local telephone service and long-distance telephone service. Requests for such services should be initiated by contacting the OCIO Help Desk at (775) 684-4333.
- B. The OCIO and an agency requesting services will jointly develop a needs assessment. The needs assessment will specify the scope of the required services, projected growth of services needed and the corresponding budget required for service.

1610 Hardware Repair and Maintenance

Agencies that do not have in-house repair and maintenance resources should call the OCIO help desk immediately when assistance is needed. OCIO staff or contractual assistance will be provided.

1612 Policy, Procedures, Standards and Guidelines

The Chief Information Officer is responsible for developing policy, procedures, standards and guidelines for information technology activities within the executive branch. The most current policies, standards and procedures are posted to the OCIO's website. *This includes an Acceptable Use Policy for State-owned technology resources, including but not limited to, computers, tablets, and cellular devices.*

1614 Telephone Toll Calls

Toll calls should be held to an absolute minimum. Agencies should institute proper internal controls of toll calls in order to verify toll billing. Personal long distance calls including 900 service are not to be placed from State telephones at State expense.

1616 Cellular Telephones

- A. Each department of the State of Nevada must develop a cellular telephone, portable tablet, or other mobile device policy that meets the department's specific needs regarding the necessary use of such devices for work-related activities while operating within budget authority, addressing the potential legal issues regarding access to the record of the devices' use, and ~~being compliant with the State's personnel rules associated with requiring employees to be available for contact after their regular working hours. The departmental policy must fully address security issues and must specifically identify criteria to determine eligibility to receive a cellular telephone, portable tablet, or other mobile device at state expense or a stipend for the use of a personal device. There must be a compelling reason directly related to efficiencies to be gained and the employee's job duties and responsibilities that necessitates a cellular telephone, tablet, or other mobile device for business purposes.~~ *ensuring compliance with any federal or State regulations that apply to either the device, data, user, or agency, and being compliant with State personnel rules associated with requiring employees to be available for contact after their regular working hours.*
- B. *The departmental policy must fully address security issues and must specifically identify criteria to determine eligibility to receive a cellular telephone, portable tablet, or other mobile device at State expense or a stipend for the use of a personal device. There must be a compelling reason directly related to efficiencies to be gained and the employee's job duties and responsibilities that necessitates a cellular telephone, tablet, or other mobile device for business purposes.*
- C. There are *three (3)* acceptable methods to provide for employee use of a cell phone, tablet, or other mobile device:
 1. State issued device – the agency provides the employee with an approved State device pursuant to the state*wide* contract for such services and pays the monthly charges directly to the service provider. The device remains the property of the State and the employee must comply with all policies regarding personal use of State devices. If the employee's personal use of the device results in additional costs to the State, the employee must reimburse the State for such charges at least monthly. Agencies must take care to choose the appropriate plan level for the needed use for State purposes. This may include prepaid phones that only include voice services. Upon separation from the agency that issued the device, the employee shall return the device. Departmental policy must include acknowledgement of receipt of device and terms and conditions of use that should be retained in employee file.

2. Stipend paid by State for employee using personal device for State purposes – the State pays an employee a monthly stipend to use their personal device to conduct State business. The base plan cost is understood to include cellular telephone, internet, and/or data services. The employee is responsible for contracting with a service provider, paying for any initial plan charges, the cost of the device, and paying the monthly bills. The State is not responsible for any penalties should the employee terminate the contract with the service provider.

Because the cellular telephone, tablet or other mobile device is owned personally by the employee, the employee may use the device for both personal and business purposes as needed. Use of the device in any manner contrary to local, State or federal laws will constitute misuse and will result in immediate termination of the stipend. *The device must adhere to State and agency security standards when used to conduct State business, and to transmit and/or store State data.* The stipend will not be taxable to the employee and will not be reported on their W-2, Wage and Tax Statement. The stipend amount will be established by each Department director when they develop the policy for their respective Department.

3. Employee voluntarily uses personal device to conduct State business without compensation. *The device must adhere to State and agency security standards when used to conduct State business, and to transmit and/or store State data.*

D. Employees must be aware that it is possible the record of use for any device used for State business could be considered a public record.

E. Regardless of the reimbursement method used, each employee using a device for State business or connected to State IT infrastructure must sign an “Acceptable Use Agreement” and an “Agreement for Use of a Mobile Device.” The respective Department policy must be attached to each “Acceptable Use Agreement” and “Agreement for Use of a Mobile Device” and shall be retained in the employee’s file.

F. An agency may rescind a State-issued device or stipend at any time if the business necessity or budget authority no longer exists.

D.G. Employees are expected to comply with all applicable laws regarding the use of cellular devices while operating a motor vehicle. Each department policy shall include a reference to SAM 1307.

1618 Technology Investments

A. A Technology Investment is defined as the implementation of IT improvements, enhancements, replacements or other expenditures (e.g., cloud services, computer, telecommunications, or other information technology services or equipment) through any funding mechanism or added value using IT services provided by a vendor, the OCIO or an agency. Technology investments can be for existing systems or new solutions. Contact the Technology Investment Notification (TIN) Administrator with any questions. Refer to TIN procedures and instructions posted on the OCIO’s IT Investments website at http://it.nv.gov/tin/ea_home/. Any executive branch agency wishing to invest in an IT project that costs more than \$50,000 must develop a business case with the TIN form.

B. The TIN forms addressed in the posted instructions are required for executive branch agencies as part of their biennial budget process as well as for interim funding of IT projects. This Technology Investment information is required regardless of the funding source (including grant funding), as well as in situations where the funding already exists and the agency is requesting authority for

expenditure. This also applies to projects mandated by either the federal government or the Nevada State Legislature. Agencies with federally funded and mandated interim projects should contact the OCIO for guidance on how to best proceed regarding potentially concurrent TIN and Procurement Request for Proposal (RFP) processes.

- C. Agencies preparing IT contracts for the BOE should contact the OCIO regarding TIN requirements. New contracts related to an IT project may require a TIN and other additional information. In cases when work programs fund more than \$50,000 of an IT project, the agency should consult with the OCIO to see if technology investment forms are required.
- D. All IT Investments in cloud services less than the \$50,000 Technology Investment Notification (TIN) threshold are to be reported to the OCIO via the Cloud Investment Notification (CIN) process due to potential security ramifications and the possibility of solution duplication without adequate review. IT Investments in cloud services include, but are not limited to:
 - 1. Software-as-a-Service – applications;
 - 2. Platform-as-a-Service – application platforms;
 - 3. Function-as-a-Service; and
 - 4. Infrastructure-as-a-Service – cloud infrastructure.
- E. Refer to CIN procedures and instructions posted on the OCIO’s IT Investments website at <http://it.nv.gov>.
- F. Every agency submitting a request for a Technology Investment that *is: meets one of the criteria below must present its project to the Nevada IT Strategic Planning Committee (ITSPC). During the biennial budget session, this committee will submit its recommendations to the Governor’s Finance Office regarding the prioritization and inclusion of IT projects in the biennial budget.*
 - 1. An investment of \$500,000 in value or more, or
 - 2. Critical in nature to State operations, or
 - 3. Significant risk of adverse consequences to the State of Nevada.

~~must present its project to the Nevada IT Strategic Planning Committee (ITSPC). During the biennial budget session, this committee will submit its recommendations to the Governor’s Finance Office regarding the prioritization and inclusion of IT projects in the biennial budget.~~

1620 Project Management Quality Assurance and Project Oversight

- A. All IT projects as defined below must have a qualified IT Project Manager, a Quality Assurance Manager, and Project Oversight staff assigned to the project. The level of resources for these services must be budgeted in accordance with accepted IT industry standards and included in the TIN, and if funded, utilized specifically for these services. This requirement does not apply to:
 - 1. Projects for ongoing / routine replacement of existing hardware (PCs, routers, servers, etc.) and software (upgrades, releases, licenses, etc.)
 - 2. Projects of short duration where:

- a. Vendor or internal involvement is at a minimum
 - b. There is only minor component reconfiguration
 - c. Installation is only within the agency
 - d. Purchases are internal to the agency
 - e. The project is transparent to the users
- B. A qualified Project Manager is an individual who meets or exceeds the experience and credentials as outlined in the IT Project Manager Qualification and Selection Standard 9.12 developed by the State of Nevada Information Technology Project Oversight Committee.
- C. The OCIO should be contacted if there are questions regarding what constitutes a qualified Project Manager or Quality Assurance Manager.
- D. The purpose of Project Oversight is to determine that a qualified project manager is assigned to the project, the project is being managed in compliance with the project plan, that sound management practices are being observed, that the project is adequately staffed, schedules are reasonable and are being met, and to identify and take action to assist in remediation of risky and potentially unsuccessful project activities and problem situations at the earliest possible time.

1622 Utilization of OCIO Services as Budgeted

Executive branch agencies that have approved OCIO funding, whether through the legislative budget process or via work programmed funds added in the interim, must use the funding for that purpose. If an agency believes an exception is warranted, the agency must submit a written request to the Chief Information Officer (CIO). The CIO and the Governor's Finance Office must approve this request. The Governor's Finance Office will notify the requesting agency of the decision.

1624 Grant Applications with IT Components

All executive branch agencies applying for grants that have IT components must submit the IT portion of their grant application to the OCIO for review and approval prior to submittal of the grant. Also, if the grant contains funding for IT positions, the requested funds must be based on standard usage of hourly rates, rather than salaries for dedicated positions. This will ensure that the IT component is technically feasible, within State standards and the funding requested is adequate to accomplish the project.

1626 Contracts for IT Services

Prior to submitting a contract for IT services to the Board of Examiners (BOE) for approval, agencies must submit the contract to the OCIO for review and approval. Agencies are encouraged to schedule that review prior to obtaining signatures on the contract documents, thus avoiding delays resulting from modifications to the documents. Contracts related to IT projects must adhere to section 1618 regarding TINs and **CINTWEs**. Signatures are obtained electronically by utilizing the Nevada Executive Budget System (NEBS), Contract Entry and Tracking System (CETS) Module.

1700 Attorney General

1702 General Responsibility

- A. The Attorney General and their duly appointed deputies are the attorneys for all State elected and appointed officials, boards, departments, agencies, commissions and institutions except when other counsel is specifically authorized by special legislation. ([NRS 228.110](#)) The authority and duties of the Attorney General are generally set forth in NRS Chapter 228 but can be found throughout the Nevada Revised Statutes and common law. ([NRS 228](#))
- B. Prior to the imposition of any suspension, demotion or termination of an employee, an appointing authority must first consult with the Attorney General regarding the proposed discipline.

1704 Services Available

- A. The Office of the Attorney General provides a broad range of legal services pursuant to its legal authority. Agencies should be proactive in consulting the Attorney General on potential legal issues and requesting general legal advice.
- B. Unlike general legal advice, formal attorney general opinions issued pursuant to [NRS 228.150](#) are issued on behalf of the State. They are not designated for exclusive use by a specific organization or governmental official and may therefore be published at the Attorney General's discretion. These requests may only be made by the Governor; the Secretary of State; the State Controller; the State Treasurer; the Director of the Department of Corrections; the head of a State department, agency, board or commission; a district attorney; or a city attorney. A request for a formal opinion may not be withdrawn after the formal opinion process has begun.
- C. The Attorney General also publishes numerous manuals, resource materials, and official opinions on questions of law. These materials are available at the [Attorney General's website](#).
- D. State officers and employees should not seek legal advice or representation in personal matters from the Attorney General. Nevada law generally prohibits the Attorney General and deputy attorneys general from engaging in the private practice of law. ([NRS 228.070\(3\)](#); [NRS 228.080\(3\)](#)) Limited exceptions exist for (1) the Attorney General's Office of Military Legal Assistance, which facilitates pro bono legal assistance in civil matters to current and former military personnel in this state ([NRS 288.660](#)); and (2) the uncompensated representation of indigent persons in non-criminal legal matters. ([NRS 7.065](#); [7.105](#))

1706 Requests for Services

Requests for any service requiring a written statement by the Attorney General should be made in writing. All facts should be included as clearly and concisely as possible. Be clear as to what service is requested.

1708 Reimbursement for Services

The Attorney General may charge all agencies not supported by the State General Fund for all service and costs their office provides to those agencies. This is accomplished either through the Attorney General Cost Allocation Plan or through direct billings to the agency. ([NRS 228.113](#))

1710 Service of Process

The Attorney General should be immediately notified whenever any State department, agency, board or commission is served with a complaint in federal or state court, or served with a petition for judicial review, or otherwise presented with legal documents, since service must be effected in strict compliance with all applicable rules and statutes, including [FRCP 4\(j\)\(2\)](#), [NRCP 4](#), [NRS 41.031\(2\)](#), and [NRS 233B.130\(2\)](#), which includes service upon the Attorney General. This is necessary to allow a prompt determination of any counterclaims and defenses that may be asserted and to ensure a timely response and / or appearance.

1800 Printing

1802 General

- A. Nevada Revised Statutes ([Chapter 344](#)) provides that all State printing and binding may be done on a competitive basis. It is in the best interest of the State of Nevada to do business with the [State Printing Office](#) of the Legislative Counsel Bureau whenever possible. State Printing offers all services, including complete offset printing, digital printing, copying, binding and finishing operations.
- B. For all jobs with an expected expense of \$999.99 and under, the agency may utilize the services of any printing vendor, including State Printing. For all jobs with an expected expense between \$1,000.00 and \$4,999.00, the agency must obtain at least three (3) quotes, one of which must be State Printing. If an agency so chooses, it may directly utilize State Printing at any amount under \$4,999.99 without obtaining outside quotes. For anticipated amounts above \$5,000.00, the agency must direct their purchase through State Purchasing *pursuant to SAM 0300*. In soliciting quotes or bids, State Purchasing must always solicit a quote or bid from State Printing.

1804 Ordering

- A. When ordering, agencies should place orders as far in advance as possible. If orders are time-sensitive, agencies should specify the date requested for completion of the order. Printers typically charge a premium for rush orders.
- B. In order to prevent delays in processing and producing printing orders, please include a completed State Printing Specification Form with your order and a sample of the product when ordering from State Printing. Use the [State Printing Specification Form](#) as a guide when ordering from outside printers.
- C. The submission of clear copy with the order will help to avoid delays and errors in production of your printed project. If there is a State Printing form number on the form, please include it with the order when ordering from State Printing. Contact State Printing at 775-684-6950 or printing@lcb.state.nv.us for additional information.
- D. On jobs canceled before completion, printers will typically bill to cover the cost of labor and material used before the cancellation notice.

1820 Preparation of Materials

- A. Proper preparation of materials and copy can mean less expensive corrections, more accurate estimates and faster printing service regardless of the vendor. The following are suggestions to help agencies keep printing costs down.
 - 1. Edit the copy and not the proof. The most expensive item in the cost of printing occurs when corrections are made in the galley or page proof. The actual cost of alterations will increase the printing bill. Therefore, make all "author's alterations" in the manuscript before it is set in type.
 - 2. Typed copy or digital file is preferred, preferably in the finished size of the product.

3. Be certain copy will fit the allotted area when space is limited.
4. Check carefully for uniform style, punctuation, spelling, capitalization, figures, names, dates, amounts of money and statistics.
5. Furnish all copy, black and white, digital files, photographs, pictures, drawings and negatives together when possible.
6. Give complete specifications, including sample when possible, and date desired.
7. If uncertain as to publication practices, please call 775-684-6950 with any questions.

1822 Manuscripts

Manuscript sheets should be of uniform size, preferably the size of the product. All pages should be numbered consecutively.

1824 Electronic or Digital Copy

Digital copy files can be submitted via e-mail or on computer disk: Zip disks, or CD ROM disks can be accepted by most printers. Files should be provided in EPS, TIF, or PDF format with all fonts, graphics and/or resource files embedded. If fonts or resource files are not included the order will be delayed. Most printers support PC and MAC platforms.

1834 Reading Proofs

Proofs should be read, signed and returned promptly. Holding proofs for an extended period of time will delay the completion of your printing order. It is the customer's responsibility to make sure proofs are correct, as the order will be printed per the proof.

1836 Billing

Printing charges for agencies utilizing State Printing will be based on quote or bid, where applicable, or where no quote or bid was requested on established hourly rates.

1840 Specifications

- A. To complete the State Printing order form, fill in all applicable specifications on the Printing Specification Sheet or Quick Print order form. Other printers will normally have similar forms; if they do not, use the State Printing forms as a guide. Regardless of the vendor, the following information must be indicated on your order form:
 1. Finish size of completed job (state width of form first, then length; example: letterhead is 8 1/2 x 11 inches not 11 x 8 1/2 inches)
 2. Color and Weight of Stock (bond, cover, index, ledger, Bristol, NCR, and gummed stocks)
 3. Page Count
 4. Color of Ink (provide a sample of the color or select a color at the vendor)
 5. Fold (Size)
 6. Binding
 7. Perforated (Indicate Position)

8. 1 or 2-Sided
9. Punching (indicate position, space between holes, center to center and size of holes)
10. Padding (how many sheets or sets in each pad)
11. Quantity (express in pieces or sets—multiple forms; do not express the quantity in the number of pads)
12. Cover (where a publication requires a separate cover, paper color should be specified; cover samples are normally available at the vendor upon request)
13. Numbered jobs (checks, receipts, etc.) must have the starting number and the ending number provided

B. Completion of work will normally be facilitated and duplication of efforts avoided if each department will arrange for one person to make all inquiries concerning work in progress.

1846 Other Services

Printers perform various finishing work, including assembling, stapling, drilling, folding and various binding procedures. While folding equipment will execute most types of basic folds, it is advisable to contact the printer for advice on specific folding needs.

1850 Printing Authorization

Normal departmental authorization procedures should be followed when ordering printing services.

1900 State Public Works ~~Division~~Board

1902 General

- A. The State Public Works Division (SPWD) consists of the Administrator, the State Public Works Board (SPWB), the ~~Public Works~~*Professional Services* Section, *Code and Enforcement Section*, and the Buildings and Grounds Section. ~~The State Public Works Division consists of the Director of the Department of Administration, 4 members appointed by the Governor, and 2 by the Legislature. The Board elects a Chairman and Vice-Chairman from among its members appointed by the Governor. Appointed Division staff is responsible for the management of the daily affairs of the Division and the Board.~~The *Division*SPWD and *Board*SPWB are responsible for developing the Capital Improvement Program and the *SPWB*Board recommends to the Governor the priority of all proposed projects. ~~The Division's~~SPWD staff supports the Governor in providing the Governor's recommendation to the Legislature.
- B. ~~The Division~~SPWD also provides all State departments, ~~boards and commissions~~ with architectural and engineering services for the construction of any building constructed on State property or on property held in trust for any division of State government, or for which money has been appropriated by the Legislature, ~~or~~ allocated by the Interim Finance Committee, *or otherwise funded by the Agency except buildings used in maintaining highways, and improvements, other than nonresidential buildings with more than 1,000 square feet in floor area, made in State parks by the State Department of Conservation and Natural Resources or by the Department of Wildlife.* All departments, ~~boards and commissions~~ are required and authorized to use such services for new building construction, remodeling or major repairs. ~~(NRS 341.153 and 341.141)~~ *The following are exempted from this requirement:*
1. *Buildings used in maintaining highways; and*
 - ~~B-2.~~ *Improvements, other than nonresidential buildings with more than 1,000 square feet in floor area, made in State parks by the State Department of Conservation and Natural Resources or by the Department of Wildlife.*
- C. Services may consist of:
1. Advance planning;
 2. Designing;
 3. Estimating of costs;
 4. Preparation of bidding documents;
 5. Project management and Inspection of construction work; and
 6. Building official for State-owned facilities.
- D. The *Division*SPWD may retain ~~private-practice~~ architects and engineers to prepare bid documents if the *Division*SPWD deems such action desirable. The cost of such consulting services and the cost of all architectural and engineering services shall be charged against the appropriations made by the Legislature or other funds allocated to the project.
- E. The *Division*SPWD may delegate its authority for project management services for some projects to other ~~State~~ agencies. All requests for Delegation of Authority shall be directed to the Administrator.

Any agency that receives Delegation of Authority from the ~~Division~~SPWD must comply with [NRS 338](#), including bidding and prevailing wage requirements.

1904 Capital Improvement Program

- A. Before October 1 of each even-numbered year, the ~~Board~~SPWB must submit its recommendations for capital improvement projects in the next biennium to the Governor. The Administrator supports the Governor's recommendations and prepares the Capital Improvement Program for Legislative approval. To develop its recommendations, every State department, ~~board and commission~~ is ~~allowed~~requested to submit its requests for new building construction, remodeling, or major repairs. Included in their requests, all proposed work should include any maintenance, repair, or replacement projects greater than \$300,000. All [Americans with Disabilities Act \(ADA\)](#), Roofing, Advance Planning, Underground Storage Tank, Mold Abatement and Indoor Air Quality projects should also be requested in the Capital Improvement Program. Proposed maintenance work such as painting, carpeting, drapes, are not considered capital improvements and should be requested in the agency operating budgets (~~SAM 2508~~). Interior improvements that include items like carpeting and drapes have code smoke and flame spread requirements and therefore are required to be submitted to the State Fire Marshal for approval. ~~The Division has developed a process by which an agency may request capital improvement funding. State agencies must timely coordinate with the Division, and properly complete all required documentation in order to ensure that their capital improvement funding requests are considered. The failure of an agency to meet time deadlines or to properly complete all required documentation might result in the Board refusing to consider the request.~~
- B. *February 1 of the even year the State Public Works Division (SPWD) posts a link on its website for agencies to submit their CIP requests, which are due by April 1. The failure of an agency to meet time deadlines or to properly complete all required documentation might result in the State Public Works Board (SPWB) refusing to consider the request.*
- C. The ~~Division~~SPWD also has the authority to conduct advanced planning for future projects. ~~The term "advanced planning" means receiving funding for specific studies, or receiving funding for numerous miscellaneous planning and/or study projects for which the need only becomes apparent during the biennium. Advanced planning is critical for an in-depth study of the cost and feasibility of a project. It is the policy of the DivisionSPWD to perform advance planning for projects with an estimated construction cost of \$10 Million or more when practicable. Any agency desiring to use the services of the Division for advanced planning for a future project should contact the Board as soon as the need becomes apparent. At the discretion of the DivisionSPWD, advanced planning funding may be available during the biennium. If advanced planning funding is not available during the biennium, the Board may recommend to the Governor and to the Legislature specific funding for the advanced planning of an agency project. Timely coordination with the Division is critical in obtaining advanced planning funding.~~

1906 New Construction

Except as otherwise specified in Section 1902, the ~~Division~~SPWD, has final authority to approve the architecture of all buildings, plans, designs, types of construction, major repairs and designs of landscaping. ~~Except as otherwise specified in Section 1902, all State agencies shall submit to the Division schematic level architectural designs for approval prior to advertising any project for bid or prior to~~

~~instituting any other contractor procurement method. The Division must review all architectural plans of State buildings if the project is to be constructed on land owned by the State or with funds appropriated by the Legislature. (NRS 341.145)~~

~~The Division shall verify that all public buildings and facilities conform to ADA Guidelines. (NRS 338.180)~~

1908 Remodeling, Repairs, and Maintenance Work

Remodeling, repairs and maintenance work of a non-structural nature financed with agency operating funds and estimated to cost less than \$1300,000 do not need the project management services of the ~~Public Works Division~~ *SPWD* and may be made by the agency controlling the building. However, all remodeling projects; on State land or land held in trust for any division of the State government; must be reviewed by the ~~Public Works Division~~ *SPWD* to ensure code compliance through plan check and inspection services. Non-structural alterations mean alterations that do not affect the safety of the building and do not change, in any manner, its structural elements. ~~See SAM 0300 for contract and bidding requirements.~~

1910 Acceptance of Grants and Contracts

On projects requiring the services of the ~~Public Works Division~~ *SPWD* and which have not been approved or authorized by the Legislature, the ~~Division~~ *SPWD* is required to seek approval of the Interim Finance Committee (*IFC*) before proceeding with the work. The ~~Division~~ *SPWD* may, with the approval of ~~Interim Finance Committee~~ *IFC* when the Legislature is not in regular or special session, or with the approval of the Legislature; by concurrent resolution; when the Legislature is in regular or special session, use grants of money for the design and construction of public buildings for which no appropriation has been made by the Legislature. Grants of money may also be used for the additional acquisition, design and construction of public buildings for which the original legislative appropriation made no provisions. ([NRS 341.121](#))

1912 Inspection of State Buildings

~~The Division~~ *SPWD* has developed a Facility Condition Assessment Group to carry out required inspections of all State buildings. The function of the ~~Division's~~ *SPWD* Facility Condition Assessment Group is to coordinate a statewide series of inspections of State buildings relating to roofing, compliance with the Americans with Disabilities Act, fire safety, and other issues relating to the safety of State employees and the general public. ([NRS 341.128](#)) ~~The Division is required to periodically inspect all State buildings. Reports of such inspections, including findings and recommendations, shall be submitted to the appropriate State agency and annually to the Board of Examiners. As a result of the State Fire Marshal annual inspection of buildings, if an agency in charge of any State property fails to comply with an order of the State Fire Marshal for any change within 30 days, the Fire Marshal shall report such failure to the State Public Works Division who shall take the necessary steps to correct the situation as ordered by the Fire Marshal.~~ Inspections are of critical importance as they aid in the development of future requests for capital improvement funding. *Reports of such inspections, including findings and recommendations, shall be submitted to the appropriate State agency and annually to the Board of Examiners.* ~~The Division has developed a Facility Condition Assessment Group to carry out inspections. The function of the Division's Facility Condition Assessment Group is to coordinate a statewide series of inspections of State buildings relating to roofing, compliance with the Americans with Disabilities Act, fire safety, and other issues relating to the safety of State employees and the general public. (NRS 341.128)~~

1914 Building Official Role

- A. Regardless of the source of funding, the Deputy Administrator for Compliance and Code Enforcement shall serve as the ~~b~~Building ~~e~~Official for all buildings and structures on property of the State or held in trust for any division of the State government. When acting as the Building Official, the Deputy Administrator for Compliance and Code Enforcement shall have authority to issue stop work orders based upon reasons of health, safety, violations of building codes, other laws or regulations, or for failure to obtain an appropriate building permit from the ~~Division~~SPWD. ~~State employees and/or contractors performing the work may be subject to personal fines of up to \$1,000 for violating a stop work order and may also be subject to criminal sanctions.~~ All agencies of the State shall coordinate with the ~~Division~~SPWD in the design, construction, tenant improvements and remodels of buildings or structures subject to the requirements of this section. Coordination shall include obtaining *a permit and* approvals on all design work prior to advertising any project for bid or prior to the institution of any other contractor procurement method. ~~(2003, Chapter 404 and NRS 341.100(5)(h))~~ ~~(NRS 341.100(9))~~ The Deputy Administrator for Compliance and Code Enforcement is the Building Official even for those projects exempted under **Section 1902** if they are constructed on State land.
- B. Any construction activity on lands not owned by the State is governed by the local building jurisdiction. Approvals, permits and inspections may be required by the local building jurisdiction; therefore, it is advised that the agency contact them for their requirements.
- C. The ~~SPWD~~Division is a fee-based agency. *Fees are charged for* ~~and therefore~~ investigation, plan check, permit, and inspection ~~fees are charged for those~~ services. Early contact should be made with the Division prior to the institution of any new construction or remodeling projects.

1916 Emergency Contract Authority

If the ~~Division~~SPWD determines that an emergency exists, a contract, or contracts, necessary to contend with the emergency may be let without complying with the provisions of ~~NRS 338 (2003, Chapter 401)~~ *NRS 338.011 and NAC 341.151*. Any ~~State~~ agency believing that the condition of a State building or structure warrants the issuance of an emergency construction contract should immediately notify the Administrator of the ~~State Public Works Division~~SPWD.

2000 Nevada State Library, Archives *and Public Records*

2002 NSLAPR Functions

The [Nevada State Library, ~~and~~ Archives and Public Records \(NSLAPR\)](#) is a division of the [Department of Administration](#). The NSLAPR exists to meet the information and research needs of State government; to coordinate and supplement a State network of library resources for Nevada; and to preserve, maintain and coordinate State and local government records and archives. Archives and Records works with the State Historical Records Advisory Board and the State Records Committee to ensure proper maintenance of and access to Nevada government records. ~~The Nevada Electronic Records Committee serves in an advisory capacity to the State Records Committee and the State Historical Records Advisory Board in matters relating to the use of technology for Nevada Record Keeping in all of its political subdivisions.~~ The Library works with the State Council on Libraries and Literacy in surveying and reporting on the status of libraries and literacy programs in Nevada and in making recommendations "to foster and further the establishment and proper maintenance of superior libraries." ([NRS 380A.011](#)) The Library administers federal and State funds to local libraries. ([NRS 378.081\(h\)](#), [378.087](#) and [378.100](#))

2004 NSLAPR Location, Hours of Service

The offices of NSLAPR are in the State Library and Archives Building at 100 N. Stewart Street, Carson City, NV 89701-4285. Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday with the exception of legal holidays. ~~The toll free number in State is 1-800-922-2880.~~

2006 State Library Services

- A. **Library.** The Library provides visitors access to its collections. Access services ~~include a professionally staffed reference desk~~ *staff include professional librarians and highly trained library assistants who cover the reference desk, reply to email inquiries, and Ask-A-Librarian queries.* The Library directly loans materials to visitors who are Nevada residents with a valid Nevada library card. The Library ~~provides distance loans of materials from its collections when requested by another library that subscribes to the Interlibrary Loan Code~~ *borrow and lends materials with libraries around the country as part of the Interlibrary Loan Program.* The Library provides in-depth reference and research services to Nevada State government personnel and Nevada residents. ~~The Library obtains materials not in its collections for State employees through direct interlibrary loan.~~ It provides ~~technical assistance to local governing bodies, consulting to libraries,~~ librarians, library boards and State controlled institutions ~~through consulting services~~ on aspects of library and information services technology, ~~construction and continuing education~~ *and professional development.*
- B. **Reference and Research Services.** A staff of professional librarians provides reference and research services by utilizing its collections, databases, and other information sources to supply requested information. ([NRS 378.080\(d\)](#))
- C. **State Publications Distribution Center.** The Library provides a State Publications Distribution Center to acquire, index and distribute State, city and county publications. [NRS 378.180](#) requires every State agency to deposit with the State Publications Distribution Center ~~ten (10)~~ *12* copies of each publication that was published, printed or copied by the State agency itself or by a private printer, or

by the State Printing Division. Every local government shall, upon release, deposit with the State Publications Distribution Center at least six (6) copies of each of its publications. If the publication is in an electronic format or medium, the sState agency or local government shall notify the State Publications Distribution Center of such release and provide the Center with access to the Publication.

D. **Nevada State Data Center.** The Library, through contract with the U.S. Bureau of Census, is the State Data Center for Census information. The Library and State Data Center affiliates receive and disseminate census information to State government agencies and citizens.

E. **Services to the Blind and Physically Handicapped** Nevada Talking Books Services. The Library also provides services to Nevada's blind and ~~physically handicapped through the Regional Library for the Blind and Physically Handicapped and provides, under the American with Disabilities Act, translation of State government information into usable formats for handicapped persons.~~ *print disabled through the Talking Book Services program. This program provides equitable access to reading materials for qualifying Nevada residents in audio and braille and the devices on which to play them. Staff assists patrons with all aspects of the program. Most books are provided by the National Library Services, Library of Congress. The Talking Book Services supplements this collection by recording titles in audio of local interest.*

~~F. **Literacy Coalition Services.** The Nevada Literacy Coalition works cooperatively with other State agencies to meet the needs of under-educated, under-employed, low-income Nevadans through information and referral, technical assistance, training, advocacy, resource sharing and a Literacy website.~~

G.F. **Loan Services.** The primary clientele of the Nevada State Library ~~and Archives~~ are State officials, State employees and Nevada ~~citizens~~ *residents*. The Library lends material to any ~~elient~~ *patron* with a valid library card from any Nevada library without charge. State employees located outside Carson City may receive library materials on request through interlibrary loan. ~~The borrowing office pays return postage.~~ Materials on loan are subject to recall. Materials are loaned for a period of ~~1-2~~ *four* (4) weeks, with renewal privileges that can be made by telephone. Materials not found in the State Library collection may be requested on interlibrary loan from libraries in the United States and worldwide. Such loans may include handling postage or other charges that the ~~loan~~ *lending* library charges.

H.G. **Technical Assistance.** The Library assists and cooperates in the development of a statewide informational service network of public, academic, school and special libraries to facilitate access by all citizens to ~~the State's~~ library resources. Access to all library catalogs statewide and to major licensed databases is provided via the Internet. Extensive information is available from the State Library, ~~and~~ Archives *and Public Records* Homepage.

2010 State Library Collections

The Library is the official office of record for public access to proposed, temporary, emergency and permanent regulations of State government. The Library collects a wide variety of materials, in all formats, to meet reference and information needs of State agencies and to enable it to act as a resource center to other libraries within the State. All materials are selected according to a written ~~selection~~ *collection development* policy.

- A. **Reference Collection.** The Library has bibliographies, encyclopedias, indexes, directories, yearbooks, handbooks, federal, State and local government publications as well as access to commercially available databases ~~on CD-Rom~~ and via the Internet and other materials necessary to perform in-depth reference and research services. Subjects of particular interest to State agencies include statistical and demographic data, business and personnel management information, federal and State laws, rules and regulations, public affairs and administration, government, grants ~~manship writing~~, etc.
- B. **Nevada Collection.** The Library keeps books, periodicals, newspapers and other publications about Nevada and coordinates collections with other ~~divisions of the Department of Cultural Affairs~~ *agencies throughout State government.*
- C. **Library Science/Archives Administration.** The Library has an in-depth collection of materials on library science, archives, records management, ~~micrographics~~ and conservation to aid in promoting library, archives and records management development throughout the State. Areas of special interest are standards, administration, planning, training, financing, building and preservation.
- D. **Government Publications.** The Library keeps federal, State and local government publications. As a selective federal depository, the Library provides access to publications and databases available through the ~~Government Printing Office from federal agencies~~ *Federal Depository Library Program.* The State and local publication collections provide access to publications printed by the State Printing Office and individual Nevada State and local government agencies.
- ~~D. **Nevada Literacy Coalition Collections.** The State Literacy Resource Center lends print, electronic and audiovisual materials dealing with workplace literacy, family literacy, consumer/life skills, English as a second language, civics, learning disabilities, assessment, accountability, adult education and literacy instruction.~~

2012 State Library and Archives Publications of Interest to State Offices

- A. **Nevada Library Directory and Statistics.** *The directory* ~~includes~~ **all** public, special, academic and school libraries in Nevada. *Statistics are available for Nevada public libraries who participate in the Public Library Services (PLS).*
- B. **Library Services and Technology Act (LSTA) State Plan for Nevada.** Contains the legal authorization and agreements for State participation in federal funding under the ~~Library Services and Technology Act.~~ **Actual** ~~p~~ Program activity and five year projected planning for statewide library development are presented therein.
- C. **Nevada State Library, ~~and~~ Archives and Public Records Master Plan.** Issued biennially, provides a five-year plan of development for the NSLAPR.
- ~~C. **State Data Center (SDC) Newsletter.** Issued to business, government, State data center affiliates, and data users.~~

2014 Records: *State* Records Management Services

The *State* Records Management program establishes the standards, procedures and practices for managing public records and serves as the primary records management resource for State and local governments. It provides State *and local governmental* agencies with analytical support *and consultations*, using records and information management controls, on the creation, maintenance, and disposition of all records. *For questions about agency records retention or storage, visit the State Records office in Carson City, call 775-684-3411 or visit the State Records website.* ~~The Records Management Program services include:~~

- ~~1. Developing general and agency records retention schedules that meet accepted standards for administrative, fiscal, legal and archival values.~~
- ~~2. Training and consulting in records management for State and local government agency personnel.~~
- ~~3. Assisting local governments in developing records retention schedules that meet accepted standards for administrative, fiscal, legal and archival values.~~
- ~~4. Advising State agencies and local governments in the efficient creation, maintenance, retrieval, and disposition (disposal or preservation) of paper, microfilm, and electronic records.~~
- ~~5. Providing a secure and environmentally safe records storage facility with efficient and timely records reference and retrieval services.~~

~~2016 Records: Definitions~~

~~**Appropriate for preservation** refers to documentary materials that, because of the evidence or information they contain, should be filed, stored or otherwise systematically maintained by an agency. The existence of incomplete and obsolete filing manuals should not limit the recognition of record material.~~

~~**Copy of Record** means an original record, a series of records or a duplicate designated as the official record by an inventory process or the Board of Examiners.~~

~~**Custodian of Record** means an employee or agent of the State of Nevada, any State agency, county, city, town, school district, or other unit of local government who has the care, custody and control of the records of the regularly conducted activity of the employer.~~

~~**Documentary materials** refer to all media containing recorded information. The medium may be paper, film, disk or other physical type or form. The method of recording may be manual, mechanical, photographic, electronic or any other combination of these or other technologies. The term “documentary materials” is also intended to include both record and non-record materials.~~

~~**Duplicate** means any accurate and unabridged copy of a record or series of records, which is not an original. (NRS 52.195)~~

~~**Electronic Record Keeping System** is the organized creation, collection, processing, maintenance, transmission, dissemination and disposition of record information in accordance with defined electronic procedures.~~

~~**Electronic Records** are information meeting a statutory definition(s) of Nevada record (NRS 239.080) that is created and stored in a form that only a computer can manage by a program when accompanied by appropriate certification and documentation.~~

~~**Legal custody** means all rights and responsibilities of access and maintenance to a record or record series are vested with a State agency. The official or department head is charged with the care, custody and control of that record or series of records. The term does not mean the ownership of the record.~~

~~**Made** refers to the action of creating information by State agency personnel. Creation is generally manifested by circulation to others or at least to the files where it would be accessible to others.~~

~~**Official State Record** for purposes of NRS 239.080 includes, without limitation any:~~

- ~~○ Papers, unpublished books, maps, and photographs;~~
- ~~○ Information stored on magnetic tape or computer, laser or optical disc;~~
- ~~○ Materials which are capable of being read by a machine, including microforms and audio and visual materials; and~~
- ~~○ Materials which are made or received by a State agency and preserved by that agency or its successor as evidence of the organization, operation, policy or any other activity of that agency or because of the information contained in the material.~~

~~**Original** means an original, a reproduction or any record designated by the Records Committee or the Board of Examiners to be an original. An original consists of the stored security copy and the copy maintained for the use of authorized people. (NRS 52.205, 239.051)~~

~~**Physical Custody** means a record is physically located in a State agency or storage facility.~~

~~**Preserved** means the filing, storage or other method of systematically maintaining documentary materials by the agency. The term covers materials temporarily removed from established filing systems as well as materials actually filed or otherwise systematically maintained.~~

~~**Received** refers to the receipt by State agency personnel, by any method of documentary materials. The term does not refer to misdirected materials. It may or may not refer to loaned or seized materials, depending on the condition under which such materials come into agency custody or were used by the agency. Advice of legal counsel should be sought regarding such materials.~~

~~**Records Series** means records kept or filed in a unified filing system because they are related in function, have common characteristics or are used for a similar activity.~~

~~**Records Integrity** means a complete, reliable and trustworthy record (certified as such by the custodian of record) that has the four qualities of security, timeliness, authenticity, and accessibility.~~

~~**State agency** means an office, department, board, commission, committee, agency or any other subdivision of the Executive Branch of government where records are made, received or kept.~~

2018 Records: Retention and Disposition Schedules

~~A. NRS 239.080 specifies that no official State record shall be disposed of before approval by the State Records Committee. Each agency, in cooperation with Archives and Records, develops a Records Retention and Disposition Schedule that shall be submitted to the State Records Committee for final approval.~~

- ~~B. Archives and Records organizes and supervises an inventory of all official State records in the legal custody of a State agency. A minimum retention period, based on an appraisal of the administrative, fiscal, legal and research/archival values of each record series, is assigned by Archives and Records.~~
- ~~C. When appraising record series for administrative, fiscal, legal and research/archival value, Archives and Records shall research federal laws and regulations, federal policy and procedure manuals, State laws and regulations and agency policy and procedures manuals.~~
- ~~D. The four principles used to appraise records are:~~
- ~~1. Administrative: Records that help an agency perform its functions. All records have some administrative value since they were initially created or received in order to facilitate the activities and functions of the agency.~~
 - ~~2. Fiscal: Records relating to the financial transactions, auditing, budgeting and accounting functions of an agency. Audit requirement of the agency and State and federal governments shall be considered in determining this value.~~
 - ~~3. Legal: Records that contain proof of enforceable rights or obligations. Such records prove:~~
 - ~~a. Ownership (titles, deeds);~~
 - ~~b. Rights (driver's licenses, marriage licenses);~~
 - ~~c. Obligations (contracts, leases and agreements);~~
 - ~~d. Legal conditions (court rulings, approved laws and regulations, court orders and sanctions);~~
 - ~~and~~
 - ~~e. Action taken by a governing body which affects the public (minutes of commission meetings, proclamations, etc.).~~
 - ~~4. Research/archival: Records in which the administrative, fiscal and/or legal values may have expired but have reference and research values. They are appraised using the archival principles of intrinsic, evidentiary, and informational values.~~
- ~~E. To produce a records retention schedule:~~
- ~~1. An agency must designate a records management officer (RMO) who will be the person Archives and Records will contact concerning all phases of records scheduling.~~
 - ~~2. An inventory is required to identify and describe all records series in the legal custody of the agency. Each State agency shall use the Inventory Worksheet in conducting the inventory.~~
 - ~~3. Upon completion of the inventory, Archives and Records will appraise and evaluate each record series for its values and review applicable federal and State laws. A "Records Disposition Authorization" (RDA) form will be produced for each record series specifying a minimum retention period.~~
 - ~~4. The inventory worksheets will be forwarded to the agency for review. The agency will have a thirty (30) day period for review, after which, if no comments are made, the RDA forms will be forwarded to the State Records Committee by Archives and Records in accordance with NRS 239.080 for approval.~~
 - ~~5. The State Records Committee will return the approved RDA forms to Archives and Records. It will prepare the approved schedule and send copies to the State agency and to LCB Audit to notify them of compliance to NRS 239.080.~~
- ~~F. An approved records schedule identifies each record series in the legal custody of an agency and refers to the Records Disposition Authorization. The description column outlines the use of the record series~~

and lists the types of documents that may be included. The disposition column describes the minimum period of time the record series must be maintained and also gives some directions as to the method to destroy the record series or where to transfer it for archival purposes. Recommendations for microfilming may also be included in the disposition column. The RDA number refers to the signed Records Disposition Authorization form and the Inventory Worksheet and any back up documents used to appraise the record series.

~~G. An approved records retention schedule indicates the minimum length of time an original record or series of official State records must be retained in the legal custody of a State agency regardless of its physical location. Duplicates of records may be disposed of without authorization unless specifically imposed by such a schedule. The minimum retention period applies only to the original official State record or to the copy of a record designated as an original.~~

~~H. For the purpose of developing records retention schedules, an official State record includes: All papers, unpublished books, maps, photographs, machine readable materials or other documentary materials regardless of physical form or characteristics, made or received by an agency of the State government under State law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, function, policies, decisions, procedures, operations or other activities of the State government or because of the informational value of data in them.~~

~~I. For the purpose of developing records retention schedules, a non-record includes: published books and pamphlets, books and pamphlets printed by a governmental printer, answer pads for a telephone or other informal notes, desk calendars, stenographers' notebooks after the information has been transcribed, unused forms except ballots and as indicated in a retention schedule, brochures, newsletters, magazines, newspaper except those excerpts used as evidence of publication, scrapbooks and physical property and artifacts. An electronic non-record includes but is not limited to: routing slips and transmittal sheets (e-mail cover correspondence) adding no information to that contained in the transmitted material; electronic copies of correspondence, directives, forms and other documents on which no administrative action is recorded or taken; duplicate copies (and initial drafts) of electronic documents maintained in the same; electronic copies of printed or processed materials for which complete record sets exist; and electronic catalogs, trade journals, and other publications that are received from other governmental agencies, commercial firms, or private institutions and are merely "linked" or which require no action or are not a part of a case on which action was taken. Library and museum material made or acquired and preserved solely for reference or exhibition purposes, extra copies of documents preserved only for convenience of reference and stocks of publications and of processed documents are also included in the non-record category. Work papers used to collect or compile data, and drafts, are not considered to be official State records unless an appraisal shows them to have legal, fiscal and/or archival value.~~

~~J. A non-record, unless prohibited by law, may be destroyed at any time by an official or the head of a department without being scheduled for destruction. State publications may not be destroyed before meeting the requirements found in NRS 378.150 to 378.210.~~

K.A. Records retention and disposition schedules ([NAC 239.926](#)) identify the length of time official State records ([NAC 239.705](#)) must be retained before final disposition, which includes destruction or transfer to the State Archives. The approved State Agency Retention Schedules and the General Records Retention Schedule are available on the [State Records website](#).

B. Disposition Schedule Statements:

- 1. Destroy (destruction of non-confidential records, which may be deleted or recycled)*
- 2. Destroy Securely, which is to destroy in such a manner that the records cannot be reconstructed per NAC 239.722.*
- 3. Permanent, Transfer to the State Archives*
- 4. Permanent, Retained by Agency*

C. Retention Schedule Revision:

- 1. Records officers should periodically review agency retention schedule to determine if all records of the agency (NAC 239.705) are addressed in the schedule.*
- 2. Reviews of agency schedules should occur after every legislative session, or at a minimum every five years.*
- 3. Records officers may request amendments or revisions to the agency schedule at any time. Reasons for amendments or revisions may include but are not limited to:*
 - a. The creation of new record series;*
 - b. Changes implemented through Nevada Revised Statutes (NRS) or Nevada Administrative Code (NAC); or*
 - c. Reorganization of an agency or office.*
- 4. Instruction and guidance on the scheduling process, as well as a change request form, are available on the Nevada State Library, Archives and Public Records website: https://nsla.nv.gov/state_records_services.*

2020 *Storing Records in the State Records Center*

- ~~A. The State Records Center in Archives and Records, Carson City stores semi-active and inactive records in a physically and environmentally secure setting at no cost to participating agencies. Security copies of microfilm and microfiche may also be stored. Records transferred to the center remains in the legal custody of the agency that sent them for storage.~~
- ~~B. Space in the Records Center is limited. Vital records (important to the restructure of an agency in case of a disaster), those appraised with research/archival value, security copies of microfilm, and security backup tapes will be given priority.~~
- ~~C. Records sent to the Records Center must be scheduled through an approved records retention schedule. (SAM 2018)~~
- ~~D. The agency must fill out the "Records Center Accession" form before the physical receipt of material. Forms are available on the Nevada State Library and Archives website. Each record series should be boxed separately and described on separate accession forms. Completed forms must be sent to the center before the actual transfer the material. The Records Center will not accession records whose retention period (NRS 239.080) has already expired, nor will it accept records that are due to be destroyed within twelve months (subject to change), unless specifically directed by the State Records Committee (NRS 378.255(9)). The Records Center reserves the right to refuse to accept records that have not been scheduled and assigned a retention period. Unscheduled records containing historical value may be transferred directly to the State Archives (NRS 378.250(1)). Records of a defunct agency will be accepted into the Records Center or the State Archives (NAC 239.750).~~
- ~~E. Records Center personnel will complete the accession form and return one copy to the agency.~~

- ~~F. Records may physically arrive only after Records Center staff has received the accession form, completed it and notified the agency to deliver the boxes. The transferring agency is responsible for boxing and scheduling delivery of boxes to the Records Center.~~
- ~~G. Boxes must be standard records storage boxes as available through State Purchasing. Exceptions may be approved by Records Center personnel before receipt. Material sent in unauthorized or damaged containers will not be accepted.~~
- ~~H. The Records Center will store records only for the minimum authorized retention period. Agencies who wish to keep their records longer than this time must retrieve their records from the Records Center, unless they notify the Records Center in writing prior to the expiration of the retention period that the records in question meet one or more of the following reasonable grounds for extending retention:~~
- ~~1. Audit~~
 - ~~2. Litigation~~
 - ~~3. Investigation~~
- ~~I. Agencies whose records do not meet any of these conditions must submit a written request that includes justification for a longer retention to the State Records Manager. In order for the Records Center to extend retention of the records, this request must be received and approved by the State Records Committee before the currently authorized retention period has expired.~~
- ~~J. The Records Center will dispose of material in accordance with the approved records retention schedule. Records Center staff will send a "Notice of Pending Disposition of Records" to the agency thirty (30) days before the disposition of their records. Agencies which request their records be retained longer than the approved disposition must justify this to the State Records Manager or reclaim the boxes for storage elsewhere.~~
- ~~1. If no response is made by the agency prior to the cut-off date, records will be disposed of as soon as physically possible.~~
 - ~~2. Confidential records will be destroyed in accordance with NAC 239.722.~~
- A. Executive branch agencies, constitutional officers, and boards and commissions may transfer any official records (as defined in NAC 239.705) to the State Records Center (hereafter Records Center) for storage. The records must be assigned to a records disposition authorization (RDA), in accordance with NRS 239.080. The records must have a minimum of one year of their retention period remaining. The Records Center accepts paper records that are not duplicated elsewhere. Paper records that have been microfilmed, placed on microfiche, or digitized and stored electronically may not be stored in the Records Center.*
- B. All records storage requests are processed electronically through the Records Center Web Portal. For information on the Web Portal, visit the website for the State Records Center. All boxes and records stored in the Records Center must be in compliance with the State Records Center Policy and Procedures. Boxes or records not in compliance cannot be accepted for storage.*
- C. Official records stored in the Records Center remain in the legal custody of the agency that transferred the records.*
- D. Each agency must maintain an Authorization List identifying all agency staff with rights to access agency records stored in the Records Center. Updates to lists may be submitted at any time. Agencies should review and update Authorization Lists annually. Access to records is limited to staff authorized by the agency. The Authorization List form is available on the State Records Center website.*

E. *The State Records Center runs an annual report identifying records in its possession which are no longer required as indicated by the approved agency records retention schedule or the General Records Retention Schedule and should be scheduled for destruction. A Disposition Notice is sent to the Records Officer of each agency annually containing a list of records in the State Records Center scheduled for destruction.*

1. *The agency is given 60 days to respond to the Disposition Notice. The agency may justify retention on the records for a disposition hold or withdraw them from the State Records Center.*

~~K.2.~~ *If no response is received from the agency, records stored in the Records Center will be destroyed after the 60 day time period.*

~~2022 Records: Accessing Records at the Records Center~~

~~Records stored in the Records Center remain in the legal custody of the agency that transferred the records. The records stored at the Records Center are in the physical custody of our agency. We are responsible for their secure storage.~~

~~Unless requested to do so by the agency, Records Center staff will not access boxes, files, or data stored within the Records Center.~~

~~Agencies storing computer backup tapes (NRS 239.051) in the State Records Center: The exchange of all computer backup tapes will be the responsibility of the agency, not the Records Center. The individuals exchanging the tapes must be on the agency authorization list.~~

~~Agencies storing records at the Records Center are responsible to provide us with an up-to-date list of people who are authorized to access their agency's files. If a person who is not on an agency's authorization list requests a file, an authorized person must be contacted to give permission for the person to access the file. No unauthorized person will be allowed to access any record, security copy of microfilm, computer backup tape, etc., stored in the Records Center.~~

~~Agencies may send in updated lists at any time. New authorization lists will supersede the old ones.~~

~~Visitors to the Records Center must sign in with their name, agency, purpose for visiting, time in and time out. Visitors are not allowed access to the shelving area unless accompanied by Archives and Records staff.~~

~~The State Records Center is open from 8:00 a.m. to 5:00 p.m. weekdays and is closed weekends and holidays. The State Records Center has an after-hours contact list for those agencies that have after-hour computer backup emergencies.~~

2024 Records: Destruction of Official State Records

A. Official ~~State~~ records must not be destroyed ~~without an approved Records Retention Schedule until destruction has been authorized by a Records Retention and Disposition Schedule (hereafter Schedule) approved by the Committee to Approve Schedules for the Retention and Disposition of Official State Records (hereafter the Committee).~~ Records must only be destroyed in accordance with

~~an approved schedule. (NRS 239.080) Records that have been appraised as having archival value must be submitted to the State Archives.~~

- B. ~~State agencies may destroy record series that have met the minimum requirements for retention through an approved Records Retention Schedule and have not been scheduled for permanent retention or transfer to the State Archives. Destruction of Confidential records must be destroyed in accordance with NAC 239.722.~~, regardless of format, must be done in such a manner as to ensure there is no reasonable risk that the information may be recovered. (NAC 239.722) Agencies must work closely with information technology staff to guarantee that electronic records containing confidential information are destroyed in a manner which ensures that the information contained in the record cannot be retrieved or reconstructed. (NAC 239.722 and NAC 239.165) See also SAM 0406 Electronic Records.
- C. A “disposition hold” pauses the regularly scheduled destruction of records. Records may not be destroyed if any litigation, investigation, audit, public records request, or other official action involving the record is initiated before the retention period expires. If an agency has a disposition hold on some records, the agency records officer must immediately request an extension for the storage of the records by contacting the Records Center staff and submitting a letter including evidence of the hold to the State Records Manager. The records placed on hold must be retained until the completion of the action and the resolution of all issues that arise from the action.

2026 Records: Storage of Records in Space of Facility Other than the State Records Center

- A. To the extent possible, inactive and semi-active official State records shall be housed in permanent State-owned facilities, such as the State Records Center, ~~which meet the standards described here.~~ Any official records stored by a State agency in a non-State owned space must receive written permission from the person designated by the State Library, Archives and Public Records Administrator (NAC 239.740), and the facility must meet the conditions of storage described in NAC 239.742.
- B. Only authorized personnel may access State records. If records are stored in a non-State owned space, an authorization list must be maintained for that facility as it is for the Records Center in SAM 2020(D).

~~All off-site storage facilities not owned by the State must meet or exceed these same standards. The State Records Manager must give written approval to agencies before storing official State records in any such facility.~~

- ~~1. Records storage facilities should be in separate structures away from external hazards and the sole occupant of the building to ensure protection from fire, flood and other dangers. Where the structure is shared with other occupants, proper protection in the form of firewalls, fire suppression system and security alarms shall be taken.~~
- ~~2. Wherever possible, floors should be at or above grade level. Single floor structures are recommended.~~
- ~~3. A minimum live floor load of 300 pounds per square foot is required for all records storage areas.~~
- ~~4. Permanent non-combustible construction, such as reinforced concrete block is required.~~
- ~~5. The light fixtures in the storage area shall be fluorescent metal construction equipped with~~

- thermally protected ballast (Class "P"). The lowest point of any fixture shall be no lower than 12 inches above the highest box or material stored in the facility.
- ~~6. All electric control boxes and light switches shall be located at the main entrances to the storage area. Conduits shall be used to provide safety protection for the electrical wiring.~~
 - ~~7. No oil type transformers, regardless of size, shall be permitted in a records storage area except thermally protected devices such as Class "P" fluorescent light ballasts.~~
 - ~~8. Temperatures shall be maintained year round between 50° and 75° Fahrenheit. Records that have archival value and security copies of microfilm, microfiche, optical disks and computer disks and tapes shall be maintained at a temperature range of 60° to 70° Fahrenheit.~~
 - ~~9. Fire suppression system.~~
 - ~~a. Automatic sprinkler fire protection systems shall be provided throughout all areas of records storage facilities. Sprinkler systems shall be rated at a minimum flowing pressure of seven pounds per square inch and deliver a minimum of 0.30 gallons per minute per square foot at the most remote sprinkler head. Sprinkler heads shall be rated at a minimum of 286° Fahrenheit.~~
 - ~~b. Where large quantities of microfilm, microfiche, optical disks and computer tapes and disks are stored, a halon type or similar system is recommended.~~
 - ~~c. Sprinkler heads shall be spaced no farther apart than ten feet on center and positioned to provide unobstructed coverage with at least 18 inches of clearance between the top of the stored material and the heads at the deflection level.~~
 - ~~10. Fire safety~~
 - ~~a. Exits from the records storage facilities shall comply with local fire ordinances and the State Fire Marshal regulations.~~
 - ~~b. Furnaces and boilers shall be separated from records storage areas by a four hour rated fire wall with no openings directly to the storage area. They shall not be located directly below such storage areas.~~
 - ~~c. All storage facilities shall be separated from other areas and occupants by firewalls rated at four hours if un-pierced and two hours if pierced with doors, etc.~~
 - ~~d. All openings in firewalls, including duct penetrations, shall be protected by Class "A" 1½ hour rated fire doors.~~
 - ~~e. Smoke detectors shall be designed into the fire protection systems.~~
 - ~~f. Fire hydrants shall be located within 250 feet of the main entrance to a records storage facility.~~
 - ~~g. One 2½ gallon stored pressure type fire extinguisher shall be provided for each 3,000 square feet of building space.~~
 - ~~h. Regardless of geographic location, lightning protection shall be installed in accordance with NFRPA Standard 78.~~
 - ~~i. No open flame (oil or gas) shall be allowed within a records storage area.~~
 - ~~j. No gasoline or oil propelled equipment; flammable liquid or gas containers, chemicals or similar material shall be stored within records storage areas.~~
 - ~~k. No smoking shall be allowed in records storage areas.~~
 - ~~11. Official State records declared confidential or restricted by the Nevada Revised Statutes shall not be stored in an off site, non State owned and maintained facility unless 24 hour security is provided.~~
 - ~~12. Functional requirements for Nevada Electronic Record Keeping Systems, (consistent with Federal DOD 5015.2, published in Federal Register, May 2001, and endorsed by the National Archives and Records Administration) be approved by an appropriate statutorily convened body and that systems of electronic records that are reviewed by the State Records Committee and other~~

~~appropriate statutorily convened bodies conform with these requirements until such time as national standards are promulgated by appropriate regulatory agencies.~~

2038 State Archives

- ~~A. The Archives program of Archives and Records maintains the State's historically valuable records. Records transferred to the Archives are appraised for historical, legal, fiscal or administrative value and either accessioned into the archives or disposed. Records accessioned into the Archives, as opposed to the Records Center, are no longer the records of the agency that transferred them, but are in the legal custody of the Division except by as provided by law. (NRS 378.250, 378.260, 378.320)~~
- ~~B. If an agency's records retention schedule has identified a records group or series to come to the Archives, the agency's records officer should:~~
- ~~1. Contact the State Archives Manager for the transfer of the records;~~
 - ~~2. Provide a typed inventory of the contents of the boxes (by file heading) and number the boxes consecutively;~~
 - ~~3. Schedule a time for pick up or delivery of records.~~
 - ~~4. Make special arrangements for oversized materials, photographs or volumes; and~~
 - ~~5. Send a memorandum of transfer with records so there is documentation of the transfer to the State Archives.~~
- A. *The Nevada State Archives is the official State repository mandated with responsibility to assist State agencies with the preservation of inactive government records of enduring historical value. (NRS 378.240) For information about agency historical records, call the State Archives at 775-684-3310, visit the Research Room at 100 N. Stewart Street in Carson City, Nevada, or visit the [State Archives website](#).*
- B. *Records that have been appraised as having archival value must be submitted to the State Archives. Records accessioned into the State Archives are in the legal custody of the State Archives except as provided by law. (NRS 378.250, 378.260, and 378.320)*
- C. *Transfer procedures are available on the [State Archives website](#). Agencies should consult applicable retention schedules to determine which records are eligible for transfer. If an agency does not have a records retention schedule and ~~has~~ holds records of historical value (as defined in [NAC 239.597](#)), Archives and Records *Management* staff ~~can~~ will appraise the records. Unscheduled records or records scheduled for destruction on schedules older than three years may have historical value. *State Archives and Records* can receive these records under NRS 378.250. ~~Any questions about an agency's records should be directed to Archives and Records at 775-684-3310 in Carson City.~~*
- D. *The State Archives accepts electronic records identified as possessing historical value (as defined in [NAC 239.597](#)), and will collaborate with agencies and information technology staff in preserving these records. ([NAC 239.940\(1\)](#)). At the time of transfer of electronic records, the agency must provide all appropriate system documentation (such as a description of operating systems, special hardware, or software needed to render the transferred files) and a description of the records' content and arrangement (such as the record types, record dates, file formats, and a file directory).*

- E. *The Archives will follow best practices to preserve and document the provenance and properties of records. The Archives, information technology professionals, and agencies should work together to ensure the ongoing accessibility of permanent records. Archives and information technology staff will advise agencies regarding acceptable file formats and conversion of atypical file formats to ensure ongoing accessibility and use of permanent records. See also SAM 0406 Electronic Records Management.*

2040 Imaging and Preservation Services

- A. *Imaging and Preservation Services (IPS) provides digitization services to Nevada State and local governmental agencies. (NRS 378.255) For information about Imaging and Preservation Services, visit the office at 100 N. Stewart Street in Carson City, call 775-684-3414, or visit the [IPS website](#).*
- B. *IPS converts long term and permanent records (including but not limited to loose paper, bound paper volumes, microfiche, microfilm, glass plates, photographic prints, negatives, and slides) to digital format. Services include digitization of oversized records (such as maps and plans) and fragile historical records. Upon request, IPS also provides on-site consultations and recommendations about national digitization standards for agencies to employ when digitizing their own records.*

2400 Division of Internal Audits

2401 Overview

The Division of Internal Audits (~~DIA~~ivision) consists of:

1. **Executive Branch Audits.** Audits agencies' programs and statewide processes, such as contracting, debt collections and use of federal funds, to improve efficiency and effectiveness; reviews the implementation status of Legislative audit recommendations. Trains agency personnel in internal controls and assists agencies with developing written fiscal policies and procedures.
2. **Compliance Review.** Examines agencies' internal processes and transactions to determine adequacy of internal controls and compliance with fiscal laws, regulations and guidelines.

2402 Executive Branch Audits

A. Audits

1. NRS [353A.075](#) provides which records and information must be made available to the ~~DIA~~ivision.
2. NRS [353A.085](#) outlines the submission of preliminary findings and recommendations to the audited agency and the timeframe for and contents of the agency response to the findings and recommendations. Agencies should include a timetable for addressing implementation of recommendations in their response. This statute also provides that a final report be submitted to the Executive Branch Audit Committee (~~EBA~~Committee) and the head of the audited agency.
3. NRS [353A.055\(2\)](#) addresses limitations of the ~~DIA~~ivision to provide certain services.
4. NRS [353A.085\(3\)](#) and [353A.100](#) provide for the confidentiality of reports and working papers of the ~~DIA~~ivision.

B. Follow-ups

1. NRS [353A.090](#) requires, within six months after the audit report is submitted, the Administrator of ~~DIA~~ivision (Administrator) to inform the ~~Executive Branch Audit Committee~~ and the head of the audited agency if appropriate corrective actions are being taken. In order to meet the statutory deadlines, forty-five (45) days prior to the six month reporting deadline, the agency will provide a recommendation status report with supporting documentation to the Administrator. The report should outline the actions taken to implement each recommendation. Additionally, when recommendations are not fully implemented, the agency shall provide revised dates of completion. Recommendation status shall be described as:
 - a. Fully implemented. The agency took all actions necessary to satisfy the recommendation as of the date of the status report.
 - b. Partially implemented. The agency took some actions to satisfy the recommendation, but not all necessary actions to implement the audit finding as of the date of the status report.
 - c. No action. The agency did not take any action on the recommendation as of the date of the

status report.

2. The ~~DIA~~ivision will continue to follow up with the agency annually until recommendations are fully implemented or deemed no longer applicable. The Administrator will report the results of annual follow-ups to the ~~EBA~~Committee and the head of the audited agency.

C. Training and Internal Controls

1. Provides trainings to agency personnel responsible for administrating budgetary accounts pursuant to NAC [353A.100](#). Training results are summarized in a separate report to each agency.
2. Develops, documents, and maintains the uniform system of internal accounting and administrative controls as required by NRS [353A.020](#).
3. Assists agencies with designing policies and procedures that comply with the uniform system of internal accounting and administrative controls as required by NRS [353A.020](#).
4. Reviews agencies' submitted Report on Internal Controls, summarizes results and reports as required by NRS [353A.025](#).

- D. State Fraud, Waste, and Abuse Hotline. *The Hotline, established pursuant to NRS 353A.049, is to be used to report fraud, waste, or abuse of State money, or federal money received and distributed by an agency.* ~~Incidences of fraud, waste, and abuse involving public funds can be reported on the confidential Hot-Line number is (775-687-0150). This hotline, established pursuant to NRS 353A.049, is to be used to report fraud, waste, or abuse of State money, or federal money received and distributed by an agency.~~ Callers should leave a detailed message and contact information. The identity of the caller will remain confidential.

2404 Implementation of Legislative Audit Recommendations

- A. NRS [218G.250\(1\)\(c\)](#) requires State agencies, other than elected officers of the State, to submit a plan for corrective action to the Director of the Governor's Finance Office (*GFO*) within 60 working days after receipt of notification an audit has been accepted by the Legislative Commission or Audit Subcommittee if the audit contains recommendations for corrective action. The agency should also submit a copy of the plan to the Administrator and to the Legislative Auditor.
- B. NRS [218G.270\(2\)](#) requires the ~~Governor's Finance Office~~ to report on the status of the implementation of Legislative Audit recommendations within six months after the period for submission of the plan for corrective action. In order to meet statutory deadlines, 45 days prior to the six-month reporting deadline, the agency shall provide the ~~DIA~~ivision with a status report along with supporting documentation indicating the status for each recommendation included in the plan for corrective action. Recommendation status shall be described as:
 1. Fully implemented. The agency took all actions necessary to satisfy the recommendation as of the date of the status report.
 2. Partially implemented. The agency took some actions to satisfy the recommendation, but not all necessary actions to implement the audit finding as of the date of the status report.

3. No action. The agency did not take any action on the recommendation as of the date of the status report.

C. NRS [218G.260](#) allows the Director of the ~~Governor's Finance Office~~ to take certain actions if an agency refuses to submit or implement a corrective plan of action.

2406 Audit Reports

NRS [353.325](#) requires a State agency receiving an audit report to submit the report and any response by the agency to the ~~Governor's Finance Office~~ within 10 days of receipt and allows for certain uses of the report, including the opinion and any findings in the audit report, without consent of the auditor. Under this provision, agencies should also submit the results of federal monitoring site visit review reports as well as any other correspondence that requires an agency response or corrective action plan. Submission of the report to the Administrator satisfies this requirement.

2414 Compliance Review

- A. The Compliance Review section is responsible for testing State agency expenditures to determine their correctness in accordance with NRS [353.090](#).
- B. An agency shall provide copies of or make available its written policies and procedures as well as access to its records upon request from Compliance Review section staff.
- C. Reviews the agency to determine compliance with internal control standards, written policies and procedures and applicable laws and regulations. This consists of reviewing agency policies and procedures, observing operating procedures, interviewing agency personnel and testing transactions. Reviews may be on-site or conducted remotely. Staff may employ any reasonable techniques to determine agency compliance in the processing of its transactions.
- D. Upon completion of the review and/or evaluation, Compliance Review may issue findings of non-compliance or recommendations for improvements to the agency.
- E. Within ten (10) business days after receipt of the preliminary findings and recommendations, the head of the reviewed agency shall provide a written response to the Administrator, including a statement of acceptance, explanation or rebuttal concerning the findings or recommendations, and a timetable for implementing any required corrective actions.
- F. Reasons for not addressing any recommendation shall be justified in writing to the Administrator and made available to the Director of the ~~Governor's Finance Office~~.

2416 Internal Control

- A. NRS [353A.020](#) requires the Director of the ~~Governor's Finance Office~~, in consultation with the ~~Executive Branch Audit Committee~~ and *the* Legislative Auditor, to adopt a uniform system of internal accounting and administrative control and requires each agency to develop written procedures to carry out its system of internal accounting and administrative control.

- B. The purpose of internal control is to help ensure that the following objectives are being achieved:
1. Effectiveness and efficiency of operations
 2. Reliability of financial reporting
 3. Compliance with applicable laws and regulations
- C. There are five standards of internal control:
1. Control Environment: Management and employees should establish and maintain an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.
 2. Risk Assessment: Internal control should provide for an assessment of the risks the agency faces from both external and internal sources.
 3. Control Activities: Policies, procedures, techniques and mechanisms implemented by management to address all levels and all functions of an agency covering operational, financial reporting and compliance issues.
 4. Information and Communication: Information should be recorded and communicated to management and others within the entity who need it in a form and within a time frame that enables them to carry out their internal control and other responsibilities.
 5. Monitoring: Internal control monitoring should assess the quality of performance over time and ensure that the audit findings and other issues are promptly resolved.
- D. Refer to the [DLA division's website page](#). [Developing Written Procedures](#) for guidance in the development and documentation of agency policies and procedures for compliance with the [State's](#) uniform system of internal accounting and administrative control and minimum internal control guidelines.

2418 Agency Review/Evaluation and Biennial Reports

- A. NRS [353A.025](#) requires each agency to periodically review its system of internal accounting and administrative control. To meet the requirements of this statute, each agency is required to perform, at a minimum, a biennial internal control review and evaluation to identify potential areas of weaknesses and non-compliance. The review should include:
1. An evaluation of the agency's actual procedures by completing the [Self-Assessment Questionnaire](#) (SAQ) and comparing agency written procedures to the SAQ to ensure written procedures address all possible processes. This evaluation should include observation and interview of persons involved with each fiscal process.
 2. A comparison of the actual procedures used by agency staff to agency's written procedures.
 3. A sample test of each type of transaction processed by the agency. Agencies may use the transaction testing checklist available on the [DLA division's website page](#) – [Forms and Resources](#) or an equivalent document.

4. The SAQ and the transaction testing checklist must be maintained by the agency, but does not need to be submitted to the ~~DIA~~ ~~Division~~.
- B. Upon completion of the above evaluations, each agency shall address any areas of weakness or non-compliance and document a corrective action plan. Findings and corrective action plans should be summarized on the [Report on Internal Controls](#). For departments with multiple divisions or agencies, findings and corrective action plans for each division or agency should be summarized on one departmental Report on Internal Controls. Findings and corrective actions should be identified by individual agencies. The Report on Internal Controls should be submitted to the Director of the ~~Governor's Finance Office~~ on or before July 1 of each even-numbered calendar year. Submission of the report to the ~~DIA~~ Administrator ~~of the Division~~ satisfies this requirement.
 - C. Some agencies use a centralized fiscal office to perform their fiscal and accounting services. A centralized fiscal office may complete one SAQ for all the agencies it assists as long as the procedures used by the centralized fiscal office are the same for all agencies for whom it provides services. Both the Department Director over the centralized fiscal office and the lead supervisor of the centralized fiscal office must sign the SAQ. An agency using a centralized fiscal office must still complete a SAQ for any procedures it performs directly, and must coordinate with the centralized fiscal office to ensure all applicable questions are answered. The centralized fiscal office must make any agency for which it provides services aware of any non-compliance noted in the SAQ.
 - D. The ~~DIA~~ ~~Division~~ summarizes agencies' findings and corrective action plans and identifies any agencies not submitting the Report of Internal Controls in a report issued per NRS [353A.025](#).
 - E. Useful Links:
 1. [Self-Assessment Questionnaire \(SAQ\)](#)
 2. [Sample Transaction Testing Checklist](#)
 3. [Biennial Report Instructions](#)
 4. [Biennial Report on Internal Controls](#)

2500 Budgeting

2502 State Budget Act

- A. The Budget Division of the Governor's Finance Office (GFO) is responsible for administering the provisions of [NRS 353.150 to 353.246](#), the State Budget Act, except [NRS 353.226 to 353.229](#). The State Budget Act requires the Chief of the Budget Division to, among other duties:
1. Appraise the quantity and quality of services rendered by each agency in the ~~E~~executive ~~branch~~Department of State Government and the needs for such services or any new services.
 2. Prepare the executive budget report for the Governor.
 3. Prepare a proposed budget for the ~~E~~executive ~~branch~~Department for the next two fiscal years (a biennium), which must include a complete financial plan and must set forth all proposed expenditures for the administration, operation and maintenance of the departments, institutions and agencies of the ~~E~~executive ~~branch~~Department.
 4. Examine and approve work programs and allotments to the agencies in the ~~E~~executive ~~branch~~Department and changes therein.
 5. Do and perform such other and further duties relative to the development and submission of an adequate proposed budget for the ~~E~~executive ~~branch~~Department.
- B. This chapter describes policies and procedures for agencies to adhere to in order for the Chief of the Budget Division to carry out their duties and responsibilities.

2504 Budget Exclusions

- A. The State Budget Act does not apply to the Public Employees' Retirement System, the ~~J~~udicial ~~B~~branch, the Tahoe Regional Planning Agency or the ~~L~~egislative ~~B~~branch. These entities submit their budgets to the Legislature in the same format as the Executive Budget unless otherwise directed by the Legislative Commission. ([NRS 353.246](#)) The revenues and expenditures of the exempt agencies will be incorporated in the Executive Budget. ([NRS 353.210](#))
- B. In addition, most boards and commissions are not subject to the Budget Act and do not submit their budgets to the Budget Division for transmission to the Legislature.

2506 Budget Preparation

The Budget Division issues biennial budget instructions to all agencies in the executive branch every even numbered year and posts a copy of the instructions on the [Budget Division website](#). The budget instructions contain detailed instructions on how agencies are to prepare their budget requests. The instructions also contain a timetable of important dates applicable to the submittal of agency request budgets.

2508 Budget Presentations with the Director of the Governor's Finance Office

Agencies will have an opportunity to present their Agency Request budget to the Director of the ~~Governor's Finance Office~~ (GFO), the Governor's Office, their assigned Executive Branch Budget Officer (~~EBBO~~) within the Budget Division, and the Legislative Counsel Bureau, Fiscal Analysis Division after submitting their budget. These budget presentations are scheduled by the Budget Division.

2510 Priorities and Performance Based Budgeting

- A. Priorities and Performance Based Budgeting is the process of mapping expenses at the budget account level to the goals and priorities identified by the Governor. Performance based budgeting identifies the services the State provides and measures the effectiveness and efficiency of delivering the outcomes. The Governor's Office determines the strategic planning framework, which may include strategic priorities, core functions of government, mission driven goals, and objectives to achieve. Agencies' performance measures should support the statewide objectives.
- B. Performance measures should reflect the extent to which the budget as presented will enable the agency to achieve the goals and objectives of the Executive Budget. Performance metrics should be constructed to encourage performance improvement, effectiveness, efficiency and appropriate levels of internal controls. Performance measures gauge success or identify shortcomings and monitor progress toward goals.
- C. The performance measurement data in the Executive Budget must be reliable. Numerical entries, percentages, and rates exhibited in the measurement indicators should reflect and support the agency request. Furthermore, agencies must be prepared to indicate the impact of individual ~~E~~enhancement decision units on the overall measurement indicators. For example, if an agency enhancement request includes enough support to accommodate 100% of a given indicator and either the Budget Division or the Legislature reduces the amount of the request, the agency must be prepared to show what effect that reduction would have on that measurement indicator, i.e., 85%, 75%, etc.
- D. As the performance measures are developed for the biennial budget, agencies should consider the following questions:
 1. Are your performance measures SMART? (Specific, Measurable, Attainable, Realistic, Timely)
 2. Is the data computed the same way every year?
 3. Does the data accurately quantify the performance measures described in the Executive Budget?
- E. In an effort to provide satisfactory answers to these questions, agencies must adhere to the following requirements:
 1. Develop written procedures on how the performance measures are computed. Include the formulas and information on where the data is obtained and which reports are used, if applicable. Consider using program-wide totals rather than averaging large and small programs.
 2. Assign both fiscal and program staff the responsibility of reviewing the performance measurement procedures and ensure that they are followed.
 3. Retain the records used in computing performance measures for three fiscal years.

2512 Operation and Maintenance for Capital Improvements

- A. The proposed budget submitted to the Legislature must include a separate statement of the anticipated expense, including personnel, for the operation and maintenance of each capital improvement constructed during the current biennium and thereafter which is to be used during those fiscal years or future fiscal years. Included in the statement will be the proposed source of funding. If the preliminary proposal is approved, the agency may proceed with the development of a complete cost estimate for inclusion in the agency request. ([NRS 353.185\(6\)](#))
- B. *In order to be included in the Governor's recommended capital improvement budget, or before construction begins for a previously approved capital improvement project, ~~This means that the construction of a capital improvement that is subject to the supervision of the State Public Works Division must have~~ funding for the operation and maintenance of the improvement *must be obtained* for the fiscal year in which construction is completed ~~in order to be included in the Governor's recommended capital improvement budget or before construction begins for previously approved capital improvement projects.~~ *This requirement applies to the construction of a capital improvement subject to the supervision of the State Public Works Division.**

2514 Bill Draft Requests

- A. By law, the Legislative Counsel Bureau (LCB) is required to advise and assist agencies and departments in the preparation of measures to be submitted to the Legislature. ~~e~~Except as provided in *subsections 2 and 3 of [NRS 218D.175](#)*, LCB is prohibited from preparing proposed legislation for any agency of the executive branch of the State government for introduction at any regular session of the Legislature, unless the request is approved by the Governor or a designated member of his staff and transmitted to ~~LCB~~*the Legislative Counsel* on or before August 1st preceding the convening of the session. (~~NRS 218D.175~~) A request submitted on or after August 2 is late and must be approved by the Legislative Commission before it can be drafted. ([NRS 218D.105](#))
- B. To provide a systematic review and correlation of requests within the framework of the strategic planning and budget process, all bill draft requests (BDRs) must be submitted through the ~~Budget Division of the Governor's Finance Office~~ in the format as prescribed by the Director of the GFO. All BDRs must be entered in the NEBS BDR module. The Director will set appropriate submittal deadlines to allow adequate time for review and action.
- C. Requests must be designated as either:
1. Budget, i.e., necessary to implement the proposed budget;
 2. ~~Policy-Housekeeping, i.e., clarification or minor changes to existing statutes~~*Corrective, i.e., necessary to address issues within existing statutes that are hindering agency efficiency or mission compliance; or-*
 - 2.—
 3. ~~Policy-Substantive, i.e., all other requests~~*Core, must align with the Governor's Plan/Policy Matrix.*

D. This will help expedite the review process and facilitate the bill drafting. If agencies are not sure if a request is ~~Housekeeping or Substantive~~ *Corrective or Core*, include it with the *Core Substantive* requests. Agencies must submit a separate request for each BDR and each bill must be limited to one subject, but may contain proposed revisions regarding more than one NRS section that relates to the single subject of the proposed bill.

E. Introduction of Legislation

1. All agencies' ~~Bill Draft Requests~~ (BDRs) that are drafted by the Legislative Counsel Bureau will be divided between the Majority Leader of the Senate and the Speaker of the Assembly.
2. If an agency wishes to make changes to a *BDR* ~~Bill Draft Request~~, notify the Governor's Office immediately. If the change is approved, the Governor's Office will notify the ~~Legislative Counsel Bureau~~ as soon as possible. Agencies may track the introduction and progress of legislation on the Legislature's website as well as utilizing the Legislature's online bill tracking.

2516 Fiscal Notes

- A. Fiscal notes are an analysis required by statute that is prepared by an ~~E~~ executive ~~B~~ branch agency or local government that estimates the changes to revenues and/or expenditures that would be realized if the proposed legislation is passed. The Fiscal Analysis Division of the ~~Legislative Counsel Bureau~~ (LCB) is responsible for ensuring that every bill that appears to have a determinate fiscal impact to the State (i.e., tax impact, budgetary impact, transfers to local government, etc.) has a fiscal note associated with the "As Introduced" version of the legislation. The threshold for requiring a fiscal note is \$2,000 of either revenue decrease or expenditure increase. The Fiscal Analysis Division is responsible for notifying the ~~E~~ executive ~~B~~ branch, boards and commissions, and/or local governments to prepare the necessary fiscal notes where warranted. ([NRS 218D.400 – 218D.495](#))
- B. [NRS 218D.430](#) outlines requirements for fiscal notes. Fiscal notes are not required for bills or joint resolutions that pertain exclusively to the Executive Budget. The fiscal note must contain a reliable estimate of the anticipated change in appropriation authority or fiscal liability of State revenue under the bill or joint resolution including, to the extent possible, a projection of such changes in future biennia.
- C. Agencies must complete and return fiscal notes to LCB within five (5) business days, which includes the review by the ~~Governor's Finance Office~~. The Fiscal Analysis Division will provide a fiscal note due date when issuing a request for a fiscal note. Agencies must be prepared to discuss their fiscal note when the bill is heard by a committee. Agencies should track the bills for which they have prepared fiscal notes, to see if any amendments change the fiscal note, and be prepared to communicate with LCB staff or the membership of any legislative committee regarding changes to fiscal impact.

2518 Contacting the Governor's Finance Office

- A. Each Executive Branch Budget Officer within the Budget Division is assigned to specific agencies. Agencies should contact their assigned budget officer for assistance on budgeting, work program and

position control matters. Specific staff assignments are published on the [Governor's Finance Office](#) website.

- B. Questions concerning agency audits and internal controls should be directed to the Division of Internal Audits. A staff directory for Internal Audits is also available on the [Governor's Finance Office](#) website.

2520 Fiscal Year Opening and Closing

- A. Prior to the start of any given fiscal year, the Director of the GFO, on behalf of the Governor, provides the Controller's Office with an electronic file of the ~~E~~executive ~~Department~~branch's legislatively approved budget (work program) to download into the ~~State's accounting system~~Controller's ~~Integrated Financial System (IFS)~~. Non-executive budget accounts require a work program at the beginning of each fiscal year to establish the account in ~~the State's accounting system~~IFS. Agencies should compare the information in ~~the State's accounting system~~IFS with their Legislatively Approved budget reports in the Nevada Executive Budget System (NEBS) to ensure ~~it~~IFS is accurate. Contact your assigned budget officer if there are discrepancies.
- B. Once all transactions have been posted for a fiscal year, agencies must complete the State ~~f~~Fiscal ~~y~~Year ~~e~~End (SFYE) closing process. The Controller's Office requires agencies to complete the ~~State Fiscal Year End (SFYE)~~ closing document form at the end of each State fiscal year for all budget accounts, including non-executive accounts. Each fiscal year, the [Controller's Office](#) publishes guidance on the closing process, including deadlines for posting transactions.
- C. The SFYE closing document module and instruction manual is available on the [GFO website](#). Agencies are required to prepare and submit a budget cash closing reconciliation with their SFYE submittal. The template for the cash reconciliation is found on the GFO website under [Budget Forms](#).

2522 Year End Reversions

Except for the balance in any proprietary fund and appropriated or authorized reserves, any balance remaining at the end of a fiscal year in a budget account of an agency, department or institution of the State ~~of Nevada~~, reverts to the source of funding supporting the agency, department or institution. If that source of funding is federal money or a source of revenue the use of which is restricted by statute, then the balance may be authorized for expenditure under a work program for the subsequent fiscal year in accordance with the provisions of NRS Chapter 353.

2524 Work Program Revisions

- A. A work program is the document used to request changes to a legislatively approved budget or to establish a budget for a non-executive budget account. It identifies the proposed sources of funds to be received by an agency and shows a plan of how the money is to be spent. It must be self-supporting. [NRS 353.220](#) describes the procedure for work programs, including the thresholds for IFC approval.
- B. To assist agencies, the GFO publishes the [Work Program Manual](#) that explains the purpose of work programs and procedures to complete a work program. The GFO also publishes a decision tree related to IFC thresholds for work programs; under the [Forms](#) menu on the website. In limited circumstances,

agencies may, *with the approval of the Governor*, process work programs due to *an* emergency, as defined in [NRS 353.263\(1\)](#), to ensure protection of life and property. ~~Emergency, and these~~ work programs must be reported to the ~~Interim Finance Committee (IFC)~~ at its next meeting after the work program processes. ([NRS 353.220\(5\)\(a\)](#)) Similarly, “expeditious action” work programs may be processed with the approval of the Governor and the GFO. *If an expeditious action work program is approved*, ~~and~~ IFC has 15 days after the request is submitted ~~to the IFC~~ to consider the work program. ([NRS 353.220\(5\)\(b\)](#))

2526 Authority to Accept Gifts and Grants

~~E.A.~~ [NRS 353.335](#) provides the authority for agencies to accept gifts and grants other than those that are already included in the legislatively approved budget. Agencies should follow the general guidelines listed below, and consult the statute and their assigned Executive Branch Budget Officer as necessary to determine how to proceed with any work programs. New governmental grants less than or equal to \$200,000 ~~are able~~ may be added to a budget account via work program without approval by the ~~Interim Finance Committee (IFC)~~, but those over \$200,000 require IFC approval.

~~D.B.~~ Non-governmental gifts or grants less than or equal to \$200,000 may be added to a budget account via work program without IFC approval, but those over \$200,000 require IFC approval. However, if a work program requiring IFC approval is not necessary, agencies may still have to provide an ~~informational~~ *action* item for IFC’s consideration.

~~E.C.~~ When agencies receive a grant (typically a block grant) from the federal government that requires a public hearing, [NRS 353.337](#) allows agencies to submit the item to IFC in lieu of a public hearing in accordance with [NRS 241](#).

~~F.D.~~ This section does not apply to:

1. The Nevada System of Higher Education;
2. The Department of Health and Human Services while acting as the State health planning and development agency pursuant to paragraph (d) of subsection 2 of [NRS 439A.081](#) or for donations, gifts or grants to be disbursed pursuant to [NRS 433.395](#) or [NRS 435.490](#);
3. Legal services provided on a pro bono basis by an attorney or law firm engaged in private practice of law to the State of Nevada or any officer, agency or employee in the Executive Department of the State Government pursuant to a contract for legal services enter into by or at the request of the Attorney General in accordance with NRS 228.112 to 228.1127, inclusive;
4. Artifacts donated to the Department of Tourism and Cultural Affairs.
5. The initial \$250,000 received by the Department of Wildlife pursuant to subsection 1 of NRS 501.3585 as a gift, donation, bequest or devise, or combination thereof, for an unanticipated emergency event, as defined in NRS 501.3585; or
6. A gift or grant that will be deposited in a budget account that consist of money which is not appropriated by or authorized for expenditure by the Legislature.

2528 Interim Finance Contingency Account

- A. Agencies qualifying under the provisions of [NRS 353.268](#) shall submit a request to the Board of Examiners (BOE) for an allocation from the ~~Interim Finance Committee (IFC)~~ Contingency Account. Requests for an allocation *from the IFC Contingency Account* must be for an emergency use to supplement regular legislative appropriations that fail to cover unforeseen expenses and to meet expenses pursuant to requirements of law, or as provided by specific statute.
- B. A memorandum from the department, division, or agency to the Director of the ~~Governor's Finance Office~~ is required, explaining why the allocation *from the IFC Contingency Account* is necessary. In addition to ~~the~~ memorandum ~~requesting an allocation~~, agencies must submit a non-IFC work program ~~for an allocation~~ as backup *to the request*. The work program is non-IFC because the request for *an allocation from the IFC* Contingency Account ~~allocation~~ is agendaized as an action item at the IFC meeting where it is considered.
- C. The BOE will review *the request for an allocation from the IFC Contingency Account* and make a recommendation to the IFC regarding the requested ~~allocation~~. If the BOE recommends *approval of* an allocation *from the IFC Contingency Account* ~~monies~~, BOE will forward the recommendation to the IFC. ~~which may take independent action on the request, meaning that t~~The IFC is not bound by the recommendation of the BOE.

2530 Sale or Lease of State Land

With the approval of the ~~Board of Examiners (BOE)~~ and the ~~Interim Finance Committee (IFC)~~, the State Land Registrar may ~~sell~~ or lease any lands owned by the State. ([NRS 321.335](#))

2532 Obligation of Unauthorized Funds

- A. It is unlawful for any State officer, commissioner, head of any State department or other employee whether elected or appointed, to expend more money than the sum specifically appropriated or authorized by the Legislature or approved under the provisions of [NRS 353.220 to 353.335](#) for any such office, commission or department. It is also unlawful to bind, or attempt to bind, the State or any fund or department in any amount in excess of the specific amount provided by law for any purpose whatever.
- B. Any officer, elective or appointive, who violates any of these provisions, shall be guilty of malfeasance in office. All other persons shall be guilty of a misdemeanor. ([NRS 353.260](#))
- C. Agencies are responsible for tracking their revenues and expenditures throughout the fiscal year and must ensure that they have sufficient budgetary authority and/or cash prior to obligating or expending any funds.

2534 Petty Cash Accounts

Pursuant to NRS 353.252, *the BOE may delegate to its Clerk the authority* ~~agencies may submit written requests to the Clerk of the Board of Examiners~~, to approve requests for petty cash accounts of not more

than \$500. *The Director of the GFO is the Clerk of the BOE. ~~A~~The agency's written request for a petty cash account must define the purpose for which ~~it~~the petty cash account will be used and ~~the~~provide agency's budgeted resources ~~that will~~to replenish the account. ~~Claims to replenish the account must be processed as other claims against the State are paid.~~The Clerk will maintain a log by agency and amount of all petty cash accounts that ~~are~~he/she approves on behalf of the Board.*

2536 Board of Examiners Emergency Account

Agencies funded with General Fund appropriations may apply to the ~~Board of Examiners (BOE)~~ for an additional appropriation if the purpose of the additional funding constitutes an emergency as defined in *NRS 353.263. Emergency includes certain damages to buildings and their mechanical and electrical systems when immediate repairs are necessary to maintain the integrity of the structure or its systems.*~~below:~~

- ~~1. Invasion, disaster, insurrection, riot, breach of the peace, substantial threat to life or property, epidemic or the imminent danger thereof; or~~
- ~~2. Damage to or disintegration of a building owned by the State or of the mechanical or electrical system of such a building when immediate repairs are necessary to maintain the integrity of the structure or its mechanical or electrical system. (NRS 353.263)~~

2538 Disaster Relief Account

- A. When natural disasters (including, but not limited to: fire, flood, earthquake, civil disturbance) result in severe property damage and/or injury to persons that requires immediate action to protect health, safety and welfare, agencies may have access to the Disaster Relief Account. ([NRS 353.2705 – 2771](#)) Unlike the Emergency Account *in SAM 2536*~~discussed above~~, Disaster Relief Account funds may be provided to agencies that are not funded with General Fund appropriations.
- B. Both State agencies and local governments may be provided grants or loans from the Disaster Relief Account, after contacting the Division of Emergency Management (DEM) for assistance in conducting an assessment of the damages resulting from a disaster event. The DEM will then ~~assess the damage and~~ determine whether the event constitutes a disaster for which grants or loans may be made from the *Disaster Relief* Account, *and if determined appropriate,*~~– If so, the DEM~~ will, after coordination with the Department of Taxation, submit the request for a grant or loan to the ~~Board of Examiners (BOE) for approval~~. If ~~approved by the~~ BOE *recommends approval*, the *request will be submitted to Interim Finance Committee (IFC for final*~~must also~~ *approve* of any grants or loans ~~made~~ from the *Disaster Relief* Account.

2540 Board of Examiners Reserve for Statutory Contingency Account

- A. The ~~Board of Examiners (BOE)~~ administers the Reserve for Statutory Contingency Account *to cover specific claims that are obligations of the State and eligible claims for which the legislative appropriation is depleted.* [NRS 353.264](#)

- B. ~~The BOE and~~ has delegated *approval* authority to ~~its~~ the Clerk (*the Director of the GFO*) ~~of the Board of Examiners (Clerk)~~, or their designee, ~~approval of~~ payment of *allowable* claims under \$50,000 ~~that are allowable under NRS 353.264. Claims over \$50,000 must be approved by the BOE at one of its meetings. Agencies may apply to the Clerk for payment of specific claims that are obligations of the State under NRS 353.264, and for eligible claims against an account for which the regular budget is depleted.~~
- C. The following outlines the extent to which Reserve for Statutory Contingency *Account* funds may be used and ~~the applicable under which~~ statute ~~these claims are eligible per NRS 353.264:~~

~~A. Obligations under Nevada Revised Statutes:~~

1. *Specific obligations of the State:*

- ~~1.a.~~ [41.03435](#) Employment of special counsel by the Attorney General. This statute allows federal grants or funding other than General Fund, if available, to be used before the Statutory Contingency Fund-
- b. [41.0347](#) Defense of State officers or employees
- ~~2.c.~~ [41.950](#) *Claims arising from wrongful conviction*
- ~~3.d.~~ [621.025](#) Claims arising from Interstate Compact on Juveniles
- ~~4.e.~~ [176.485](#) Costs of specified death penalty-related investigations
- ~~5.f.~~ [179.310](#) Rewards for the apprehension of robbers
- ~~6.g.~~ [212.040](#) Expenses for the recapture and return escaped prisoners
- ~~7.h.~~ [212.050](#) Rewards for the apprehension of escaped prisoners
- ~~8.i.~~ [212.070](#) Costs of prosecution related to prisoner escapes or crimes committed in prison
- ~~9.j.~~ [281.174](#) Unpaid travel advances
- ~~10.k.~~ [282.290](#) and [282.330](#) Restitution of losses suffered by local entities on surety bonds issued under prior law
- ~~11.l.~~ [282.315](#) Costs of investigations of losses due to negligence or malfeasance of public officers or employees
- ~~12.~~ [288.203](#) ~~Employee Management Relations Board panel costs~~
- ~~13.m.~~ [293.253](#) Costs of publishing proposed Statewide ballot questions and explanations
- n. [293.405](#) Costs of recount; commencement and completion of recount; limitation on additional recount-
- o. [298.710](#) *Cost of presidential preference primary election*
- ~~14.p.~~ [304.230](#) *Cost of special election not consolidated*
- ~~15.q.~~ [353.120](#) Specified refunds that cannot be paid from the account in which the deposit was originally made
- ~~16.r.~~ [353.262](#) Reimbursement of terminal leave pay up to \$12,000 for unused Sick Leave and unused annual leave-
- ~~17.s.~~ [412.154](#) Attorney General's costs for defense of members of the Nevada National Guard in active service to the State
- ~~18.t.~~ [475.235](#) Fire Department claims for fighting fires on State property
- ~~19.2.~~ Eligible expenses when *legislative appropriations are* ~~regular budget is~~ depleted:
 - a. [07.155](#) Public Defender compensation
 - b. [34.750](#) Attorney fees for indigent petitioners, if Public Defender cannot pay claims
 - c. [41.0349](#) Indemnification of present or former public officers, employees or legislators, if the Fund for Insurance Premiums cannot pay claims

- d. [41.037](#) Tort claims against the State, if the Fund for Insurance Premiums cannot pay claims
- e. [176A.640](#) Expenses of returning arrested probationer to court, if Parole and Probation Division cannot pay claims
- f. [179.225](#) Extradition costs, if the Attorney General cannot pay claims
- g. [213.153](#) Expenses for return of parole violators, if Parole and Probations Division cannot pay claims
- h. [353.264](#) Forestry Division reimbursement involving the protection of life and property (NRS Chapter 472)
- i. [535.030](#) Dangerous dam conditions

2542 Position Control

- A. Position control refers to the maintenance of the records of the number and type of authorized positions within each budget account in the Executive Budget. The Budget Division is responsible for updating the records in the ~~State's Integrated Financial System - Human Resources system (IFS-HR)~~ as position changes occur. Prior to agency budget building, the Budget Division will load ~~IFS-HR~~ records *from the human resources system* into the Nevada Executive Budget System (NEBS). As part of the Budget Instructions, the Budget Division requires agencies to reconcile their positions between NEBS and *the human resources system* ~~IFS-HR~~. The Budget Division publishes a Budget Building Manual which provides detailed steps to follow when reconciling positions. The manual can be found on the [GFO website](#). During the biennium, agencies may need to add positions or reclassify them. The Division of Human Resource Management (DHRM) is responsible for the *management of the State's classification system* ~~creation of new class series, reclassification of positions or reallocation of existing class~~ pursuant to [NRS 284.160](#). ~~The DHRM is regulated by Nevada Administrative Code (NAC) 284. NAC 284.126~~ outlines the process for creating a new class, reclassifying a position, or reallocating an existing class.
- B. The Budget Division is responsible for ensuring sufficient budget authority exists for any requests for new positions or reclassification of existing positions. Once budget authority is verified and DHRM determines the applicable class series, the Budget Division creates the new position or updates the existing position in the *human resources system* ~~IFS-HR~~. Establishment of a position and issuance of a position control number by the Budget Division does not determine the classification of the position. This is the *responsibility of the DHRM's responsibility*. ~~A new class, or reallocation of a class or class series based on a study conducted by the DHRM, becomes effective when the funding is provided by the Legislature.~~

2544 Legislative Approval for Occupational Group Changes

Pursuant to [NRS 353.224](#), agencies must have the Legislature or ~~Interim Finance Committee (IFC)~~ approval to change a position from one occupational group to another. The DHRM will submit the request to IFC on behalf of the agency once they determine the applicable class and the Budget Division has determined funding is available.

2546 Statewide Cost Allocation Plan (SWCAP)

- A. The State of Nevada prepares a Central Services Cost Allocation Plan in compliance with federal guidelines. The cost allocation requirements for state governments have been consolidated with other federal guidance at [2 CFR Part 200](#), ~~replacing what was previously known as Circular A-87~~. Cost allocation guidance is issued by the federal Office of Management and Budget. Each state's central cost allocation plan assesses all programs their share of costs for central services. The federal guidance explains allowable costs and the allocation basis for the costs to be identified to each **State** agency that benefits from central services. This benefit may be a direct benefit, e.g., computer services, or an indirect benefit, e.g., Controller's Office accounting services. The procedures followed and approved for each type of cost may result in an allocation of the costs where there is no actual, direct usage by an agency, but only an indirect benefit. The plan is reviewed, negotiated and approved by the State's federal cognizant agency, the Division of Cost Allocation, U.S. Department of Health and Human Services. All departments have been allocated costs on the basis of the same allocation method for each statewide cost function.
- B. Each agency assessed a charge in the Statewide Cost Allocation Plan has a special category identified as State Cost Allocation included in its budget (Category 88). Agencies must recover the amounts shown in this category and those amounts are remitted to the General Fund.
- C. Agencies can recover these costs, where applicable, through additional billings of federal programs for costs to federal grants and contracts, increased fees and increased assessments to those benefiting from the services. Since the methods of potential recovery vary significantly from agency to agency, specific statewide instructions cannot be developed. However, Statewide Cost Allocation assessments should be treated no differently than any other agency cost. The State's federal cognizant agent has approved these assessments. The assessments should be allocated or charged to agency programs the same way agency direct costs or other overhead costs are charged. This could mean that the indirect costs are allocated to programs on the basis of the program total direct costs, salaries and wages, full-time equivalent (FTE) counts, clients served or other basis that is currently used by each agency to recover costs. It is important that all programs be included in the base for the costs to be equitably assessed. If past cost can be claimed, retroactive claims should be developed.
- D. The amount shown in Category 88 as Statewide Cost Allocation represents the non-General Fund share of the total cost in the federally-approved Statewide Cost Allocation Plan. The Administrative Services Division of the Department of Administration will automatically draw these funds from the participating budget accounts. The costs reflected in Category 88 may not reflect the total costs approved for each budget account. Agencies should pay only that amount which has been included in Category 88 for each year of the biennium. However, agencies that prepare their own federally-approved indirect cost plans should use the total SWCAP allocated to the agency in their submissions to the federal government. The total amounts can be found on the Department of Administration, [Administrative Services website](#). If there are any questions related to the amount to be included in an individual agency's federally-approved cost recovery plan submission, please contact the [Administrative Services Division](#) for assistance.

2548 Attorney General Cost Allocation Plan (AGCAP)

- A. The State prepares a cost recovery plan for the services provided by the Office of the Attorney General for submission to the federal government. Each agency that utilizes the services of the Attorney General will have its share of the total costs placed into a dedicated category during each budget cycle. The AGCAP is budgeted in Category 89 (AG Cost Allocation Plan).

- B. A budget's total AGCAP bill represents both the costs allocable to General Fund and non-General Fund revenues within that budget. In this way, the AGCAP differs from the SWCAP. The SWCAP is a recovery mechanism for the General Fund, while the AGCAP is a billing procedure for the Attorney General's clients. The Office of the Attorney General will automatically draw these funds from participating budget accounts.

- C. If an agency has questions about the basis for its AGCAP, questions may be directed to the [Office of the Attorney General](#).

2600 Claims

2601 Authority

The Board of Examiners (BOE) is created in the Nevada Constitution [Article 5, Section 21](#). More information regarding claims and BOE can be found in [Nevada Revised Statutes Chapter 353](#).

2602 State Accounting System

- A. The State maintains an accounting system to track the receipt and expenditure of funds.
- B. Cash Receipt (CR) documents should be keyed into the accounting system on the same day the funds are deposited at the bank, but in no circumstance shall they be entered in more than two business days after the deposit has been made.
- C. Expenditure documents (purchase orders, payment vouchers and receipts of goods) and adjustment documents (journal vouchers) should be keyed into the accounting system timely in order to process orders and payments and maintain accurate accounting of ~~the State's~~ revenues and expenditures.
- D. The State maintains a set of accounting policies and procedures for the use of the accounting system which are issued by the State Controller and are available on-line at the following link: <http://scointranet.nv.gov/component/edocman/?task=document.viewdoc&id=573&Itemid=0>

2610 Review of Each Individual Claim by Board of Examiners Not Required

The ~~Board of Examiners~~ (BOE) does not generally act on individual claims. [Nevada Revised Statutes 353.090](#) allows BOE to adopt regulations providing for the use of sampling procedures and post audit techniques for determining the correctness of claims for payment from the State pursuant to an appropriation or authorization by the Legislature. The ~~BOE~~ ~~board~~ has set up rules for the Compliance Review section in the Division of Internal Audits to follow regarding test samples of agencies' fiscal transactions for compliance with statutes, laws, regulations and internal control standards. Exceptional transactions may be referred to BOE for its action.

2614 Invoices

- A. **Invoice** is a document issued by a vendor showing the character, quantity, price, terms, nature of delivery and other particulars of goods sold or of services rendered.
- B. All invoices are to be processed for payment following the vendor's standard payment terms unless a discount for early payment is offered. Payments should generally be made within 30 calendar days of invoice date.

2616 Supporting Documentation for Transactions

- A. Agencies (or the agency providing fiscal services for the agency) should use General Ledger account coding in accordance with Controller's Office Account Policies ~~and Procedures and as listed in the Data Warehouse of Nevada (DAWN)~~.
- B. Departments, agencies, or offices of State government, as well as any boards/commissions utilizing the State accounting system (or the agency providing fiscal services for same) shall maintain original documentation:
 - 1. Justifying each expenditure, including purchase orders, original invoices, receiving documents and any other original evidence documenting the State's obligation to pay the claim;
 - 2. Justifying each non-expenditure transaction, including check copies, deposit slip copies or any other original evidence supporting the posting of the transaction;
 - 3. If original documentation is not available, the documentation retained should indicate it is to be used as original documentation.
- C. When deviating from standard procedures, written explanations should be included with supporting documentation.
- D. Each transaction must have support that is signed or initialed by the agency's approving authority. Facsimile signatures or initials, or scanned signatures or initials are acceptable in lieu of original signatures.
- E. Employees requesting reimbursement for out-of-pocket expenses for items purchased on behalf of the State must submit the invoice and proof of payment or a signed statement which certifies the invoice has been paid. Employees must not approve their own claims unless they are the head of the agency.

2622 Stale Claims

- A. **Stale claim** is defined in [NRS 353.097\(1\)](#).
- B. Pursuant to statute, the ~~BOE State Board of Examiners~~ may authorize its Clerk (*the Director of the Governor's Finance Office*), or a person designated by the Clerk, to approve stale claims on behalf of the ~~BOE~~ ~~board~~. The ~~BOE~~ ~~board~~ has authorized the Clerk to approve ~~all~~ stale claims. *The Clerk may request approval from the BOE for exceptional transactions*. Pursuant to statute, agencies may pay from the appropriate budget account in the current fiscal year (i.e., the budget account from which the claim would have been paid had it been received prior to the close of the fiscal year), if funding is available, a stale claim of the State agency which is:
 - 1. Less than \$100; or
 - 2. For medical expenses pursuant to a claim from a third-party administrator; or
 - 3. For payroll expenses.
- C. All other stale claims must be submitted to the Budget Division for approval.
- D. When submitting a stale claim, the agency must specify whether the stale claim will be paid from agency resources or from the Stale Claims Account established pursuant to NRS 353.097(2). In some

cases, partial payment may be made from the Stale Claims Account and partial payment from the current year funds of the budget account where the claim was incurred.

- E. Payment of stale claims from the Stale Claims Account for an agency may not exceed the amount reverted by that agency for the fiscal year during which the claims were incurred. If the stale claims of an agency exceed the amount reverted for the fiscal year in which the obligations represented by the stale claims were incurred, the State agency may:
 - 1. Pay the balance from the appropriate budget account with current year funds; or
 - 2. If savings cannot be generated to cover the stale claims expenditure within the current fiscal year, request Interim Finance Committee Contingency Account funds or, if the Legislature is in session, a supplemental appropriation.
- F. Stale claims from available federal grants or from a permanent fund other than the State General Fund or the State Highway Fund may be paid from the appropriate budget account with current year funds once approved. For non-General Fund or non-Highway Fund stale claims, the payment from current year funds cannot exceed the amount that was available to pay the claim in the account at the close of the fiscal year in which the obligation was incurred.

2624 Clerk's Authority

- A. Agencies requesting funding from the Stale Claims Account, the Emergency Account or the *Reserve for* Statutory Contingency Account must submit a written request including the reasons the funds are needed and copies of supporting documents that demonstrate the need for the funds as well as the timing and cause of the request.
- B. If the submission falls within thresholds approved by the ~~BOE~~oard of Examiners for designation to the Clerk, the Clerk will review and approve or deny the request. If the agency disagrees with the Clerk's determination, the agency may appeal the decision to the ~~BOE~~oard of Examiners.
- C. If the submission is outside of the thresholds delegated to the Clerk, the request will be placed on the next ~~BOE~~oard of Examiners agenda for consideration.

2626 Subscriptions

- A. Subscriptions for the purchase of books, magazines, newspapers, newsletters, films, software instructions or other publications shall be in the name of the agency and the position, not in the name of the incumbent. All subscriptions must be relevant to the operations of the agency.
- B. Payment of new or renewal subscriptions, for up to two years, may be made in the fiscal year in which the original subscription begins or the renewal invoice is received. The subscription period does not need to coincide with the State's fiscal year.

2628 Professional Association Dues

- A. Professional association dues for individual State employees are not an allowable State expense.

B. State funds may be used to pay *for professional association* dues if:

1. The State employee is eligible by virtue of the unique State position held;
2. The membership is institutional; and
3. There are demonstrable benefits accruing to the State rather than the individual.

2629 Professional Licensure and Continuing Professional Education Costs

- A. Where applicable, the State abides by federal and State laws and accreditation requirements regarding licensure, registration and certification of employees. Any employee whose position requires a license, registration or certification must obtain and maintain an active license, registration or certification unless:
1. ~~There is an exception in statute and the employee meets the conditions for the exception;~~ or
 - A-2. ~~The director of the agency is able to and has, for good cause, waived the requirement for a period of time in order for the employee to obtain the license, registration or certification. Exceptions and waivers must be properly documented and justified, and employees must obtain the license, registration or certification within the timeframe allowed by the exception or the waiver.~~
- B. *For positions which are required by statute, regulation or for which the classification specifications require a professional licensure, registration or certification, costs for ~~employees whose job requires licensure or certification as a requirement for duty is not an allowable expense. This applies to both initial costs to obtaining~~ the license, registration or certification as well as renewal costs ~~for employees~~ to maintain the license, registration or certification are reimbursable expenses subject to budget availability of the agency.*
1. *This provision only applies to permanent full-time employees who have worked for the State for at least one (1) year.*
 2. *This provision does not apply to employees under a collective bargaining agreement unless the agreement specifically provides for the reimbursement of professional licenses, registrations or certifications ~~credentials or licensure~~.*
 3. *This provision only applies to licenses, registrations or certifications required for the position. If the employee has other licenses, registrations or certifications that are not required by statute, regulation or the classification specification, they are not a reimbursable expense.*
- B-4. *The reimbursement is limited to the amount of the license, registration or certification. Other costs, including late fees, are not reimbursable expenses.*
- C. The State encourages employees to keep their job skills current, and the continuing education and training of employees is an allowable expense, *up to \$250 annually, ~~subject to budget availability, as long as if~~ the continuing education or training relates to the employee's work assignments and/or benefits the agency for which the employee works.*
1. *Continuing education and training expenses are subject to budget availability of the agency for which the employee works.*
 2. *Continuing education and training expenses may include the reimbursement of college tuition for which the final grade is a "C" or higher. Textbooks and other expenses are not reimbursable.*
 3. *Continuing education credits for the sole purpose of renewing licensure or other professional certification are not ~~reimbursable~~an allowable expense.*

4. ~~Conference~~ registration fees ~~for conferences, classes, or other formal opportunities for skill refreshment and networking~~ are permissible *expenses if*:
 - a. ~~expenses as long as~~ Continuing professional education credits are only incidental to attendance; *and*
 - b. *The name and dates of the conference, and the employee's name are listed on the registration receipt; and*
 - i. *An employee participates in the program or gives a presentation; or*
 - ii. *An employee must attend as part of his/her State duties; or*
 - iii. *The events or other activities are related to or sponsored by State economic development or tourism marketing; -*

~~D. Conference registration fees are also allowable costs if an employee:~~

- ~~1. Participates in the program or gives a presentation;~~
- ~~2. Must attend as part of his/her State duties; or~~
- ~~3. Participates in events or other activities related to or sponsored by State economic development or tourism marketing.~~

~~E. The name and dates of the conference, and the employee's name must be listed on the registration receipt.~~

2630 Decorating Offices

- A. It is the policy of the State to furnish offices with appropriate furniture and equipment for the position.
- B. *To the extent budgetary authority is available for this purpose, expenses for decorating common areas of State offices are allowable. Decorations must be appropriate to the agency and for a government office.*
- C. Personal decorations are not an allowable State expense.
- D. *No live plants are permitted in any State owned or leased building.*
- E. *Hanging of items on building walls is permitted only if the wall display will be permanent to the State or Department, and the work is completed by Buildings and Grounds.*

2632 Meeting Room Rentals

Meeting rooms are available in State or government-owned buildings throughout the State. Agencies should explore the availability and allowable use of all such facilities prior to incurring expenses relating to the rental of meeting rooms.

2634 Portrait Photographs

State policy prohibits payment of claims for portrait photography with the exception of full-time elected officials who are entitled to one official State photograph during their term in office, *if funds are available*. ~~The payment is limited to \$150 including the sitting charge, photographs and copies.~~

2636 Refreshments/Host Fund

- A. Refreshments served to individuals in offices or to attendees of meetings, receptions or other activities associated with State economic development or tourism marketing are allowable expenditures only if the agency has a legislatively approved host fund or the activity is financed with non-public revenues such as registration fees charged to individual conference attendees.
- B. Agencies which have a legislatively approved host fund may conduct activities associated with State economic development or tourism marketing, and incur actual costs such as transportation, lodging and food/refreshments for hosted dignitaries and/or client attendees. Host funds cannot be used to purchase alcoholic beverages. The person or persons hosting such dignitaries or client attendees may be reimbursed for the actual cost of their meal associated with the hosted event. Normal and reasonable gratuities paid to service providers at agency directed, produced or hosted functions are allowable expenditures. All claims must be approved by the department head or authorized representative, and any claim in excess of \$5.00 must be substantiated by receipts and accompanied by a detailed expense report.
- C. Host funds may not be used for normal agency social functions or as adjuncts to an agency's normal course of business (e.g., board meetings or grant review panels).
- D. In certain cases, the Legislature may authorize food expenditures without specifically authorizing a Host Fund. Agencies may not expend any State funds on food without legislative approval.

2638 Conference Hosting

Agencies may charge registration fees to finance contracts or other costs related to organizing seminars or conferences at State owned or non-State owned facilities. If refreshments served to attendees and/or lodging and meals for seminar or conference participants exceed State rates, the agency shall provide documentation that the contract costs are not coming directly from funds originally under control of the State-agency. ~~State-a~~Agencies may pay the registration fees for employees only if they meet the criteria under Section 2629.

2640 Sales and Use Tax

Sales and use tax is not paid on purchases made within the State or purchases shipped in from another state. Sales and use tax may be reimbursed to an employee when claimed as an out-of-pocket expense.

2644 Service Awards and Plaques

- A. The Governor or head of an agency may present service awards to State employees. ~~if~~ *A service award means a suitable symbol, other than money, for faithful and exceptional public service.*
 - ~~1. The cost of each award does not exceed \$50; and~~
 - ~~2. The Office of the Governor or the agency has sufficient funds available for such awards.~~
 - ~~3. As used in this section, service award means a suitable symbol, other than money, for faithful and exceptional public service.~~
- B. *Plaques may be presented to new or expanded businesses or to individuals in appreciation of their contributions to the State.*

C. *The costs for service awards and plaques:*

~~B. State agencies are not allowed to include costs relating to the provision of service awards to employees in their requested budget.~~

- ~~1. MustThe cost of each award does not exceed \$10050.; and~~
- ~~2. Must come from existing budgetary authority theThe Office of the Governor or the agency has sufficient funds that is available for such costsawards.~~
- ~~3. Are not allowed to be included in their requested budget.~~

~~C.~~

2646 Awards/Gifts to Volunteers

A. Individuals performing a service for a particular agency on a voluntary basis and for which they are not otherwise compensated may be presented with an award/gift from that agency if:

- The service performed is on the individual's own time and is not in the normal course of ~~their~~his employment;
- The cost of each award/gift does not exceed \$10050; and
- The agency has sufficient funds available for such awards/gifts.

~~3.~~
4.B. *Members of a State board or commission are not eligible under the definition of a volunteer.*

~~2648 Plaques~~

~~Plaques may be presented to new or expanded businesses or to individuals in appreciation of their contributions to the State.~~

~~The cost of each plaque may not exceed \$50, and the State agency presenting the plaque must have sufficient funds available for such costs. State agencies are not allowed to include costs relating to the provision of appreciation plaques in their requested budget.~~

2650 Purchase of Bottled Water

Generally, the purchase of bottled water is not an allowable expense.

If a State agency believes there are health related issues associated with either the source of domestic water or the inadequacy of the domestic water delivery system, the agency *must work with Buildings and Grounds to determine if the issue can be resolved. If the issue cannot be resolved, the agency* may submit justification of the need to *purchase bottled water to the Governor's Finance Office.* ~~the agency's assigned Executive Branch Budget Officer.~~ Any approved justification must be kept on file at the respective agency and attached to each biennial budget submission.

The purchase of paper cups is only permitted when the public is the consumer.

2652 Break Room Supplies

The purchase of break room supplies is not an allowable expense. Break room supplies include, but are not limited to: appliances; ~~cleaning supplies~~; coffee; napkins; cups; plates; and utensils.

The purchase of break room appliances is an allowable expense. The purchase of break room appliances must be in consultation with Buildings and Grounds to ensure the building can handle the appliances being purchased and the appliances purchased meet energy efficiency requirements. Once purchased, the appliances will be owned by Buildings and Grounds.

Toasters, ovens, and mini refrigerators are prohibited in State owned and leased buildings when appliances have been provided by Buildings and Grounds.

2656 Medical Malpractice Insurance

Medical professionals in State employment are not required to carry medical malpractice insurance as the State indemnifies those employees for acts or omissions carried out in their duty as State employees.

2700 Reserved

2800 Reserved

2900 Tort Claims

2901 ~~Who to Talk to About Automobile~~ Accidents

A. *Automobile Accidents:*

~~A.1.~~ Damage to the Vehicles of Others and Bodily Injury. The Tort Claims Administrator in the Office of Attorney General handles claims for damages to property (other than State owned vehicles or property) or for injuries to people who are not State employees. The telephone number is 775-684-1263.

~~B.2.~~ Damage to vehicles Rented by the State. Please refer to SAM 0504.

~~C.3.~~ Injured State Employees. Claims for injuries to State employees in automobile accidents while on State business should be referred to the Risk Management Division. The telephone number is 775-687-6522.

~~D.4.~~ Damage to State Vehicles or Property. Risk Management handles claims for damages to State vehicles or property. The telephone number is 775-687-~~6722~~1750

~~E.5.~~ Accidents with an Employee-Owned Vehicle. Injury and damages to third parties arising out of the use of an employee's vehicle on State business are the responsibility of the employee and ~~their~~his insurance company. These must be reported to the employee's insurance company and the Tort Claims Administrator at 775-684-1263. The State will contribute to the settlement of a claim payment after the employee's insurance limits have been exhausted.

6. Damage to an Employee-Owned Vehicle while on State business. (See SAM 0504.)

7. *In the event of an accident:*

- a. *Notify the proper authority, e.g., local law enforcement agency or fire department, if applicable.*
- b. *Call your supervisor as soon as possible.*
- c. *If a Fleet Services Division Vehicle is involved, the Fleet Services Division shall also be notified.*
- d. *You must complete the vehicle accident report – RSK001. A copy should be in the packet in the glove compartment of the State vehicle.*
- e. *You should also gather all relevant facts, take photos, tag and preserve any evidence and forward copies to the Tort Claims Administrator at 100 N. Carson St., Carson City Nevada 89701 and Risk Management at 201 S Roop Street, Suite 201., Carson City, Nevada 89701 as they become available.*
- f. *You must cooperate in the investigation of any claim by the Office of the Attorney General or its contract adjusters.*

B. *Other types of accidents:*

1. *These claims typically include slip and falls on State premises, people who lose money because documents were not properly processed and civil rights violations. The Tort Claims Administrator in the Office of Attorney General handles these claims. The telephone number is 775-684-1263.*

2. *Injured State Employees. Claims for injuries to State employees while at work should be referred to the Risk Management Division. The telephone number is 775-687-6722.*
3. *In the event of an accident, other than an automobile accident:*
 - a. *An incident report must be completed on any occurrence that could become a claim against the State.*
 - b. *Use TC-2 "Potential Liability Form." Please provide the names and addresses of any witnesses. Please indicate if you or any other State employee knew of the hazard that caused the accident. Any material evidence must be preserved. Forward the completed form to the Tort Claims Administrator in the Office of Attorney General.*
 - c. *Any person who directly contacts an agency concerning a claim or potential claim shall be referred to the Tort Claims Administrator at 775-684-1263 for further handling.*

~~2902 Who to Talk to About Other Types of Accidents~~

~~These claims typically include slip and falls on State premises, people who lose money because documents were not properly processed and civil rights violations. The Tort Claims Administrator in the Office of Attorney General handles these claims. The telephone number is 775-684-1263.~~

- ~~1. Injured State Employees. Claims for injuries to State employees while at work should be referred to the Risk Management Division. The telephone number is 775-687-6722.~~
- ~~2. Damage to State Property or Vehicles. Risk Management, whose phone number is 775-687-6722, handles claims for damage to State vehicles or property.~~

~~2903 Who to Talk to About Inmate Claims~~

~~Claims of less than \$500 are evaluated, then denied or paid by the Department of *Corrections Prisons*. They must be filed within six months of the date of loss. Claims for damages more than \$500 will be evaluated by the Department of *Corrections Prisons* and forwarded with a recommendation to the Attorney General's Office for consideration of payment or denial.~~

~~In event of an accident, you must:~~

- ~~1. Notify the proper authority, e.g., local law enforcement agency or fire department, if applicable.~~
- ~~2. Call your supervisor as soon as possible. If a Fleet Services Division Vehicle is involved, the Fleet Services Division shall also be notified. You must complete the vehicle accident report—RSK001. A copy should be in the packet in the glove compartment of the State vehicle. You should also gather all relevant facts, take photos, tag and preserve any evidence and forward copies to the Tort Claims Administrator at 100 N. Carson St., Carson City Nevada 89701 and Risk Management at 201 S Roop Street, Suite 201., Carson City, Nevada 89701 as they become available.~~
- ~~3. You must cooperate in the investigation of any claim by the Office of the Attorney General or its contract adjusters.~~

~~Accident Other Than Auto~~

- ~~A. An incident report must be completed on any occurrence that could become a claim against the State. Use TC-2 "Potential Liability Form." Please provide the names and addresses of any witnesses. Please indicate if you or any other State employee knew of the hazard that caused the accident. Any material evidence must be preserved. Forward the completed form to the Tort Claims Administrator in the Office of Attorney General.~~
- ~~B. Any person who directly contacts an agency concerning a claim or potential claim shall be referred to the Tort Claims Administrator at 775-684-1263 for further handling.~~

2905 ~~Authority to~~ Paying Claims

- A. The Board of Examiners (BOE) has authorized the Office of the Attorney General to pay *tort* claims under \$2100,000. Payment of *claims over* \$2100,000 ~~or more~~ must be approved by the BOE ~~board of Examiners which meets about every 4 weeks.~~
- B. Pursuant to NRS 41.0375, any agreements to settle a claim or action brought under NRS 41.031 is a public record.

~~2905.1 Settlement Agreements are Public Information~~

- ~~A. Any agreement to settle a claim or action brought under NRS 41.031 or against a present or former officer or employee of the State or any political subdivision, immune contractor or State Legislator:~~
- ~~1. Must not provide that any or all of the terms of the agreement are confidential.~~
 - ~~2. Must include the amount of any attorney's fees and costs to be paid pursuant to the agreement.~~
 - ~~3. Is a public record and must be open for inspection pursuant to NRS 239.010.~~
- ~~B. Any provision of an agreement to settle a claim or action brought under NRS 41.031 or against a present or former officer or employee of the State or any political subdivision, immune contractor or State Legislator that conflicts with this section is void. (AB 277, 2001)~~

2906 State Duty to Defend Employees

- A. When civil action is brought against a State employee, the employee is usually entitled to a defense by the *Office of the* Attorney General's ~~Office~~. Should a judgment be entered against him as an individual, the employee is usually entitled to indemnification. (NRS 41.0305 to 41.039)
- B. When a judgment is entered against a present or former employee of the State, the State will indemnify him unless:
1. The person failed to submit a timely request for a defense;
 2. The person failed to cooperate in good faith in the defense of the action;
 3. The act or omission of the person was not within the scope of his public duty; or
 4. The act or omission of the person was wanton or malicious.

2907 Automobile *Insurances*, ~~Adding and Deleting~~ Coverage

A. *Adding or deleting coverage.* All agencies must notify the Office of Attorney General in writing of any vehicle additions or deletions. Use the “Fleet Insurance Changes Form”. The following information must be included for your vehicle insurance to be processed. Without complete information, your form will be returned unprocessed.

1. Year
2. Make
3. Model
4. Vehicle identification number (VIN)
5. License plate number
6. Coverage requested (liability is mandatory, physical damage coverage is optional)
7. Effective date of change
8. Agency
9. Budget account number from which the auto insurance premium is paid

B. *Proof of insurance cards. Automobile Liability Insurance for State Vehicles. The State is self-insured for automobile liability. [NRS 485.370](#) exempts the State from the need to carry proof on insurance cards in its vehicles.*

~~C. *Liability insurance on leased or rented vehicles. State Purchasing has negotiated overriding rental agreements. Vehicles must be rented under these agreements. The rental company provides the State with liability insurance under these agreements.*~~

~~2907.1 Automobiles, Proof of Insurance Cards~~

~~Automobile Liability Insurance for State Vehicles. The State is self-insured for automobile liability. [NRS 485.370](#) exempts the State from the need to carry proof on insurance cards in its vehicles.~~

~~2907.2 Automobile Liability Insurance on Leased or Rented Vehicles~~

~~State Purchasing has negotiated overriding rental agreements. Vehicles must be rented under these agreements. The rental company provides the State with liability insurance under these agreements.~~

2908 Insurance Premiums

A. The Office of the Attorney General calculates liability rates for the State. Agencies are billed based on their legislatively approved full-time equivalent positions, the number of automobiles they have, and their claims history as determined by the Office of the Attorney General.

- B. State Boards shall be billed based on their legislatively approved full-time equivalent positions, the number of Board members at the same rate as full-time equivalent positions, the number of automobiles they have, and their claims history as determined by the Office of the Attorney General.
- C. All agencies covered under the State's self-insured auto and general liability programs must pay their share of the premiums and administrative fees as determined by the rating plan adopted by the Office of the Attorney General.

2909 Loss Prevention

- A. Each department or agency is responsible for its own loss prevention. The Office of the Attorney General will assist the agency as requested.
- B. The agency must cooperate with the Office of Attorney General in the investigation of claims, loss prevention surveys and the remediation of unsafe conditions.

3000 Grant Requirements

3002 Purpose

This chapter assists executive branch agencies in complying with federal and State law, regulation, and procedure as they relate to grants and cooperative agreements. This chapter is intended to provide a broad policy overview. Detailed information on [grant administration](#) ~~how to apply for and administer grants~~ is found in the Nevada Grant Manual, available on the Office of [Federal Assistance](#) ~~Grant Procurement, Coordination and Management's~~ website. ~~Additionally, grant terms are defined in the State Grant Policy Manual.~~

3004 Intergovernmental Review and Notification

The Office of [Federal Assistance \(OFA\)](#) ~~Grant Procurement, Coordination and Management (Grant Office) within the Department of Administration~~ acts as the authority on grants in Nevada providing technical assistance for grant development and management. The [OFA Nevada Grant Office](#) is designated as Nevada's Single Point of Contact under the [Federal Executive Order 12372, Intergovernmental Review of Federal Programs](#). This designation is intended to strengthen coordination and foster intergovernmental partnerships. To this end, a number of notifications are required for both federal and State grant awards as described in the [Nevada Grant Policy Manual](#). Pursuant to [NRS 223.480](#) ~~32.225~~, State agencies are required to notify the [OFA Grant Office](#) of any grants for which agencies apply and receive, as well as the amount unexpended by the end of the grant performance period.

3008 State Clearinghouse

[Nevada State Clearinghouse](#), within the Department of Conservation and Natural Resources State Lands Division, administers the State's review process of federal direct development and grant-in-aid projects. The review process coordinates the preparation of comments for federal agencies on public land transfers, military activities and major development projects requiring environmental impact analysis. State Clearinghouse operations are authorized by [Federal Presidential Executive Order 12372, Intergovernmental Review of Federal Programs](#) issued in 1982. This order implements Section 201 and Title IV of [the Intergovernmental Cooperation Act of 1968](#) and Section 204 of [the Demonstration Cities and Metropolitan Development Act](#) of 1966. They also help implement Section 102 (2) (c) of the [National Environmental Policy Act of 1969](#). State agencies engaged in direct development projects that are subject to review under the [National Environmental Policy Act of 1969](#) must submit a copy of each project document (Environmental Assessments or Environmental Impact Statements) to the [Nevada State Clearinghouse](#), or send the address of the website on which the document is posted.

3018 Pre-Award Processes

- A. Prior to the submission of an application and acceptance of a grant award, an agency must ensure that internal controls and a financial management system are in place to adequately manage funds and activities. Prior to grant proposal submission, an internal review must be completed to determine if appropriate resources are available to commence and maintain program activities. Furthermore, the agency must determine that it has the authority to submit the application on the State's behalf.

B. ~~If the internal~~ ~~Once this~~ review determines appropriate resources are available to maintain the program and the agency has authority to submit a grant application on the State's behalf ~~has been completed,~~ ~~take the following~~ steps below are guidelines for ~~when preparing to~~ writing a grant proposal refer to the [Nevada Grant Manual](#) for additional guidance on preparing for and managing a successful grant application.

1. Identify the problem, gap in service, or need;
2. Determine measurable goals and objectives;
3. Define an approach or methodology to meet the goals and to solve the problem;
4. Catalog all available resources and additional resources needed for the proposed project;
5. Create a timeline for completion; ~~and~~
6. Develop a reasonable budget for the activities involved in the proposal, including indirect costs, if ~~they are applicable;~~ ~~Indirect costs are costs incurred by an agency for common objectives or central services that are not specifically allocable to a given revenue source.~~
7. Identify any ~~required match, or other~~ cost sharing, ~~or as well as any~~ maintenance of effort* ~~requirements of the grant; and~~ . ~~If applicable, a maintenance of effort provision requires a state to maintain its financial contribution to a program at the same amount during the project timeline.~~
8. Create an evaluation plan for continuous quality improvement and sustainability.

~~*If applicable, a maintenance of effort provision requires the State~~ ~~a state~~ to maintain its financial support ~~contribution~~ to a program for some period of time, and may require future legislative appropriations at a certain level. ~~at the same amount during the project timeline.~~

C. **Subaward vs. Contract.** Prior to submitting a federal grant application, the best practice is to determine whether awarded funds will be passed through to subrecipients or contracted to vendors. Agencies should evaluate the substance of the relationship and make a case-by-case determination using the guidelines in the [Nevada Grant Policy Manual](#). If an entity is determined to be a contractor/vendor, an agency must use Nevada's procurement policy and procedures *in SAM 0300*. If an entity is determined to be a subrecipient, SAM 3022 applies.

3022 Post Award Processes

- A. Pursuant to [NRS 353.245](#), each agency must provide a copy of its grant application and its grant awards to both the Governor's Finance Office and the Legislative Counsel Bureau's Fiscal Analysis Division.
- B. An agency may not incur expenditures without proper budget authority. Therefore, agencies must budget for the grant award if it was not approved as part of the legislatively approved budget. Changes to existing budget authority are completed through work program requests. (see SAM 2524) The information on the notice of grant award and the submitted application will assist in the completion of the work program documents. Also, the completion and submission of a [Job Number Maintenance Form \(KTLOPS-35\)](#) to the Controller's Office is necessary to ensure appropriate tracking of revenue and expenditures for each award.
- C. Unless authorizing language specifically prohibits it, an agency may use awarded grant funds to:
 1. directly implement projects to carry out specified program objectives;
 2. subaward to another organization; and/or

3. contract with a vendor to deliver goods and services.

D. ~~Award~~*Subaward* Procedures. The policies below, ~~excerpted from the Nevada Grant Policy Manual,~~ outline the procedures *for that must be used by agencies when* issuing subawards ~~or State funded subawards~~. Deviations from these policies *should* ~~must~~ be justified, ~~by Nevada Revised Statutes, federal law, or requirements imposed by the grant program. The justifications must be~~ documented, and retained in the agency records.

1. Agencies must develop a Notice of Funding Opportunity for interested parties to ensure the required and necessary information is included in any applications or proposals required by the agency.
2. Unless subgrantees were specifically identified in the grant application, the best practice for distribution of grant funds to other State agencies, tribal, and/or nonprofit entities is to conduct a competitive process. The competitive process involves a group of subject matter experts ranking the proposals. Final allocation is based on the ranking and justification from the awarding agency. Agencies not using a competitive process should document the reasons why.
3. State and federal regulations require the disclosure of conflict of interest for evaluators participating in the process of ranking competitive proposals. For non-competitive grant programs, the person with authority to determine the final distribution must provide a conflict-of-interest disclosure.
4. The completion of a risk assessment is required before issuing a subaward agreement. The awarding ~~state~~ agency is responsible for evaluating each subrecipient to determine the risk of noncompliance with the applicable federal and/or State statutes, regulations, and terms of the subaward. Timeliness is critical to the risk assessment process mandated by [2 Code of Federal Regulations \(CFR\) 200.519](#).
5. *Prior to issuing a final subaward, the agency must ensure the recipient is not on the federal System for Award Management Excluded Parties list for debarment and/or suspension.*
- ~~5.6.~~ With few exceptions, agencies must make grant payments for expenditures on a reimbursement basis. Reimbursement requires the submission of correct and complete source documentation to back up all expenditures incurred in the implementation of the approved project, and an accurately completed fiscal report. Reimbursements to subrecipients must occur within 30 calendar days of the receipt of the request/fiscal report by the awarding agency.
- ~~6.7.~~ Grant agreements must be amended whenever changes to the original approved document occurs. This includes the obligation, compensation, and expiration date. The changes to the key personnel found in the original grant agreement also require an amendment.
- ~~7.8.~~ State agencies with authority to pass through funding to other entities *are required* ~~become subject to the responsibility of monitoring subrecipients for~~ compliance with applicable federal and state requirements for grants. ~~Due to the significance of the information extracted from the subrecipient's Single Audit Report about compliance matters, a~~ Annual review of *subrecipient* Single Audit Reports ~~for appropriate subrecipients is one of the most important compliance~~ requirements. ~~Also, agencies must monitor subrecipients to determine the progress made against goals and indicators of performance to determine. Monitoring reveals~~ whether the desired results are occurring, confirms the implementation is on track and that the results measured are the direct and short-term consequences of program activities.

E. Reporting. An agency receiving grant funds must follow the established policies and procedures for distribution, submission and review of the required fiscal and program reports. Agencies must also

comply with any reporting requirements identified in statute or legislation. Best practices and forms are available by contacting the [Grant Office OFA](#).

1. In addition to financial reporting, performance reporting is also important. Performance reports reflect the activities accomplished in furtherance of the grant objectives and highlight community impact. Performance reporting may include compliance data to ensure that program activities meet federal and State regulations. Performance reporting also maintains transparency, and may be used to leverage additional awards in the future.
2. In preparation of the State's Single Audit Report and to confirm the information about grant awards from each agency, the [State Controller's Office](#) relies on the agency to certify that the information about grants it manages is correct as reflected at that time in the State's *financial management system*. It is important that agencies provide information on the Controller's Single Audit Reporting Form in a timely fashion so that the State Controller may complete its Schedule of Expenditures of Federal Awards.

F. State Agency Reimbursement via Federal Draw Down

1. A **draw down or draw** is the process used by State agencies to request reimbursement of federal grant expenditures from the federal awarding agency. Draws require *an State agencies* to notify the State Treasurer's Office by completing a Federal Draw Request Form located at [Nevada Treasurer's Website](#), creating a *cash receipt (CR) document*—"CR" in the State's *financial management system* ~~fiscal system (Advantage)~~ and placing it on "hold." The Treasurer's Office will access the appropriate federal portal and perform the draw. *State An agencies* that draws directly from a federal agency, ~~agencies~~ must also submit an Incoming Funds Notification form found at the [Nevada Treasurer's Website](#), create the CR in *the financial management system* ~~Advantage~~, and place it on "hold."
2. The federal [Cash Management Improvement Act](#) requires the federal government and the states to minimize the time between transfer of federal funds and payments made by the states for **federal** grant program purposes. ~~For agencies drawing grants, this means that a~~ *Agencies must time draws of federal funds to minimize the time between deposits of federal funds in the State's account and disbursements of those funds for program purposes. Drawing federal funds too soon incurs an interest liability to* ~~Otherwise,~~ *the federal government; drawing them too late costs the State with reduced interest earned on its cash balances* ~~may be entitled to the interest from the day the State deposits federal money to the day the State disburses that money for program purposes.~~

G. Federal Funding Accountability and Transparency Act Reporting

1. An agency that passes funds through to a subrecipient or contractor for an amount greater than \$2530,000 is required to report the transaction *by the end of the month following the month in which the agency awards the subaward or contract* ~~within 30 calendar days of the written obligation~~ using the *Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS)*. *The FSRS reporting tool is used by federal recipients to capture and report subaward and executive compensation data about their subawards. The website for the FSRS portal is* ~~web reporting site~~ www.fsrs.gov. ~~The Federal Subaward Reporting System (FSRS) is the reporting tool used by federal recipients to capture and report subaward and executive compensation data about their subawards (first tier) as applicable. For detailed requirements, see policy "088-010 Federal Funding Accountability and Transparency Act (FFATA)" in the~~ [Nevada Grant Policy Manual](#).

3024 Closeout

A. Grant closeout includes, but is not limited to, the following tasks:

1. Completion of any final draws of funds;
2. Completion of the final program report; and
3. Completion of the final financial report.

B. Reconciliation of expenditures, including subawards, is essential to grant closeout. Subawards close as projects are completed or at the end of their performance period ~~and all their pending items are solved.~~

C. A balance remaining on an *federal* award that will not be used is called *a* deobligation. *Agencies should minimize Nevada's goal is to* deobligation ~~se zero dollars~~ to the federal government. *Deobligated F* funds ~~being deobligated~~ to a federal awarding agency must be reported to the *OFA State Grant Office*.

D. State agencies must confirm the completion of all applicable administrative actions and all mandatory work required by a federal grant award or any other award, as outlined in the [Nevada Grant Policy Manual](#). All grant, subgrant and contract documentation for fiscal and program activities must be kept for a minimum of three (3) years from the date of the final reimbursement request.

3500 Group Insurance

3502 Public Agency Contributions to Group Insurance

- A. The monthly employer subsidy for group life, accident or health coverage for participating public officers and their dependents is funded by an assessment to each State department, commission or public agency which employs an officer or employee where the position is filled and the incumbent is enrolled in the program.
- B. The Budget Division of the Governor's Finance Office determines the methodology and calculates the allocation amount to be paid by each budget account to finance the State contribution for retiree premiums.

3504 Coverage Optional for State Officers and Employees

- A. Nothing in the group insurance law makes it compulsory for any officer or employee to accept or join the Public Employees' Benefits Program *PEBP*), or to assign wages or salary or to authorize deductions from wages or salary in payment for the program. ([NRS 287.048](#))
- B. If an employee wants to decline coverage, he must notify both the PEBP and the employee's agency human resources staff and complete an enrollment form and an employment status transaction to decline coverage.
- C. When an employee declines group insurance coverage, he is declining coverage for medical, dental, vision, life insurance, and long-term disability benefits.
- D. The ~~Public Employees' Benefits Program~~ provides additional information regarding the plan and benefits which can be obtained from the ~~Public Employees' Benefits Program~~ by calling Member Services at 775-684-7000 or (800) 326-5496 or by visiting their website at <http://pebp.state.nv.us>.

3514 Enrollment

Information regarding enrollment and eligibility for both employees and dependents is available from the Division of Human Resources Management in the State of Nevada Employee Handbook:

http://hr.nv.gov/uploadedFiles/hrnvgov/Content/Resources/Publications/Employee_Handbook.pdf

or from the PEBP Member Services:

775-6984-7000 or 800-326-5496 or <http://pebp.state.nv.us>

3538 Payment of Premiums

- A. An overpayment of premium may occur due to:
 - 1. Clerical error.

2. Employee or retiree reporting changes after the payroll center's cutoff for changes on current month's deduction on their paycheck.
 3. Employee or retiree failing to make timely notification that a dependent is no longer eligible for coverage or a new dependent is eligible for coverage.
- B. When an overpayment of premium occurs, credit may only be taken at the same rate at which the overpayment occurred and is:
1. Credited to the payroll center on their next month's premium statement during the current policy year if the participant is an active employee. The payroll center will be responsible for returning money to the employee.
 2. Refunded directly to the payer if the participant is a retiree or other qualified self-paying party.
 3. Not pro-rated. Coverage is based on a full calendar month beginning on the first and ending on the last day of the month, and premiums paid for a month during which the employee terminates service on any date, for any reason are not considered an overpayment.

3600 Retirement

3602 General

The Public Employees' Retirement System (PERS) is open to employees of State agencies, political subdivisions, irrigation districts and entities classified as "public employers" under statute. ([NRS 286.070](#), [286.290-293](#)) The retirement program includes benefits for service retirement, disability retirement and benefits for survivors. This section provides a brief overview of PERS membership requirements and benefits. Detailed information should be obtained at the [PERS website](#) in order to understand the benefits, rights and responsibilities of each State member. In addition, [NRS 286](#) and [NAC 286](#) cover public employee retirement benefits, and may also be consulted.

3604 Membership

- A. Only employees of a public employer are eligible to participate in the Public Employees' Retirement System. ([NRS 286.290](#)) Persons employed on or after July 1, 1977 in positions considered to be half time or more according to the full-time work schedule established for that public employer, must become members of the System. ([NRS 286.293](#)) People elected or appointed to elective positions after July 1, 1975 except to boards or commissions, unless otherwise excluded, and members of the Nevada Gaming Commission appointed on or after July 1, 1999, are required to be members. A person who is employed by the Legislature or the Legislative Counsel Bureau on or after January 1, 1981, and who is already vested or contributing to the System, is required to participate. ([NRS 286.293](#))
- B. An employee's membership in the System terminates upon the member's death, withdrawal of the member's personal contributions and/or distribution of the portion of mandatory employer-pay contributions submitted on *their*^{his} behalf, or receipt of retirement or disability allowances by the member.

3606 Employee Defined

- A. For the *purposes of this chapter*~~section~~, an employee is a public officer of the State or its political subdivisions. Any person whose compensation is provided by the public employer and who is under the direction or control of officers of the public employer is an employee.
- B. The Public Employees' Retirement Board shall determine who is an employee under this definition.

3608 Part-Time Employees

Persons employed in positions considered to be half time or less according to the full-time work schedule established for that public employer are not eligible for membership in the system. These employees must be enrolled in the FICA alternative program. Contact the Division of Human Resource Management for additional information.

3610 Persons Ineligible for Membership

- A. Independent contractors or persons rendering professional services on a fee, retainer, or contract basis;
- B. Substitute teachers and students who are employed by the institution that they attend;
- C. Retired employees who are employed by a participating public employer, except as provided in [NRS 286.523](#);
- D. Members of boards or commissions of the State or its political subdivisions when such boards or commissions are advisory or directive and when membership is not compensated except for expenses incurred;
- E. Inmates of State institutions even though they may be receiving compensation for services performed for the institution;
- F. District Judges and Supreme Court Justices who are first elected or appointed on or after July 1, 1977, who are not enrolled in the System at the time of election or appointment;
- G. Members of the professional staff of the Nevada System of Higher Education who are employed on or after July 1, 1977 except as provided in [NRS 286.520](#);
- H. People assigned to intermittent or temporary positions unless the assignment exceeds six months, except as provided in [NRS 286.293](#);
- I. Nurses who are not full-time employees, are paid an hourly wage on a daily basis, do not receive the employee benefits received by other employees of the same employer and do not work a regular schedule or are requested to work for a shift at a time.

3612 Retirement Funds

- A. All funds received as employee/employer and employer-pay retirement contributions, except for police officers and firemen, are deposited in the Public Employees' Retirement Fund. ([NRS 286.220](#))
- B. All funds received as employee/employer and employer-pay retirement contributions for police officers and firemen are deposited in the Police and Firemen's Retirement Fund. ([NRS 286.225](#))
- C. ~~PER~~**The Board** provides individual accounts for each member. Each account shows the member's contributions to the respective Fund and any legally authorized changes in the amount. ([NRS 286.260](#))

3616 Amount of Contributions

Contributions made by the State for members, as well as members' own contributions (if the employee has chosen the "shared" contributions option) are actuarially determined for both police/fire members and regular members, and the contribution is approved each biennium by the Legislature. If a State employee chooses the employee/employer shared contribution plan, the State shall match the employee's contribution.

3618 Vesting

Vesting refers to the time period necessary for a member to work in order to earn the right to receive a PERS benefit. Any participating member employed for five (5) or more continuous years is considered vested. If an employee leaves employment before retirement age, ~~they~~he/she may leave the accrued contribution with the ~~PERS~~System. Then, when the employee reaches retirement age, ~~they~~he/she may receive the benefits earned during public employment.

3620 Benefits Calculation

- A. The amount of retirement allowance received is based upon three factors: (1) service credit years; (2) average compensation of the highest 36 consecutive months of salary; and (3) selection of retirement option and age of employee (and/or beneficiary) at retirement.
- B. Employees should note that there are different Summary Plan Descriptions for PERS members based upon hire date. Employees should consult the [PERS website](#) and click on Publications to review the Summary Plan Description pertinent to the employee's membership date cohort to better understand their own benefits.

3622 Purchase of Service

Any member who has at least five service credit years may purchase up to five years of service. The member must pay the full actuarial cost of the purchased years of service, as actuarially determined for the employee's age and average compensation at the time of purchase. ([NRS 286.300-3007](#)) Payment for purchased years of service credit may be made in a lump sum or by installment agreement.

3624 Termination of Service

If a member's employment is terminated, ~~they~~he/she may withdraw ~~their~~his/her personal contributions and/or receive a distribution of the mandatory employer-pay contributions submitted on his behalf by his public employer to the Public Employees' Retirement Fund. No withdrawal or distribution may be made while on leave without pay.

3628 Repayment of Refunded Contributions

- A. Whenever a member who withdrew the amount credited to ~~their~~his/her *account* returns to the service of a public employer participating in the System and remains a contributing member for six months, that employee may:
 1. Make repayment in a lump sum plus the actuarially assumed interest rate per annum, from the date of withdrawal of the contributions to the date of repayment; or
 2. With the approval of the Executive Officer, enter into a payroll deduction agreement containing a schedule of payments to repay the withdrawn contributions.
- B. Service credit will not be restored until payment is made in full by the employee.

3630 Disability Retirement Allowances

A member with at least five (5) years of creditable service who becomes totally unable to perform ~~their~~^{his/her} current job or any comparable job for which ~~they are~~^{he/she is} qualified, because of injury or mental or physical illness of a permanent nature, is eligible to apply for a disability retirement allowance. The member must be employed by a public employer at the time of application for disability retirement.

3632 Survivor Benefits

- A. There are numerous options for PERS members to reduce their lifetime retirement benefit in order to provide a benefit to a named beneficiary after the primary member's death. Again, members should consult the *relevant* Summary Plan Description to evaluate their options.
- B. If an active member dies with at least two years of service credit, that member's spouse/domestic partner and/or children are paid monthly survivor benefits based upon the primary member's years of service credit at the time of death. Dependent children are paid their benefit until age 18 or age 23 if the children remain unmarried, full-time students.

3634 Agency Purchase of Service Credits

- A. Pursuant to [NRS 286.3007](#), a State agency may pay the cost of purchasing credit for service on behalf of a member if:
 - 1. The agency entered into an agreement with the member under which the member was employed upon the condition that the employer pay the cost of purchasing the credit; and
 - 2. The agreement to purchase the credit is in writing, becomes part of the personnel records of the employee and is approved in advance by the Board of Examiners.
- B. If a State agency is authorized to purchase credit for a member, it shall not do so until the member has completed one year of service in its employ.
- C. If a State agency is required to reduce the number of its employees, it shall purchase credit for service pursuant to [NRS 286.300](#) for any member who:
 - 1. Is eligible to purchase credit;
 - 2. Is eligible to retire or will be made eligible by the purchase of the credit;
 - 3. Agrees to retire upon completion of the purchase; and
 - 4. Has been employed by the agency for five (5) or more years.
- D. The percentage of service credit purchased by a State agency, if a State agency is required to purchase credit due to a reduction in employees, is five percent (5%) of the cost of purchasing the credit and an additional five percent (5%) of the cost for each year that the person has been employed by the agency in excess of the minimum requirement of five (5) years.

3700 Unemployment Compensation

3702 General

All State and local employees are covered by unemployment compensation insurance. ([NRS 612](#))

3704 Employer Defined

Employers required to provide unemployment insurance include:

"This State, or any political subdivision thereof, or any instrumentality of this State or its political subdivisions which is owned by this State or one or more of its political subdivisions alone or in conjunction with one or more other states or political subdivisions thereof." ([NRS 612.115](#))

3706 Covered Employment

Covered employment includes all service performed as an employee of the State except:

1. As an elected official;
2. As a member of a legislative body, or a member of the judiciary;
3. As a member of the Nevada National Guard or the Nevada Air National Guard;
4. In employment serving on a temporary basis in case of fire, storm, snow, earthquake, flood or similar emergency;
5. In a position designated by law as a major non-tenured policy making or advisory position, or a policy making or advisory position which ordinarily does not require more than *eight (8)* hours per week;
6. As a client in a facility conducted for the purpose of carrying out a program of rehabilitation for persons whose earning capacity is impaired by age or physical or mental deficiency;
7. As part of an unemployment work-relief or work-training program; or
8. As an inmate of a custodial or penal institution.

3708 Unemployment Compensation Assessment

- A. State law provides that State agencies may reimburse the Unemployment Compensation Fund for all benefits paid on behalf of the State for former employees in lieu of making quarterly contributions. The State has chosen the reimbursement method.
- B. In order to provide enough money to reimburse the Unemployment Compensation Fund, each agency will be assessed a percentage of projected gross salaries each year.

3710 Unemployment Benefits

All questions concerning benefits should be directed to the [Department of Employment, Training and Rehabilitation, Division of Employment Security, Benefits Section](#) at 775-684-0420 in Carson City.

3800 Deferred Compensation

3802 Authority; *Deductions from Payroll; Limitations*

- A. Pursuant to NRS 287.320, ~~the State, including institutions under the of Nevada and the~~ Board of Regents of the Nevada System of Higher Education, ~~are authorized by law to may~~ agree with ~~its any of their~~ employees to defer compensation due to them *and reduce their current taxable income* in accordance with ~~a~~ the program authorized by *federal law, including but not limited to, 26 U.S.C 401(a), 401(k), 403(b), or 457(b), or 3121 (FICA Alternative Plan).* Except for a program set up under *26U.S.C. 403(b) by the Board of Regents, this Program must be* ~~and~~ approved by the *Committee to Administer the Public Employees' Deferred Compensation Program* (Deferred Compensation Committee).

~~The Board of Regents can agree with any of its employees to defer compensation authorized by 26 U.S.C. 403(b) without Committee approval.~~ According to the *Program plan*, the employer shall withhold the amount of compensation ~~that~~ an employee has directed the employer to defer. ~~Compensation may be withheld or deducted from their payroll in accordance with the agreement between the employer and participating employee. The amount of compensation set aside by the employer under the program during any calendar year may not exceed the amount authorized by 26 U.S.C. 401(a), 401(k), 403(b) or 457(b).~~

- B. The employer may invest the withheld money in any investment approved by the *Deferred Compensation Committee* ~~on Deferred Compensation.~~
- C. All compensation amounts deferred pursuant to the ~~program, all property and rights purchased with those amounts and all income attributable to those amounts remain solely the property or rights of the State of Nevada or the Nevada System of Higher Education, subject only to the claims of general creditors, until made available to the participants in the program or their beneficiaries. (NRS 287.320)~~ *Program's adopted plan documents must be held in trust for the exclusive benefit of the participants in the Program and their beneficiaries. NRS 287.320.*

3804 Deferred Compensation Committee

- A. The Governor ~~is authorized to~~ appoints *Members to a committee to administer* the Deferred Compensation ~~Committee~~ *Program*. The *responsibilities of the Deferred Compensation Committee's are outlined in NRS 287.330. With the approval of the Governor, the Deferred Compensation Committee has authorized the Department of Administration to administer the day-to-day duties of the Program. responsibilities include:*
- ~~1. Creation of an appropriate fund for administration of money and other assets resulting from compensation deferred under the program;~~
 - ~~2. With the approval of the Governor, delegation to one or more State agencies or institutions of the Nevada System of Higher Education, the responsibility for administering the program for their respective employees including:~~
 - ~~a. Collection of deferred compensation;~~
 - ~~b. Transmittal of money collected to depositories within the State designated by the Committee;~~
 - ~~c. Payment of deferred compensation to participating employees;~~
 - ~~3. Contracting with a private person, incorporation, institution or other entity directly or through a~~

~~State agency or institution of the Nevada System of Higher Education, for services necessary to the administration of the plan including without limitation:~~

- ~~a. Consolidated billing;~~
- ~~b. The keeping of records for each participating employee in the program;~~
- ~~c. The purchase, control and safeguarding of assets;~~
- ~~d. Programs for communication with employees; and~~
- ~~e. Administration coordination for the program.~~

B. The *Deferred Compensation* Committee, ~~and~~ individual ~~m~~Members *and the Department of Administration staff* are not liable for any decision relating to investments if the *Deferred Compensation* Committee has:

1. Obtained the advice of qualified counsel in investments;
2. Established proper objectives and policies relating to investments; and
3. Discharged its duties regarding the decision:
 - a. Solely in the interest of the participants in the program; and
 - b. With the care, skill, prudence and diligence test that, under the circumstances existing at the time of the decision, a prudent person who is familiar with similar investments would use while acting in a similar capacity in conducting an enterprise of similar character and purpose.
4. Selected at least one Record Keeper that will provide record keeping services for the program.
5. Solicited proposals from qualified Record Keepers at least once every five years.

~~3806 Deferrals of Compensation; Deductions from Payroll; Limitations~~

~~Compensation may be withheld or deducted from payroll in accordance with the agreement between the employer and participating employee. The amount of compensation set aside by the employer under the program during any calendar year may not exceed the amount authorized by 26 U.S.C. 401(a), 401(k), 403(b) or 457(b).~~

3808 Federal Requirements

No program becomes effective, and no deferral may be made until the program meets the requirements of 26 U.S.C 401(a) and 457(b) for eligibility. ~~Income deferred during a period in which no income tax is imposed by the State or political subdivision may not be taxed when paid to the employee.~~

3810 Program in Addition to Retirement or Pension Program

The ~~Deferred Compensation~~ Program must be established in addition to other retirement, pension or benefit systems established by the State or Nevada System of Higher Education and does not supersede, make inoperative, or reduce benefits provided by the Public Employees' Retirement System or by any other retirement, pension or benefit program established by law.

3811 FICA Alternative Plan

- A. The Federal Insurance Contributions Act (FICA) Alternative Plan is a substitute for Social Security coverage permitted by the federal Omnibus Budget Reconciliation Act of 1990. It is used in lieu of Social Security for part-time, seasonal, temporary employees or other employees not eligible for participation in the Public Employees' Retirement System or the University of Nevada Retirement Program.*
- 1. All State ~~of Nevada~~ employees hired after December 31, 2003, ~~or employees of the Nevada System of Higher Education hired after June 30, 2005, who are ineligible for participation in the Public Employees' Retirement System~~ must participate in the plan sponsored FICA Alternative Plan. ~~Each affected employee upon employment must select a Record Keeper to administer his sponsored FICA Alternative Plan if the program contracts with more than one Record Keeper.~~*
 - A.2. All State employees hired before January 1, 2004, or employees of the Nevada System of Higher Education hired before July 1, 2005, may participate in the plan sponsored FICA Alternative Plan*
- ~~B. All State of Nevada employees hired before January 1, 2004, who are ineligible for participation in the Public Employees' Retirement System may participate in the plan sponsored FICA Alternative Plan.~~
- B. Each affected employee must select a Record Keeper to administer ~~their~~his sponsored FICA Alternative Plan prior to participation if the program contracts with more than one Record Keeper.*
- C. Any Government entity within the State may apply to participate in the State of Nevada FICA Alternative Program. Their participation must be approved by the Deferred Compensation Committee, and the necessary adoption agreements and interlocal contract prescribed by the State must be executed. The entity must also agree to adhere to the rules and guidelines established by the Deferred Compensation Committee and the Department of Administration Staff.*

3812 Use of Appropriated Money Forbidden

No State money may be spent on the administration of the ~~p~~PProgram except as compensation for employees who participated in the administration as part of their regular duties, including without limitation:

1. Members of the Committee; and
2. Employees of the ~~State agency or institution of the Nevada System of Higher Education selected~~ Department of Administration appointed to administer the ~~p~~PProgram.

3814 Administration

~~The Committee on Deferred Compensation has selected Record Keepers for the program. Further information can be obtained from each payroll center. The Director of the Department of Administration appoints the Executive Officer of the Deferred Compensation Committee who is responsible for the day-to-day administration of the Program. The Executive Officer serves as the main support to the Deferred Compensation Committee.~~

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 14, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Theresa Bawden, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE MILITARY – DIVISION OF EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$306,483 from the Interim Finance Committee Contingency Account to cover costs associated with providing supplemental security and enhanced healthcare system availability to Clark County during the November 2024 Formula One race.

Additional Information:

From 2018 through 2022 the Governor authorized the use of Nevada Guard personnel to support Clark County with its security needs surrounding the New Year's Eve celebration activities planned for the Las Vegas area. This year the division is coordinating available resources with the county in advance of the November 2024 Formula One race and will again call upon the Nevada Guard to assist with county-wide security needs.

Statutory Authority:

NRS 353.268

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



Nevada Division of Emergency Management / Homeland Security

Prevent • Protect • Mitigate • Respond • Recover

To: Governor Lombardo through channels

From: David Fogerson, Administrator David Wm. Fogerson Digitally signed by David Wm. Fogerson
Date: 2024.04.18 11:54:16 -07'00'

Subject: Clark County Request for Las Vegas Grand Prix Assistance

Date: April 18, 2024

Clark County Office of Emergency Management has asked for Nevada to support the collaborative local government effort for the Las Vegas Grand Prix. The Division has reviewed this request with Clark County and the Nevada National Guard. General Berry has provided his concurrence with Clark’s ask for state active duty. This ask is ten personnel fewer than last year. As you are aware of the impacts of this event, I will spare the explanation and get to the ask with our recommendation to you. If you approve the recommendation, we will place it on the Interim Finance Committee agenda for funding approval.

| Ask from Clark County | Our Recommendation |
|--|--|
| NVNG Civil Support Team | Support: no cost to Nevada |
| NVNG to support hospitals as done for New Years Eve on a smaller scale | Support hospital request: cost to Nevada |
| NVNG Quick Reaction Force (QRF) to provide visibility deterrent | Support QRF request cost to Nevada |

Costs for the recommended support comes to \$306,482.55. This cost is an estimate based upon the highest wage as the Guard system uses standard DOD prices. It is our expectation actual costs will be less. These costs include the soldiers and airman, travel, their subsidence, command and control module, and Office of the Military and Division support to these events.

We have used the following truth table to base our recommendations to you:

| Pro's | Con's |
|---|--|
| <ul style="list-style-type: none"> • Support of large revenue sources for Nevada and southern Nevada local governments. • Exercise state and local government interactions with Nevada National Guard. • Provide a known resource deficit in hospitals to tie in with hospital area command established by Clark County Fire. • Provide Metro with additional forces to supplement their two shift staffing model. • Protects our investment in the Strip and our desire to be a tourism based Destination. • Identifies capabilities local government lacks and must shore up in future events. • Engages the locally executed, stated guided, and federally supported mantra: we fill holes local governments cannot fill. | <ul style="list-style-type: none"> • Impact to Nevada's contingency fund • Added use of the NVNG which distracts from the required trainings to maintain their readiness for the warfighting mission. • Continued reliance upon state support as opposed to special events paying their way for local government management of events. • Continued stress on Division of Emergency Management and NVNG in performing their normal roles and additional responsibilities without additional personnel. • Special events should fund their additional resource needs: local government partners in Southern Nevada should bill venue for their stand by's associated with the events. |

Please let us know if you have any questions about this ask. Please let us know how you would like us to proceed.

Joe Lombardo
Governor



STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
6630 South McCarran Blvd, Building C, Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

September 23, 2024

To: Shayne Powell, Budget Officer I
Governor's Finance Office

From: Mary Devine, Director
Nevada Department of Veterans Services

Subject: Request for IFC Unrestricted Contingency Funds – Work Program #C72518

Pursuant to NRS 353.268, the Department of Veterans Services is requesting an allocation by the Interim Finance Committee from the Contingency Account to provide funds emergency replacement of failed and critically necessary HVAC equipment (central chiller plant) and rental of temporary equipment until final replacement can be made at the Northern Nevada Veterans Home in Sparks.

This contingency request is for \$503,938; \$150,000 for temporary chiller rental, repair cost of \$307,772, and \$46,166 for construction contingency. We kindly request \$503,938 in IFC unrestricted contingency funds to solve this life safety issue.

A handwritten signature in black ink that reads "Mary Devine".



Mary Devine
Director
Nevada Department of Veterans Services
(775) 825-9850
www.veterans.nv.gov
"Serving Nevada's Heroes"

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: September 10, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Vince Young 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 CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the department requests approval to pay a total of \$428,471.42 from the State Claims account for a court-ordered settlement for claims from fiscal years 2019, 2020, 2021, 2022, and 2023.

Additional Information:

The department requests approval to pay a court-ordered settlement dated April 11, 2023 from the State Claims account. The settlement is a result of a wrongful termination for the amounts listed below:

FY 2019: \$8,646.39
FY 2020: \$100,455.26
FY 2021: \$103,872.73
FY 2022: \$104,629.84
FY 2023: \$110,867.20

Statutory Authority:

NRS 353.097 (4)

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |

Terrel Gregory Stale Claims Totals

| | |
|---------|------------|
| FY 2019 | \$8,646.39 |
| TOTAL | \$8,646.39 |

| | |
|---------|--------------|
| FY 2020 | \$4,045.87 |
| FY 2020 | \$96,409.39 |
| TOTAL | \$100,455.26 |

| | |
|---------|--------------|
| FY 2021 | \$103,872.73 |
| TOTAL | \$103,872.73 |

| | |
|---------|--------------|
| FY 2022 | \$3,333.04 |
| FY 2022 | \$101,296.80 |
| TOTAL | \$104,629.84 |

| | |
|---------|--------------|
| FY 2023 | \$110,867.20 |
| TOTAL | \$110,867.20 |

| | |
|-------|--------------|
| TOTAL | \$428,471.42 |
|-------|--------------|

STATE CLAIM REQUEST

DATE: 2/28/24

TO: Amy Stephenson, Clerk of the Board of Examiners
 Governor's Finance Office, Budget Division
 Budd Millazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
 Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY19

RECEIVED

SEP 10 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory
 Vendor/Employee Number: 36265
 Invoice Number: PAYROLL STALE CLAIM

Invoice/Term Date: 05/27/2019-06/30/2019
 Invoice/Claim Amount: \$ 8,646.39

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|--------------------|
| 3762 | 101 | 01 | 8,646.39 |
| Total | | | \$ 8,646.39 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|-------------------|
| 4888 | 101 | 10 | 8,646.39 |
| Total | | | \$8,646.39 |

Explanations - Reason for Stale Claim: **Settlement- Back-pay owed**

| | | | Subject to Retirement | Not Subject to Retirement |
|----------------------------------|--------------------------------|--------------|-----------------------|---------------------------|
| Rates effective: <u>08/04/23</u> | | | \$ 6,696.92 | \$ - |
| Salary Amount: | | | | |
| GL | Fringe Benefit Amounts: | Rate: | | 0.0000 |
| 5750 | REGI | 0.03110 | 208.27 | - |
| 5840 | Medicare | 0.01450 | 97.11 | - |
| 5800 | Unemployment | 0.00000 | - | - |
| 5200 | Workers' Comp | 0.03800 | 254.48 | - |
| 5300 | Retirement | PP01 0.20750 | 1,389.61 | - |
| Total Fringe: | | | \$ 1,949.47 | \$ - |
| Total Amount Claiming: | | | \$ 8,646.39 | \$ - |

Authorized to pay from current fiscal year Acct? Y or N N
 [Indicate if full or partial payment from current year funds]

K Shea 2/28/24

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY

Approval for payment from

Fund 101 B/A 4888 10

Date 9/10/2024

Budget Analyst [Signature]

Clerk of the Board [Signature] Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By Candice Williams at 11:44 am, Sep 10, 2024

STALE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
Governor's Finance Office, Budget Division
Budd Milazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY20

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory Invoice/Term Date: 7/01/2019- 7/14/2019
 Vendor/Employee Number: 36265 Invoice/Claim Amount: \$ 4,045.87
 Invoice Number: PAYROLL STALE CLAIM

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|-------------|
| 3762 | 101 | 01 | 4,045.87 |
| Total | | | \$ 4,045.87 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|-------------|
| 4888 | 101 | 10 | 4,045.87 |
| Total | | | \$ 4,045.87 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

| | | | | Subject to Retirement | Not Subject to Retirement |
|----------------------------------|----------------------|-------|---------|-----------------------|---------------------------|
| Rates effective: <u>08/04/23</u> | | | | \$ 2,792.00 | \$ 407.09 |
| Salary Amount: | | | | | |
| Fringe Benefit Amounts: | | | | | |
| 61 | REGI | Rate: | 0.03110 | 86.83 | 12.6605 |
| 5750 | Medicare | | 0.01450 | 40.48 | 5.9028 |
| 5840 | Unemployment | | 0.00000 | - | - |
| 5800 | Workers' Comp | | 0.03800 | 106.10 | 15.4694 |
| 5200 | Retirement | PP01 | 0.20750 | 579.34 | |
| 5300 | Total Fringe: | | | \$ 812.75 | \$ 34.03 |
| Total Amount Claiming: | | | | \$ 3,604.75 | \$ 441.12 |

Authorized to pay from current fiscal year Acct? Y or N
 (Indicate if full or partial payment from current year funds)

N

K. Shea

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

Fund 101 B/A 4888 10
[Signature] Date 2/10/2024

Budget Analyst Date

Clerk of the Board Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By Candice Williams at 12:29 pm, Sep 10, 2024

STALE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
Governor's Finance Office, Budget Division
Budd Miazzi, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY20

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory Invoice/Term Date: 7/15/2019- 6/30/2020
 Vendor/Employee Number: 36265 Invoice/Claim Amount: \$ 96,409.39
 Invoice Number: PAYROLL STALE CLAIM

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|--------------|
| 3762 | 101 | 01 | 96,409.39 |
| Total | | | \$ 96,409.39 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|-------------|
| 4888 | 101 | 10 | 96,409.39 |
| Total | | | \$96,409.39 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

PERS CHG

| | | | | Subject to Retirement | Not Subject to Retirement |
|----------------------------------|---------------|---------------------|-----------|-----------------------|---------------------------|
| Rates effective: <u>08/04/23</u> | | | | \$ 72,718.40 | \$ 1,489.19 |
| Salary Amount: | | | | | |
| Fringe Benefit Amounts: | | | | | |
| GL | | Rate: | | | |
| 5750 | REGI | 0.03110 | 2,261.54 | 46.3138 | |
| 5840 | Medicare | 0.01450 | 1,054.42 | 21.5933 | |
| 5800 | Unemployment | 0.00000 | - | - | |
| 5200 | Workers' Comp | 0.03800 | 2,763.30 | 56.5892 | |
| 5300 | Retirement | <u>PP01</u> 0.22000 | 15,998.05 | | |
| Total Fringe: | | | | \$ 22,077.31 | \$ 124.50 |
| Total Amount Claiming: | | | | \$ 94,795.71 | \$ 1,613.69 |

Authorized to pay from current fiscal year Acct? Y or N N
 [Indicate if full or partial payment from current year funds]

K. Shea

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

Fund 101 B/A ~~4888~~ 10
 Date 9/10/2024

Budget Analyst _____ Date _____
 Clerk of the Board _____ Date _____

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By Candice Williams at 12:29 pm, Sep 10, 2024

STATE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
Governor's Finance Office, Budget Division
Budd Milazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY21

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory
 Vendor/Employee Number: 36265
 Invoice Number: PAYROLL STALE CLAIM
 Invoice/Term Date: 7/01/2020-6/30/2021
 Invoice/Claim Amount: \$ 103,872.

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|----------------------|
| 3762 | 101 | 01 | 103,872.73 |
| Total | | | \$ 103,872.73 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|---------------------|
| 4888 | 101 | 10 | 103,872.73 |
| Total | | | \$103,872.73 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

| | | | | Subject to Retirement | Not Subject to Retirement |
|-------------------------------|--------------------------------|------------------|---------------------|-----------------------|---------------------------|
| Salary Amount: | | Rates effective: | 08/04/23 | \$ 77,921.28 | \$ 2,117.52 |
| GL | Fringe Benefit Amounts: | Rate: | | | |
| 5750 | REGI | 0.03110 | 2,423.35 | 65.8549 | |
| 5840 | Medicare | 0.01450 | 1,129.86 | 30.7040 | |
| 5800 | Unemployment | 0.00000 | - | - | |
| 5200 | Workers' Comp | 0.03800 | 2,961.01 | 80.4658 | |
| 5300 | Retirement | PP01 0.22000 | 17,142.68 | | |
| Total Fringe: | | | \$ 23,656.90 | \$ 177.02 | |
| Total Amount Claiming: | | | | \$ 101,578.18 | \$ 2,294.54 |

Authorized to pay from current fiscal year Acct? **Y or N**
 [Indicate if full or partial payment from current year funds]

N

K. Shea

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY

Approval for payment from

Fund 101 B/A 4888 10

[Signature] Date 9/10/2024

Budget Analyst Date

Clerk of the Board Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By Candice Williams at 12:30 pm, Sep 10, 2024

STATE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
 Governor's Finance Office, Budget Division
 Budd Milazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
 Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY22

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory
 Vendor/Employee Number: 36265 Invoice/Term Date: 7/12/2021-06/30/2022
 Invoice Number: PAYROLL STALE CLAIM Invoice/Claim Amount: \$ 101,296.80

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|---------------|
| 3762 | 101 | 01 | 101,296.80 |
| | | | |
| Total | | | \$ 101,296.80 |

State Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|---------------|
| 4888 | 101 | 10 | 101,296.80 |
| | | | |
| Total | | | \$ 101,296.80 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

PERS CHG

| | | | Subject to Retirement | Not Subject to Retirement |
|-------------------------------|--------------------------------|--------------|-----------------------|---------------------------|
| Rates effective: 08/04/23 | | | \$ 75,586.56 | \$ 2,025.90 |
| GL | Salary Amount: | | | |
| 5750 | Fringe Benefit Amounts: | Rate: | | |
| 5840 | REGI | 0.03110 | 2,350.74 | 63.0055 |
| 5800 | Medicare | 0.01450 | 1,096.01 | 29.3756 |
| 5200 | Unemployment | 0.00000 | - | - |
| 5300 | Workers' Comp | 0.03800 | 2,872.29 | 76.9842 |
| | Retirement <u>PP01</u> | 0.22750 | 17,195.94 | |
| Total Fringe: | | | \$ 23,514.98 | \$ 169.37 |
| Total Amount Claiming: | | | \$ 99,101.54 | \$ 2,195.27 |

Authorized to pay from current fiscal year Acct? Y or N N
 (Indicate if full or partial payment from current year funds)

K. R. [Signature]

BOARD OF EXAMINERS / BUDGET OFFICE USE ONLY
 Approval for payment from

Fund 101 B/A 4888 10
[Signature] 9/10/2024
 Budget Analyst Date

Clerk of the Board Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By: Gordon Williams at 1:27 pm Sep 10, 2024

STATE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
Governor's Finance Office, Budget Division
Budd Milazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY22

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory
 Vendor/Employee Number: 36265
 Invoice Number: PAYROLL STALE CLAIM
 Invoice/Term Date: 07/01/2021-7/11/2021
 Invoice/Claim Amount: \$ 3,333.04

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|-------------|
| 3762 | 101 | 01 | 3,333.04 |
| Total | | | \$ 3,333.04 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------|------|----------|-------------|
| 4888 | 101 | 10 | 3,333.04 |
| Total | | | \$ 3,333.04 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

Pers Chg 7/12/21

| | Subject to Retirement | Not Subject to Retirement | | | | | | | | | | | | | | | |
|--|--|---------------------------|-------|-------|---|-------|--------|-----------|-------------|--|----------|--------|--------|---|--------|---------|----------|
| <p>Rates effective: <u>08/04/23</u></p> <p>Salary Amount: _____</p> <p>GL <u>Fringe Benefit Amounts:</u> <u>Rate:</u></p> <p>5750 REGI 0.03110</p> <p>5840 Medicare 0.01450</p> <p>5800 Unemployment 0.00000</p> <p>5200 Workers' Comp 0.03800</p> <p>5300 Retirement <u>PP01</u> 0.22000</p> <p style="text-align: right;">Total Fringe:</p> <p style="text-align: right;">Total Amount Claiming:</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">\$ 2,480.64</td></tr> <tr><td style="text-align: center;">77.15</td></tr> <tr><td style="text-align: center;">35.97</td></tr> <tr><td style="text-align: center;">-</td></tr> <tr><td style="text-align: center;">94.26</td></tr> <tr><td style="text-align: center;">545.74</td></tr> <tr><td style="text-align: center;">\$ 753.12</td></tr> <tr><td style="text-align: center;">\$ 3,233.76</td></tr> </table> | \$ 2,480.64 | 77.15 | 35.97 | - | 94.26 | 545.74 | \$ 753.12 | \$ 3,233.76 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">\$ 91.62</td></tr> <tr><td style="text-align: center;">2.8494</td></tr> <tr><td style="text-align: center;">1.3285</td></tr> <tr><td style="text-align: center;">-</td></tr> <tr><td style="text-align: center;">3.4816</td></tr> <tr><td style="text-align: center;">\$ 7.66</td></tr> <tr><td style="text-align: center;">\$ 99.28</td></tr> </table> | \$ 91.62 | 2.8494 | 1.3285 | - | 3.4816 | \$ 7.66 | \$ 99.28 |
| \$ 2,480.64 | | | | | | | | | | | | | | | | | |
| 77.15 | | | | | | | | | | | | | | | | | |
| 35.97 | | | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | | | |
| 94.26 | | | | | | | | | | | | | | | | | |
| 545.74 | | | | | | | | | | | | | | | | | |
| \$ 753.12 | | | | | | | | | | | | | | | | | |
| \$ 3,233.76 | | | | | | | | | | | | | | | | | |
| \$ 91.62 | | | | | | | | | | | | | | | | | |
| 2.8494 | | | | | | | | | | | | | | | | | |
| 1.3285 | | | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | | | |
| 3.4816 | | | | | | | | | | | | | | | | | |
| \$ 7.66 | | | | | | | | | | | | | | | | | |
| \$ 99.28 | | | | | | | | | | | | | | | | | |

Authorized to pay from current fiscal year Acct? Y or N N
 (Indicate if full or partial payment from current year funds)

K. Ray

BOARD OF EXAMINERS / BUDGET OFFICE USE ONLY

Approval for payment from

Fund 101 B/A ~~4888~~ 10
[Signature] 9/10/2024
 Budget Analyst Date

Clerk of the Board Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By Candice Williams at 1:37 pm, Sep 10, 2024

STALE CLAIM REQUEST

DATE: 2/28/2024

TO: Amy Stephenson, Clerk of the Board of Examiners
 Governor's Finance Office, Budget Division
 Budd Milazzo, Executive Branch Budget Officer

FROM: Kristina Shea, Chief of Fiscal Services
 Nevada Department of Corrections

SUBJECT: Stale Claim for State Fiscal Year - FY23

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Terrel Gregory
 Vendor/Employee Number: 36265
 Invoice Number: PAYROLL STALE CLAIM
 Invoice/Term Date: 7/01/2022- 6/30/2023
 Invoice/Claim Amount: \$ 110,867.20

Original Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|----------------------|
| 3762 | 101 | 01 | 110,867.20 |
| Total | | | \$ 110,867.20 |

Stale Claim Budget, Fund and Category Information

| Budget | Fund | Category | Amount |
|--------------|------|----------|----------------------|
| 4888 | 101 | 10 | 110,867.20 |
| Total | | | \$ 110,867.20 |

Explanations - Reason for Stale Claim: Settlement- Back-pay owed

| | | Subject to Retirement | Not Subject to Retirement |
|-------------------------------|--------------------------------|-----------------------|---------------------------|
| Rates effective: 08/04/23 | | \$ 79,721.76 | \$ 5,854.56 |
| Salary Amount: | | | |
| GL | Fringe Benefit Amounts: | | |
| 5750 | REGI | 2,479.35 | 182.0766 |
| 5840 | Medicare | 1,155.97 | 84.8911 |
| 5800 | Unemployment | - | |
| 5200 | Workers' Comp | 3,029.43 | 222.4733 |
| 5300 | Retirement <u>PP01</u> | 18,136.70 | |
| Total Fringe: | | \$ 24,801.44 | \$ 489.44 |
| Total Amount Claiming: | | \$ 104,523.20 | \$ 6,344.00 |

Authorized to pay from current fiscal year Acct? Y or N N
 (Indicate if full or partial payment from current year funds)

Kristina Shea

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

Fund 101 B/A 4888 10
 Date 9/10/2024
 Budget Analyst [Signature]
 Clerk of the Board [Signature] Date

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

APPROVED

By: Budd Milazzo Date: 2/28/2024

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: September 11, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Richard Jacobs, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.335, subsection 2, whenever the State Land Registrar deems it to be in the best interests of the State of Nevada that any lands owned by the State and not used or set apart for public purposes be sold or leased, the State Land Registrar may, with the approval of the State Board of Examiners and the Interim Finance Committee, cause those lands to be sold or leased.

Additional Information:

The division seeks approval for the disposal of the following three properties: Grant Sawyer State Office Building located at 555 East Washington Avenue, Las Vegas; Former Fire Marshal Office located at 2855 South Jones Boulevard, Las Vegas; and Former Nevada Division of Forestry Residence and Fire Station located at 161 Blue Crest Drive, Spring Creek.

Statutory Authority:
NRS 321.335 (2)

| |
|------------------------|
| REVIEWED: <u> a </u> |
| ACTION ITEM: _____ |



MEMORANDUM

Date: September 4, 2024
To: Amy Stephenson, Director, Governor's Finance Office
From: Charles Donohue, Administrator and State Land Registrar
Subject: Nevada Division of State Lands – Disposal and Lease of State-owned Property

Pursuant to NRS 321.335, the State Land Registrar has determined the following state-owned properties are no longer needed for a public purpose and is seeking approval from both the Board of Examiners (BOE) and the Interim Finance Committee (IFC) to move forward with disposal.

The State Land Registrar will secure appraised Fair Market Value for the properties in compliance with NRS 321.007. The State will also be compensated for the associated disposal costs including appraisal and advertising fees.

Property to be Disposed

1. Grant Sawyer State Office Building

555 E. Washington Ave.
Las Vegas, NV

Property Description

Clark County APN 139-26-201-012
+/- 23 acres
A five-story, approximately 217,866 square-foot, mid-rise Class B office building

2. Former Fire Marshal Office

2855 South Jones Blvd.
Las Vegas, NV

Property Description

Clark County APN 163-11-608-008
+/- .72 acres undeveloped land

3. Former NDF Residence & Fire Station

161 Blue Crest Drive
Spring Creek, NV

Property Description

Elko County APN 052-010-081

+/- 0.5 acres undeveloped land

LEASES SUMMARY

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|---|---|-------------------------------|
| 1. | DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS | M.R.P., LLC | \$11,611 |
| | | This is an addition to current facilities. | |
| | Term of Lease: | 07/01/2024 – 01/31/2025 | Located in Elko |
| 2. | DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, RURAL CLINICS | LOCKE HOLDINGS, L.L.C. | \$303,558 |
| | | This is an extension of an existing lease. | |
| | Term of Lease: | 11/01/2024 – 10/31/2029 | Located in Ely |
| 3. | DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES | CITY OF LAS VEGAS | \$63,582 |
| | | This is an extension of an existing lease with an addition to current facilities. | |
| | Term of Lease: | 08/01/2023 – 07/31/2028 | Located in Las Vegas |
| 4. | DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL | STOREY COUNTY | \$0 |
| | | This is an extension of an existing lease. | |
| | Term of Lease: | 07/01/2024 – 06/30/2028 | Located in Sparks |
| 5. | DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – DIVISION OF TOURISM | SHAWNA TODD | \$848,492 |
| | | This is a new location. | |
| | Term of Lease: | 10/01/2024 – 09/30/2031 | Located in Carson City |
| 6. | DEPARTMENT OF VETERANS SERVICES | WORTH GROUP DEVELOPERS, LLC | \$1,119,701 |
| | | This is a new location. | |
| | Term of Lease: | 11/01/2024 – 11/30/2029 | Located in Reno |
| 7. | GAMING CONTROL BOARD | FNT CORPORATION | \$952,050 |
| | | This is a relocation. | |
| | Term of Lease: | 07/01/2024 – 02/28/2027 | Located in Reno |
| 8. | GAMING CONTROL BOARD | FNT CORPORATION | \$3,293,114 |
| | | This is a new location. | |
| | Term of Lease: | 09/01/2024 – 08/31/2031 | Located in Reno |

LEASES SUMMARY

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|---|--|----------------------------|
| 9. | OFFICE OF THE ATTORNEY GENERAL | TRANSWESTERN INVESTMENT HOLDINGS VD, LLC | \$804,294 |
| | | This is an extension of an existing lease. | |
| | Term of Lease: | 11/01/2024 – 10/31/2029 | Located in Las Vegas |
| 10. | OFFICE OF THE MILITARY | TINA ROCHELLE WILSON-AIZENBERG | \$883,178 |
| | | This is an extension of an existing lease. | |
| | Term of Lease: | 09/15/2024 – 09/14/2029 | Located in North Las Vegas |
| 11. | OFFICE OF THE MILITARY – NATIONAL GUARD RECRUITING OFFICE | NELLIS VEGAS PROPERTIES, LLC | \$92,016 |
| | | This is a new location. | |
| | Term of Lease: | 09/01/2024 – 08/31/2026 | Located in Las Vegas |
| 12. | OFFICE OF THE SECRETARY OF STATE | CITY OF NORTH LAS VEGAS | \$392,843 |
| | | This is an extension of an existing lease. | |
| | Term of Lease: | 10/01/2024 – 09/30/2025 | Located in North Las Vegas |
| 13. | NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE AND FAMILY THERAPISTS & CLINICAL PROFESSIONAL COUNSELORS | FLAMINGO RANCH, LLC | \$139,927 |
| | | This is a new location. | |
| | Term of Lease: | 10/01/2024 – 09/30/2027 | Located in Las Vegas |
| 14. | NEVADA STATE BOARD OF ORIENTAL MEDICINE | ADN INVESTMENT & MANAGEMENT LLC | \$12,600 |
| | | This is a new location. | |
| | Term of Lease: | 10/01/2024 – 09/30/2027 | Located in Las Vegas |

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: | PH 08/09/24 |
| Reviewed by: | AT 08-19-24 |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency: Department of Business and Industry
 Division of Industrial Relations
 1830 College Parkway, Suite 100
 Carson City, Nevada 89706
 Victoria Carreon
 T: 702.486.9116 E: vcarreon@dir.nv.gov

Remarks: This is a retroactive lease amendment adjusting the office square footage from 790 SF to 970 SF. The previous 180 SF storage space has been converted into another office space to accommodate a new staff member.

Exceptions/Special notes:

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

3. Name of Lessor: M.R.P., LLC

4. Address of Lessor: PO Box 2730, Elko, Nevada 89803 - 245 10th Street, Elko, Nevada 89801

5. Property contact: Angie Heguy
 PO Box 2730
 Elko, Nevada 89803
 T: 775.397.8788 E: angieheguy@gmail.com

6. Address of Lease property: 350 West Silver Street
 Elko, Nevada 89801

a. Square Footage: Rentable Usable 970

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 |
|----------------|---------------------------|---------------|---------------------------------|----------------------------------|--------------------------------|-----------------------------|
| 0% \$ 1,658.70 | 7 | \$ 11,610.90 | July 1, 2024 - January 31, 2025 | \$0.00 | \$0.00 | \$1.71 |
| | | \$ - | | | | |
| | 7 | \$ 11,610.90 | | | | |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew: Yes No Renewal terms: One identical term

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

g. Term: Seven (7) 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: N/A Rural Area

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

n. Lease will be paid for by Agency Budget Account Number: 4685, 4686

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

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 | |
| f. Nevada Business ID Number: | NV19971001093 | Exp: 1/31/2025 |
| 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: | T81070096 | |
| 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
Public Works Division

Date

For Board of Examiners

YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 9, 2024

To: Jenny Helton, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov

Subject: Retroactive Memo for placement on the September 10th Board of Examiners Meeting, for Department of Business and Industry, Division of Industrial Relations lease amendment for Elko, Nevada

This memo is a clarification for a retroactive start date of July 1, 2024, for the lease amendment referenced above, which houses the Department of Business and Industry, Division of Industrial Relations.

The agency will be adjusting their usable space from 790 square feet of office space and 180 square feet of storage space and converting the storage space into an additional office space for a new hire. The total office space will now be 970 square feet with no storage space. All of the existing terms and conditions on the original lease will be upheld by the agency.

There was an unanticipated delay in exploring additional spaces the property owner had to find if another space could accommodate the agency better and to determine if the storage space was an appropriate space to house an employee, per the agency's request this created a delay for submittal to BOE prior to the July 1st start date. This delay caused an overlap of the start date for the new employee and the lease amendment approval. While there was a vacancy at the office location, it was anticipated to be filled quickly. Due to the delay and no other available space the agency began utilizing the storage space as office space, requiring the lease amendment to be retroactive from July 1, 2024.

This lease is for placement on the September 10th Board of Examiners meeting.

Thank You,

Zuly Terrazas

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

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

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services
 Division of Public and Behavioral Health, Rural Clinics
 4150 Technology Way
 Carson City, Nevada 89706
 Becky McCabe
 T: 775.684.4058 E: bmccabe@health.nv.gov

Remarks:

This is a lease renewal for Division of Public and Behavioral Health Rural Clinics - Approved by Jack Robb

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

Locke Holdings, LLC

4. Address of Lessor:

900 Avenue O
 Ely, Nevada 89301

5. Property contact:

Jeanine Locke
 T: 775.293.7245 E: lockej918@gmail.com

6. Address of Lease property:

1675 Avenue F
 Ely, Nevada 89301

a. Square Footage:

Rentable
 Usable 3,328

b. Cost:

| | cost per month | # of months in time frame | cost per year | time frame | Improvement cost per square foot | Base Rent cost per square foot | Approximate cost per square foot |
|----|----------------|---------------------------|---------------|-------------------------------------|----------------------------------|--------------------------------|----------------------------------|
| 3% | \$ 4,764.70 | 12 | \$ 57,176.40 | November 1, 2024 - October 31, 2025 | \$0.00 | \$0.00 | \$1.43 |
| 3% | \$ 4,907.64 | 12 | \$ 58,891.68 | November 1, 2025 - October 31, 2026 | \$0.00 | \$0.00 | \$1.47 |
| 3% | \$ 5,054.87 | 12 | \$ 60,658.44 | November 1, 2026 - October 31, 2027 | \$0.00 | \$0.00 | \$1.52 |
| 3% | \$ 5,206.52 | 12 | \$ 62,478.24 | November 1, 2027 - October 31, 2028 | \$0.00 | \$0.00 | \$1.56 |
| 3% | \$ 5,362.72 | 12 | \$ 64,352.64 | November 1, 2028 - October 31, 2029 | \$0.00 | \$0.00 | \$1.61 |
| | | 60 | \$ 303,557.40 | | | | |

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:

Yes No 90 Renewal terms: One identical Term

of Days required 30 Holdover terms: 5%/90

Five (5) Years

Landlord Tenant

Landlord Tenant

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

Major: Landlord Tenant Minor: Landlord Tenant

N/A Rural Area

Breach/Default lack of funding

3648

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

RECEIVED

AUG 23 2024

STATEWIDE LEASE INFORMATION

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE
IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**


Authorized Agency Signature

08/19/24
Date

11

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: NV20171314050 | | Exp: 5/31/2025 |
| 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 | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. State of Nevada Vendor number: T29039303 | | |
| 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
Public Works Division

8.19.24
Date

For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. 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: | AKR- 8-13-27 |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

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

Remarks: Sublease renewal of existing month to month lease

Exceptions/Special notes: Confirmed DWSS needs to remain in place. Remodel was completed in March and lease was on hold. Space was increased from 594 to 1,046 SF. Lease rates are set by 45 CFR lease policy. Total office space is 1,046 SF, DWSS common occupies 7.03%= \$128.438 SF of common area. For an average rate of \$1,059.69 per month per 89 SF

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

3. Name of Lessor: City of Las Vegas

4. Address of Lessor: 495 South Main Street , Fifth Floor
Las Vegas, Nevada 89101

5. Property contact: Teresa Boyce
T: 702-229-1022 E: tboyce@lasvegasnevada.gov

6. Address of Lease property: 314 Foremaster Lane, Building 3
Las Vegas, Nevada 89101

a. Square Footage: Rentable Usable 1,046 1,827 SF Common Area State Occupies 7.03%= 128,438 SF

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 |
|----------------|---------------------------|---------------|--------------------------------|----------------------------------|--------------------------------|-----------------------------|
| \$ 1,059.69 | 60 | \$ 63,581.40 | August 1, 2023,- July 31, 2028 | \$0.00 | \$0.00 | \$0.89 |
| | | \$ - | | \$0.00 | \$0.00 | |
| | 60 | \$ 63,581.40 | | | | \$0.89 |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew: Yes No 365 Renewal terms: One identical term

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

g. Term: Five Years

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$1.83

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

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

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

 08/05/2024
Authorized Agency Signature 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.... <u>Government Entity</u> | <input checked="" 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 type="checkbox"/> | INC <input type="checkbox"/> |
| e. Ownership Type (Domestic, Foreign, Government, etc.): | <u>Government</u> | CORP <input type="checkbox"/> |
| f. Nevada Business ID Number: | Exp: _____ | LP <input type="checkbox"/> |
| 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? Office? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. State of Nevada Vendor number: <u>T40277602</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 |

[Handwritten Signature]

08/06/2024

Authorized Signature
Public Works Division

Date

ZT
For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 6, 2024

To: Aaron Frantz, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov

Subject: Retroactive Memo for placement on the September 10th Board of Examiners Meeting, for Department of Health and Human Services, Division of Welfare and Supportive Services sublease for Las Vegas, Nevada

This memo is a clarification for a retroactive start date of August 1, 2023, for the lease referenced above, which houses the Department of Health and Human Services, Division of Welfare and Supportive Services.

Due to an unanticipated delay after a remodel of the space was completed in March of 2023 and delays with coming to a contractual agreement on language with the City of Las Vegas between our Deputy Attorney General and the City of Las Vegas's legal counsel, this created a delay for submittal to BOE prior to the August 1, 2023, start date.

This lease is for placement on the September 10th Board of Examiners meeting.

Thank You,

Zuly Terrazas

RECEIVED

AUG 06 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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: | <i>[Signature]</i> |

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Nevada Highway Patrol
555 Wright Way
City, Nevada 89701
Kasen Cornmesser
T: 775-884-4869 E: k.cornmesser@dps.state.nv.us

Remarks: Lease Renewal negotiated at zero cost; Market Rate \$1.28 NNN

Exceptions/Special notes: Lease Documents approved with 11/30/22 Expiration; add, summary expiration stated 11/30/23. Early lease renewal to have active lease documents on file.

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

3. Name of Lessor: Storey County

4. Address of Lessor: PO Box 176
Virginia City, Nevada 89440

5. Property contact: Jlin Hindle
E: jhindle@storeycounty.org

6. Address of Lease property: 1705 Peru Drive
Sparks, Nevada 89434

a. Square Footage: Rentable, Leasable 393

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 |
|----------------|---------------------------|---------------|------------------------------|----------------------------------|--------------------------------|-----------------------------|
| | 12 | 0.00 | July 1, 2024 - June 30, 2025 | \$0.00 | \$0.00 | \$0.00 |
| | 12 | 0.00 | July 1, 2025 - June 30, 2026 | \$0.00 | \$0.00 | \$0.00 |
| | 12 | 0.00 | July 1, 2026 - June 30, 2027 | \$0.00 | \$0.00 | \$0.00 |
| | 12 | 0.00 | July 1, 2027 - June 30, 2028 | \$0.00 | \$0.00 | \$0.00 |
| | 48 | 0.00 | | | | |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew: Yes No 90. Renewal terms: Ninety day notice to renew

f. Holdover notice: # of Days required 90. Holdover terms: Month to Month

g. Term:

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: Market Analysis \$1.28 NNN Current Rate Zero Cost

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

n. Lease will be paid for by Agency Budget Account Number: 4716

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

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.

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

 8-8-2024
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

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

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

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

 8.8.24
 Authorized Signature Date
 Public Works Division
 RG For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

ROUTING & TRANSMITTAL SLIP

Date: August 8, 2024
To: Kirk Hawkins, Executive Branch Budget Officer
From: Jamie Wiest, Public Works Division, Leasing Services
Subject: For placement on September's 2024 BOE agenda

RECEIVED
AUG 08 2024
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Projected BOE Date: September 10, 2024
(approved by KH)

BOE Deadline Date: August 6, 2024 (extension)

Lessor: Storey County

Tenant: Department of Public Safety, Nevada Highway Patrol

Property Location: 1705 Peru Drive Sparks, Nevada 89434

This lease renewal has a retroactive commencement date of July 1, 2024, due to delays in obtaining required signatures. This is a zero-cost lease renewal for Department of Public Safety, Nevada Highway Patrol located at 1705 Peru Drive, Sparks, Nevada 89434.

Thank you for your time,
Jamie Wiest

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with final dates 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: | WAS 08/30/23 |
| Reviewed by: | 08/30/23 |
| Reviewed by: | 5 |

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Tourism and Cultural Affairs
 Division of Tourism
 401 North Carson Street
 City, Nevada 89701
 Brenda Scolari
 T: 776-687-0804 E: bscolari@dtca.nv.gov

Remarks:

This is a new lease for Department of Tourism and Cultural Affairs, Division of Tourism approved by Director Joy Grimmer. RTW will cover moving, furniture, and data costs. This lease will retroactively commence on October 1, 2024.

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

SHAWNA TODD

4. Address of Lessor:

1475 Terminal Way, Suite A
 Reno, Nevada 89502

5. Property contact:

Nevada Commercial Services
 Nikl Wilcox
 1475 Terminal Way, Suite A
 Reno, Nevada 89502
 T: 776-220-4760 E: nwilcox@NCSReno.com

6. Address of Lease property:

3460 GS Richards Boulevard, Suites 200, 201, 202, 203, & North Garage, Carson City, NV 89703

a. Square Footage:

Rentable
 Usable 4,988

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 |
|-----------------|---------------------------|---------------|--------------------------------------|----------------------------------|--------------------------------|-----------------------------|
| \$ 9,227.80 | 12 | \$ 110,733.60 | October 1, 2024 - September 30, 2025 | \$0.00 | \$0.00 | \$1.55 |
| 3% \$ 9,504.63 | 12 | \$ 114,055.56 | October 1, 2025 - September 30, 2026 | \$0.00 | \$0.00 | \$1.91 |
| 3% \$ 9,789.77 | 12 | \$ 117,477.24 | October 1, 2026 - September 30, 2027 | \$0.00 | \$0.00 | \$1.98 |
| 3% \$ 10,083.48 | 12 | \$ 121,001.52 | October 1, 2027 - September 30, 2028 | \$0.00 | \$0.00 | \$2.02 |
| 3% \$ 10,385.96 | 12 | \$ 124,631.52 | October 1, 2028 - September 30, 2029 | \$0.00 | \$0.00 | \$2.08 |
| 3% \$ 10,697.94 | 12 | \$ 128,370.48 | October 1, 2029 - September 30, 2030 | \$0.00 | \$0.00 | \$2.14 |
| 3% \$ 11,016.47 | 12 | \$ 132,221.64 | October 1, 2030 - September 30, 2031 | \$0.00 | \$0.00 | \$2.21 |
| | 84 | \$ 848,491.56 | | | | |

c. Total Lease Consideration:

\$0.00

d. Total Improvement Cost:

Yes No

One (1) option to renew with no less than 3% increases and the rate to be negotiated with a 90-120 day notice to exercise this option

e. Option to renew:

Renewal terms:

of Days required 30 Holdover terms: 5%/90

f. Holdover notice:

7 Years

g. Term:

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

Landlord Tenant

j. Janitorial:

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

k. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

l. Comparable Area Market Rate Average:

\$1.55

m. Specific termination clause in lease:

Breach/Default lack of funding

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

1522

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

RECEIVED

AUG 24 2024

GOVERNOR'S FINANCE OFFICE
 POST OFFICE

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

Boie 8-27-2024
 Authorized Agency Signature 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 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>NV20243183051</u> | | Exp: <u>8/31/2025</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>T32016582</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 |

[Signature] 8/27/24
 Authorized Signature Date
 Public Works Division
 For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

MEMORANDUM

Date: September 4, 2024
To: Matthew Brown, Executive Branch Budget Officer
From: Jamie Wiest, Public Works Division, Leasing Services
Subject: 3480 GS Richards Boulevard, Carson City, Nevada 89703 – Department of Tourism and Cultural Affairs, Division of Tourism Retroactive Commencement

Projected BOE Date: October 2, 2024

BOE Deadline Date: August 28, 2024

This memo is for clarification for the retroactive commencement date of September 1, 2024, for the lease referenced above.

Due to unanticipated delays in negotiations and obtaining required signatures, this created a delay in submission to BOE prior to the October 1, 2024 start date.

Thank you for your time,
Jamie Wiest

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

| For Budget Division Use Only | |
|------------------------------|---|
| Reviewed by: | |
| Reviewed by: | |
| Reviewed by: | 6 |

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Department of Veterans Services
6630 S. McCarran Blvd, Bldg.C, Suite 204
Reno, NV 89509
Joseph Thiele
T: 775.825.9725 E: theilej@veterans.nv.gov

Remarks: This is a new full services lease for Department of Veteran Services. Lease negotiations were approved by Director Jack Robb. Tenant improvements include the following, paint suites, remove dimising wall and door between suites A &B and A&C. Remove built-ins and interior partitions, remove (2) existing power drops, installation of new carpet. Lease was negotiated at \$2.18 per SF, with 3% increases annually.

Exceptions/Special notes:

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

3. Name of Lessor: Worth Group Developers LLC

4. Address of Lessor: 10201 Limestone Court
Parker Colorado, 80134
Attention: Douglas Worth - Manager T: (775)742-4430 E:dworth@worthgroup.com

5. Property contact: SVN/Gold Dust Commercial Associates
Dan Shaheen - Property Manager T:(775)825-3330 ext 106 E:dan.shaheen@svn.com

6. Address of Lease property: 9400 Gateway Drive, Suite A, B & C
Reno, Nevada 89521

a. Square Footage: Rentable Usable 7,922

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | Improvment cost per square foot | Base Rent cost per square foot | Actual cost per square foot |
|--|---------------------------|--|--------------------------------------|---------------------------------------|--------------------------------|-----------------------------|
| \$ 17,269.96 | 12 | \$ 207,239.52 | November 1, 2024 - October 31, 2025 | \$0.00 | \$0.00 | \$2.18 |
| 3% \$ 17,788.06 | 12 | \$ 213,456.72 | November 1, 2025 - October 31, 2026 | \$0.00 | \$0.00 | \$2.25 |
| 3% \$ 18,321.70 | 12 | \$ 219,860.40 | November 1, 2026 - October 31, 2027 | \$0.00 | \$0.00 | \$2.31 |
| 3% \$ 18,871.35 | 12 | \$ 226,456.20 | November 1, 2027 - October 31, 2028 | \$0.00 | \$0.00 | \$2.38 |
| 3% \$ 19,437.49 | 13 | \$ 252,687.37 | November 1, 2028 - November 30, 2029 | \$0.00 | \$0.00 | \$2.45 |
| c. Total Lease Consideration: | | 61 | \$1,119,700.21 | | | |
| d. Total Improvement Cost: | | | | | \$0.00 | |
| e. Option to renew: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Renewal terms: One (1) Identical Term | | |
| f. Holdover notice: | | # of Days required 30 | | Holdover terms: 5%/90 | | |
| g. Term: | | Five (5) Years | | | | |
| h. Pass-thrus/CAM/Taxes | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | | | |
| i. Utilities: | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | | | |
| j. Janitorial: | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes) | | | | |
| k. Repairs: | | Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | | | |
| l. Comparable Area Market Rate Average: | | \$2.09 | | | | |
| m. Specific termination clause in lease: | | Breach/Default lack of funding | | | | |
| n. Lease will be paid for by Agency Budget Account Number: | | 2560 | | | | |

RECEIVED

AUG 23 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION (Rev. 08/08/2023)

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 B060 FY26 + FY27
 IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET
FY25 State Administration will make up the difference in rent

Authorized Agency Signature Joseph L. Heide Date 08-22-2024
 28

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: | <u>NV 19981023801</u> | Exp: <u>4/30/2025</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: | | |
| 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. We have considered the reasonableness of the terms of this lease, including cost | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. We have considered other state leased or owned space available for use by this agency | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

Authorized Signature [Signature] Date 8/23/24
 Public Works Division
 GM For Board of Examiners YES NO

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

| | |
|------------------------------|--------------------|
| For Budget Division Use Only | |
| Reviewed by: | <i>[Signature]</i> |
| Reviewed by: | |
| Reviewed by: | 7 |

STATEWIDE LEASE INFORMATION

1. Agency: Gaming Control Board
1919 East College Parkway
Carson City, Nevada 89706
Tiffani Frank
T: 775.684.7722 E: tfrank@gcb.nv.gov

Remarks: This is a lease amendment, removing ADSD from the Lease and backfilling space with GCB. GCB will be vacating half of their space at 1919 College Parkway. Lease approved by Director Grimmer. RTW funds will be made available for FY25.

Exceptions/Special notes:

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

3. Name of Lessor: FNT Corporation

4. Address of Lessor: 9780 Haffinger Lane
Reno, Nevada 89521

5. Property contact: Matthew Turville, Director
T: 775.348.7231 E: mattturv@mac.com

6. Address of Lease property: 9670 Gateway Drive, First Floor
Reno, Nevada 89511

a. Square Footage: Rentable Usable 16,358

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 |
|-------------------------------|---------------------------|---------------|--------------------------------------|----------------------------------|--------------------------------|-----------------------------|
| \$ 29,042.81 | 7 | \$ 203,299.67 | July 1, 2024 - January 31, 2025 | \$0.00 | \$0.00 | \$1.78 |
| 3% \$ 29,914.10 | 12 | \$ 358,969.20 | February 1, 2025 - January 31, 2026 | \$0.00 | \$0.00 | \$1.83 |
| 0% \$ 29,914.10 | 12 | \$ 358,969.20 | February 1, 2026 - January 31, 2027 | \$0.00 | \$0.00 | \$1.83 |
| 3% \$ 30,811.52 | 1 | \$ 30,811.52 | February 1, 2027 - February 28, 2027 | \$0.00 | \$0.00 | \$1.88 |
| c. Total Lease Consideration: | | 32 | \$ 952,049.59 | | | |
| 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: 2 years and 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: \$2.15

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

n. Lease will be paid for by Agency Budget Account Number: 4061

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

RECEIVED

AUG 20 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION
Rev. 08/08/2023

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

Nathan Riggle
Nathan Riggle (Aug 26, 2024 12:06 PM)
Authorized Agency Signature

08/28/2024
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 type="checkbox"/> INC <input type="checkbox"/> CORP <input checked="" type="checkbox"/> LP <input type="checkbox"/> | |
| e. Ownership Type (Domestic, Foreign, Government, etc.): | Domestic Corporation | |
| f. Nevada Business ID Number: | NV19971186546 | Exp: 5/31/2025 |
| 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: | T27038646 | |
| 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 |

Bob Ragar
Authorized Signature
Public Works Division

8/28/24
Date

GM
For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

ROUTING & TRANSMITTAL SLIP

Date: September 16, 2024
To: Bridgette Garrison, Executive Branch Budget Officer
From: Grace Mason, Public Works Division, Leasing Services
Subject: For placement on October's 2024 BOE agenda

Projected BOE Date: October 2nd, 2024 BOE Deadline Date: August 28th, 2024
Lessor: FNT Corporation
Tenant: Board of Gaming Control
Property Location: 9670 Gateway Drive, 1st Floor Reno, NV 89511

This memo is for clarification for a retroactive start date of July 1st, 2024, for the lease reference above, which will house the Board of Gaming Control.

This is a lease amendment, removing the Department of Health and Human Services, Aging and Disability Services. The Board of Gaming Control will be backfilling their space and taking assignment of their existing lease. The agency is vacating from 1919 College Parkway and relocating the Board of Gaming Control to 9670 Gateway. Lease was approved by DOA Director, Joy Grimmer and Deputy Director, Bob Ragar. The Department of Healthcare Financing and Policy will be backfilling their space at 1919 College Parkway. The Board of Gaming Control will eventually occupy the entire building. There is no state space available currently. RTW funds will be made available for FY25.

Due to an unanticipated delay with the legal language, this created a delay for submittal to BOE prior to the July 1st start date.

This lease is for placement on the 2nd of October Board of Examiners Meetings.

Thank you,
Grace Mason

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

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

STATEWIDE LEASE INFORMATION

1. Agency:

Gaming Control Board
 1919 East College Parkway
 Carson City, Nevada 89706
 Tifani Frank
 T: 775.684.7722 E: tfrank@gcb.nv.gov

Remarks:

This is a new lease location for Gaming Control Board. Lease terms and rates were approved by DOA Director. Tenant improvements to include addition of (7) seven private offices.

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

FNT Corporation

4. Address of Lessor:

9780 Haffinger Lane
 Reno, Nevada 89521

5. Property contact:

Matthew Turville, Director
 T: 775.348.7231 E: mattturv@mac.com

6. Address of Lease property:

9670 Gateway Drive, Second Floor
 Reno, NV 89511

a. Square Footage:

Rentable
 Usable 17,227

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 |
|-------|----------------|---------------------------|----------------|-------------------------------------|----------------------------------|--------------------------------|-----------------------------|
| #REF! | \$ 35,832.16 | 12 | \$ 429,985.92 | September 1, 2024 - August 31, 2025 | \$0.00 | \$0.00 | \$2.08 |
| 3% | \$ 36,865.78 | 12 | \$ 442,389.36 | September 1, 2025 - August 31, 2026 | \$0.00 | \$0.00 | \$2.14 |
| 3% | \$ 38,071.67 | 12 | \$ 456,860.04 | September 1, 2026 - August 31, 2027 | \$0.00 | \$0.00 | \$2.21 |
| 3% | \$ 39,105.29 | 12 | \$ 469,263.48 | September 1, 2027 - August 31, 2028 | \$0.00 | \$0.00 | \$2.27 |
| 3% | \$ 40,311.18 | 12 | \$ 483,734.16 | September 1, 2028 - August 31, 2029 | \$0.00 | \$0.00 | \$2.34 |
| 3% | \$ 41,517.07 | 12 | \$ 498,204.84 | September 1, 2029 - August 31, 2030 | \$0.00 | \$0.00 | \$2.41 |
| 3% | \$ 42,722.96 | 12 | \$ 512,675.52 | September 1, 2030 - August 31, 2031 | \$0.00 | \$0.00 | \$2.48 |
| | | 84 | \$3,293,113.32 | | | | |

c. Total Lease Consideration:

Yes No Renewal terms: One (1) identical term

f. Holdover notice:

of Days required 30 Holdover terms: 5%/90

g. Term:

Seven (7) Years

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

Landlord Tenant

j. Janitorial:

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

k. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

l. Comparable Area Market Rate Average:

\$2.17

m. Specific termination clause in lease:

Breach/Default lack of funding

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

4061

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

Nathan Riggle
Authorized Agency Signature

8/14/2024
Date

41

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 type="checkbox"/> INC <input type="checkbox"/> CORP <input checked="" type="checkbox"/> LP <input type="checkbox"/> | |
| e. Ownership Type (Domestic, Foreign, Government, etc.): | Domestic Corporation | |
| f. Nevada Business ID Number: | NV19971186546 | Exp: 5/31/2025 |
| 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: | | |
| 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]
Authorized Signature
Public Works Division

8.14.24
Date

GM
For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

ROUTING & TRANSMITTAL SLIP

Date: September 16, 2024
To: Bridgette Garrison, Executive Branch Budget Officer
From: Grace Mason, Public Works Division, Leasing Services
Subject: For placement on October's 2024 BOE agenda

Projected BOE Date: October 2nd, 2024 BOE Deadline Date: August 28th, 2024

Lessor: FNT Corporation
Tenant: Board of Gaming Control
Property Location: 9670 Gateway Drive, 2nd Floor Reno, NV 89511

This memo is for clarification for a retroactive start date of September 1st, 2024, for the lease reference above, which will house the Board of Gaming Control.

This is a net new lease. The agency is vacating from 1919 College Parkway and relocating the Board of Gaming Control to 9670 Gateway. Lease rates and terms were approved by DOA Director, Joy Grimmer and Deputy Director, Bob Ragar. Tenant improvements to include addition of seven (7) office. The Department of Healthcare Financing and Policy will be backfilling their space at 1919 College Parkway. The Board of Gaming Control will eventually occupy the entire building. There is no state space available at this time. Lease rates were negotiated at \$2.08 per SF with 3% annual increase, market rate in area is \$2.17 per SF.

Due to an unanticipated delay in negotiations of a new lease and finalizing tenant improvement costs and delays in agreements with the legal language, this created a delay for submittal to BOE prior to the September 1st start date.

This lease is for placement on the 2nd of October Board of Examiners Meetings.

Thank you,
Grace Mason

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Attorney General
Bureau of Consumer Protection
100 North Carson Street
Carson City, NV 89701
Mark Krueger
T: 775.600.3504 E: mkrueger@ag.nv.gov

Remarks: This is a lease renewal for Bureau of Consumer Protection. Lease renewal approved by Director Jack Robb.

Exceptions/Special notes:

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

3. Name of Lessor: Tranwestern Investment Holdings VD, LLC

4. Address of Lessor: 5940 South Rainbow Blvd
Las Vegas, NV 89118

5. Property contact: SVN Property Management
Joy Grant
T: (702)527-7597 E: joy.grant@svn.com

6. Address of Lease property: 8945 West Russell Road, Suite 204
Las Vegas, Nevada 89148

a. Square Footage: Rentable Usable 4,294

b. Cost:

| | cost per month | # of months in time frame | cost per year | time frame | Approximate cost per square foot |
|----|----------------|---------------------------|---------------|-------------------------------------|----------------------------------|
| 0% | \$ 12,624.36 | 12 | \$ 151,492.32 | November 1, 2024 - October 31, 2025 | \$2.94 |
| 3% | \$ 13,003.09 | 12 | \$ 156,037.08 | November 1, 2025 - October 31, 2026 | \$3.02 |
| 3% | \$ 13,393.18 | 12 | \$ 160,718.16 | November 1, 2026 - October 31, 2027 | \$3.12 |
| 3% | \$ 13,794.98 | 12 | \$ 165,539.76 | November 1, 2027 - October 31, 2028 | \$3.21 |
| 3% | \$ 14,208.83 | 12 | \$ 170,505.96 | November 1, 2028 - October 31, 2029 | \$3.31 |
| | | 60 | \$ 804,293.28 | | |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost:

e. Option to renew: Yes No 90 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: \$2.50 per SF

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

n. Lease will be paid for by Agency Budget Account Number: 1038

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

8-8-2024
Date

15

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? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| *If Yes, explain.... | _____ | |
| c. Does the Lessor have a current Nevada State Business License? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| **If No, explain.... | _____ | |
| d. The Lessor is registered with the Nevada Secretary of State's Office as a: | LLC <input checked="" type="checkbox"/> | INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/> |
| e. Ownership Type (Domestic, Foreign, Government, etc.): | _____ | |
| f. Nevada Business ID Number: | <u>NV20151471596</u> | Exp: <u>8/31/2024</u> |
| g. Is the Lessor's Name the same as the Legal Entity Name? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| **If No, explain.... | _____ | |
| h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. State of Nevada Vendor number: | <u>T32007281</u> | |
| j. Is this an Arms Length Transaction (No Conflict of Interest) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| **If No, explain.... | _____ | |

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 |

Bob Ragar for Wilfred Lewis 08/28/2024
Authorized Signature Date
Public Works Division
GM
For Board of Examiners YES NO

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

| | |
|------------------------------|------------|
| For Budget Division Use Only | |
| Reviewed by: | 18 2/26/24 |
| Reviewed by: | PK 2/26/24 |
| Reviewed by: | 10 |

STATEWIDE LEASE INFORMATION

1. Agency:

Office of the Military
Nevada Army National Guard
2460 Fairview Drive
Carson City, Nevada 89701
Devin Earl
T: 775.887.7280 E: devin.m.earl.nfg@army.mil

Remarks:

This is a new retroactive lease for the Office of the Military, Nevada Army National Guard. Modified gross lease average in the area is \$2.36 SF and an average rate of \$1.67 SF has been negotiated. Lessor will be updating flooring in bathroom, restrooms, repainting the office and restroom, providing new ballast lighting, and new restroom fixtures at no cost to the agency. Tenant improvements include resurfacing an aircraft hanger floor for \$22,900 and will be paid throughout the 5 year term of the lease averaging at \$0.04 a SF and has been approved by the agency.

Exceptions/Special notes:

They have previously been at this location for 5 years and extended for 1 year they have exhausted their option to renew the lease upon the previous agreement requiring a new lease.

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

Tina Rochelle Wilson-Aizenberg

4. Address of Lessor:

10934 Museo Street
Las Vegas, NV 89135

5. Property contact:

Alan Schrimpf
T: 702.604.6133 E: aschrimpf@svvcllc.com

6. Address of Lease property:

4511 West Cheyenne Avenue, #105,
North Las Vegas, Nevada 89032

a. Square Footage:

Rentable
 Usable 8,586

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 |
|-----------------|---------------------------|---------------|---|----------------------------------|--------------------------------|------------------------------|
| \$ 14,719.82 | 12 | \$ 176,635.44 | September 15, 2024 - September 14, 2025 | \$0.04 | \$1.67 | \$1.71 |
| 0% \$ 14,719.82 | 12 | \$ 176,635.44 | September 15, 2025 - September 14, 2026 | \$0.04 | \$1.67 | \$1.71 |
| 0% \$ 14,719.82 | 12 | \$ 176,635.44 | September 15, 2026 - September 14, 2027 | \$0.04 | \$1.67 | \$1.71 |
| 0% \$ 14,719.82 | 12 | \$ 176,635.44 | September 15, 2027 - September 14, 2028 | \$0.04 | \$1.67 | \$1.71 |
| 0% \$ 14,719.82 | 12 | \$ 176,635.44 | September 15, 2028 - September 14, 2029 | \$0.04 | \$1.67 | \$1.71 |
| | 60 | \$ 883,177.20 | | | | |

c. Total Lease Consideration:

\$22,900.00

d. Total Improvement Cost:

Yes No Renewal terms: One (1) identical term of base rent

e. Option to renew:

of Days required 30 Holdover terms: 5% / 90

f. Holdover notice:

g. Term:

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

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

j. Janitorial:

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

k. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

l. Comparable Area Market Rate Average:

\$2.36

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3650

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

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 16, 2024

To: Theresa Bawden, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov

Subject: Retroactive Memo for placement on the October 2nd Board of Examiners Meeting, for Office of the Military, Nevada Army National Guard Hanger Lease for North Las Vegas, Nevada

This memo is a clarification for a retroactive start date of September 15, 2024, for the lease referenced above, which houses the Office of the Military, Nevada Army National Guard.

This is a new lease for the Office of the Military, Nevada Army National Guard. The tenant agency has exhausted their previous lease options to renew requiring a new re-negotiated lease. We have negotiated a rate of \$1.67 per SF for five (5) years. Tenant improvements include resurfacing the aircraft hangar floor and will be paid throughout the 5-year term averaging about \$0.04 per SF. The lessor will be updating flooring and paint in the restrooms and office, provide new ballast lighting, and new restroom fixtures at no cost to the agency.

Due to an unanticipated delay in negotiating a new lease cost with the lessor and delays with coming to an agreement with legal language, this created a delay for submittal to BOE prior to the September 15th start date.

This lease is for placement on the October 2nd Board of Examiners meeting.

Thank You,

Zuly Terrazas

RECEIVED

AUG 27 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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: | TK 6/12/24 |
| Reviewed by: | MR 8/13/24 |
| Reviewed by: | // |

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Military, National Guard Recruiting Office

Remarks: This is a new lease location for Nevada National Guard. NNN market data in area is \$2.15 per SF. Lease was negotiated at full service to include utilities, janitorial, CAM, taxes at \$3.15 per SF in a retail space.

Exceptions/Special notes: Maintenance Request - New carpet/paint/locks.

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

3. Name of Lessor: Nellis Vegas Properties, LLC.

4. Address of Lessor: 9015 Mountain Ridge Dr, Suite #350
Austin, Texas 78759

5. Property contact: Jakke Farley
T: 702.340.0907 E: jfarley@mwcre.com

6. Address of Lease property: 309 North Nellis Boulevard
Las Vegas, NV 89110

a. Square Footage: Rentable Usable 1,200

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | Improvement cost per square foot | Actual cost per square foot |
|----------------|---------------------------|---------------|-------------------------------------|----------------------------------|-----------------------------|
| \$ 3,780.00 | 12 | \$ 45,360.00 | September 1, 2024 - August 31, 2025 | \$0.00 | \$3.15 |
| 3% \$ 3,888.00 | 12 | \$ 46,656.00 | September 1, 2025 - August 31, 2026 | \$0.00 | \$3.24 |
| | 24 | \$ 92,016.00 | | | |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: 2 Years

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$2.06

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

n. Lease will be paid for by Agency Budget Account Number: 3650

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

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

ROUTING & TRANSMITTAL SLIP

Date: August 6, 2024
To: Theresa Bawden, Executive Branch Budget Officer
From: Grace Mason, Public Works Division, Leasing Services
Subject: For placement on September's 2024 BOE agenda

Projected BOE Date: September 10th, 2024 BOE Deadline Date: August 6, 2024

Lessor: Nellis Vegas Properties, LLC
Tenant: Office of the Military, National Guard Recruiting Office
Property Location: 309 North Nellis Boulevard, Las Vegas, NV 89110

This is a net new lease. The Office of the Military has receiving additional federal funding and would like to have a new location on the East side of the Las Vegas valley for recruiting purposes. NNN market data in the area is \$2.15 per SF. Lease negotiated at Full-Service Gross to include utilities, janitorial, CAM, taxes at \$3.15 per SF in a retail space. There are no tenant improvement requested at this time.

Thank you for your time,
Grace Mason

RECEIVED
AUG 06 2024
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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: | JJK |
| Reviewed by: | |
| Reviewed by: | 12 |

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Secretary of State
101 North Carson Street
Carson City, Nevada 89701
Debbie Bowman
T: 775-684-5656 E: debbiebowman@sos.nv.gov

Remarks: Lease renewal using option to renew from previous agreement

Exceptions/Special notes: Agency is paying \$1,962 for security guard services

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

3. Name of Lessor: City of North Las Vegas

4. Address of Lessor: 2250 Las Vegas Boulevard North
North Las Vegas, Nevada 89030

5. Property contact: Terri Sheridan
T: 702-633-1135 E: sheridant@cityofnorthlasvegas.com

6. Address of Lease property: 2250 Las Vegas Boulevard North, First and Fourth Floor
North Las Vegas, Nevada 89030

a. Square Footage: Rentable Usable 14027.48

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | Security-Monthly Charges | Base Rent cost per square foot | Approx. cost per square foot |
|-----------------|---------------------------|---------------|--------------------------------------|--------------------------|--------------------------------|------------------------------|
| 3% \$ 30,774.89 | 12 | \$ 369,298.68 | October 1, 2024 - September 30, 2025 | \$0.00 | \$0.00 | \$2.19 |
| \$ 1,962.00 | 12 | \$ 23,544.00 | October 1, 2024 - September 30, 2025 | \$1,962.00 | \$0.00 | |
| | 12 | \$ 392,842.68 | | | | |

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost:

e. Option to renew: Yes No 365 Renewal terms:

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

g. Term: 1 year renewal

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: Market \$2.39 Negotiated \$2.19

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

n. Lease will be paid for by Agency Budget Account Number: 1050

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)
- Remodelling 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

Debbie Bowman 8.16.24
Authorized Agency Signature Date

RECEIVED
AUG 23 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

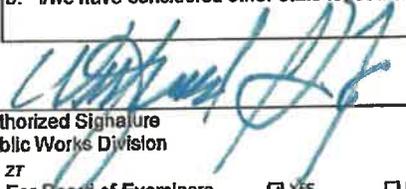
For Public Works Information:

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.... <u>County Office</u> | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| c. Does the Lessor have a current Nevada State Business License? **If No, explain.... <u>Exempt</u> | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | |
| d. The Lessor is registered with the Nevada Secretary of State's Office as a: | LLC <input type="checkbox"/> | INC <input type="checkbox"/> | CORP <input type="checkbox"/> | LP <input type="checkbox"/> |
| e. Ownership Type (Domestic, Foreign, Government, etc.): | <u>Government</u> | | | |
| f. Nevada Business ID Number: | <u>Exempt</u> | Exp: | | |
| g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain.... | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? Office? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| i. State of Nevada Vendor number: | <u>T40108100</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 |

 8.19.21
Authorized Signature Date
Public Works Division
ZT
For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 16, 2024

To: Michael J. Rankin, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov

Subject: Retroactive Memo for placement on the October 2nd Board of Examiners Meeting, for the Office of the Secretary of State lease renewal for North Las Vegas, Nevada

This memo is a clarification for a retroactive start date of October 1, 2024, for the lease renewal referenced above, which houses the Office of the Secretary of State.

Due to an unanticipated delay in the signature process with the city, this created a delay for submittal to BOE prior to the October 1, 2024, start date.

This lease is for placement on the October 2nd Board of Examiners meeting.

Thank You,

Zuly Terrazas

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timelines 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: | AG 9-3-24 |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency:

Nevada State Board of Examiners for Marriage and Family Therapists & Clinical Professionals
 500 North Rainbow Blvd. Suite 201
 Las Vegas, Nevada 89107
 Joelle C. McNutt
 T: (702) 486-7388 E: JMcNutt@mflbd.nv.gov

Remarks:

This is a new full service lease for the Board of Examiners for Marriage and Family Therapists. Leasing has negotiated a rate of \$2.44 a SF with 4% annual increases. No tenant improvements are needed at this time.

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

Flamingo Ranch LLC

4. Address of Lessor:

P.O. Box 19449
 Las Vegas, Nevada 89112

5. Property contact:

Tony Castrignano
 T: (702) 262- E: tony.castrignano@sky-mesa.com

6. Address of Lease property:

500 North Rainbow Blvd. Suite 201
 Las Vegas, Nevada 89107

a. Square Footage:

Rentable
 Usable 1,531

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 | |
|-------------------------------|---------------------------|---------------|---------------|--------------------------------------|--------------------------------|------------------------------|--------|
| 0% | \$ 3,735.45 | 12 | \$ 44,825.40 | October 1, 2024 - September 30, 2025 | \$0.00 | \$0.00 | \$2.44 |
| 4% | \$ 3,894.87 | 12 | \$ 46,618.44 | October 1, 2025 - September 30, 2026 | \$0.00 | \$0.00 | \$2.54 |
| 4% | \$ 4,040.26 | 12 | \$ 48,483.12 | October 1, 2026 - September 30, 2027 | \$0.00 | \$0.00 | \$2.64 |
| c. Total Lease Consideration: | | 36 | \$ 139,926.96 | | | | |
| d. Total Improvement Cost: | | | | | | | \$0.00 |

e. Option to renew:

Yes No Renewal terms: One (1) identical term

f. Holdover notice:

of Days required 30 Holdover terms: 5% / 90

g. Term:

36 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:

\$2.59

m. Specific termination clause in lease:

Breach/Default lack of funding

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

B014

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: \$1,400 Furnishings: \$0.00 Data/Phones: \$3,000

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

Joelle C. McNutt
 Joelle C. McNutt (Aug 28, 2024 13:07 PDT)
 Authorized Agency Signature

08/28/24
 Date

RECEIVED
 AUG 20 2024
 GOVERNOR'S OFFICE
 BUDGET DIVISION
 Rev: 08/08/2023

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.): | Domestic | |
| f. | Nevada Business ID Number: | NV20041254282 | Exp: 10/31/2024 |
| 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: | Board Paid | |
| 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 |

Bob Ragar for Wilfred Lewis 08/28/24

Bob Ragar for Wilfred Lewis (Aug 28, 2024 11:51 PDT)

Authorized Signature Date
Public Works Division

ZT

For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 28, 2024
To: Shauna Tilley, Budget Analyst
From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov
Subject: Retroactive Memo for placement on October's 2024 BOE agenda

Projected BOE Date: October 2nd, 2024

BOE Deadline Date: August 28th, 2024

Lessor: Flamingo Ranch, LLC
Tenant: Nevada State Board of Examiners for Marriage and Family Therapists & Clinical Professionals
Property Location: 500 N. Rainbow Blvd. Suite 201, Las Vegas, Nevada 89107

This memo is a clarification for a retroactive start date of October 1, 2024, for the lease referenced above, which houses the Nevada State Board of Examiners for Marriage and Family Therapists & Clinical Professionals

Due to an unanticipated delay with the lessor going out of town and their legal team reviewing language, this created a delay for submittal to BOE prior to the October 1st start date.

This lease is for placement on the October 2nd Board of Examiners meeting.

Thank You,

Zuly Terrazas

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AUG 28 2024
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Please Note: Dates for commencement and BCE 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: | AE 09-04-24 |
| Reviewed by: | |
| Reviewed by: | 14 |

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Board of Oriental Medicine
3431 East Sunset Road #C21
Las Vegas, Nevada 89120
Merle Lok
T: 702.675.5326 E: omboardexecutivedirector@gmail.com

Remarks: This is a new modified gross lease for the Board of Oriental Medicine. Leasing has negotiated a rate of 2.80 a SF with 0% increases for 3 years.

Exceptions/Special notes: Common area and bathroom janitorial services are provided individual suites are kept locked and not cleaned by lessor.

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

3. Name of Lessor: ADN Investment & Management LLC

4. Address of Lessor: 6550 S. Pecos Rd. #147
Las Vegas, Nevada 89120

5. Property contact: Bryant Godfrey
T: (702) 205-3318 E: BryantGodfrey@outlook.com

6. Address of Lease property: 3431 East Sunset Road #C21
Las Vegas, Nevada 89120

a. Square Footage: Rentable
 Usable 125

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 | |
|--|---------------------------|---|--------------------------------------|----------------------------------|--|--------------------------------------|---|
| \$ 350.00 | 12 | \$ 4,200.00 | October 1, 2024 - September 30, 2025 | \$0.00 | \$0.00 | \$2.80 | |
| 0% \$ 350.00 | 12 | \$ 4,200.00 | October 1, 2025 - September 30, 2026 | \$0.00 | \$0.00 | \$2.80 | |
| 0% \$ 350.00 | 12 | \$ 4,200.00 | October 1, 2026 - September 30, 2027 | \$0.00 | \$0.00 | \$2.80 | |
| c. Total Lease Consideration: | | 36 | \$ 12,600.00 | | | | |
| d. Total Improvement Cost: | | | | | | | \$0.00 |
| e. Option to renew: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Renewal terms: | | One (1) identical term | | |
| f. Holdover notice: | | # of Days required 30 | Holdover terms: | | 5% / 90 | | |
| g. Term: | | 3 years | | | | | |
| h. Pass-thrus/CAM/Taxes | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | | | | |
| i. Utilities: | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | | | | |
| j. Janitorial: | | <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | <input type="checkbox"/> 3 day | <input type="checkbox"/> 5 day | <input type="checkbox"/> Rural 3 day | <input type="checkbox"/> Rural 5 day | <input checked="" type="checkbox"/> Other (see special notes) |
| k. Repairs: | | Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant | Minor: | | <input checked="" type="checkbox"/> Landlord | <input type="checkbox"/> Tenant | |
| l. Comparable Area Market Rate Average: | | \$2.11 | | | | | |
| m. Specific termination clause in lease: | | Breach/Default lack of funding | | | | | |
| n. Lease will be paid for by | | Agency Budget Account Number: | | B021 | | | |

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

8/28/24
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 | |
| f. Nevada Business ID Number: | NV20243117550 | Exp: 5/31/2025 |
| 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: | Board Paid | |
| 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 |

Bob Ragar for Wilfred Lewis

08/28/24

Bob Ragar for Wilfred Lewis (Aug 28, 2024 11:50 PDT)

Authorized Signature
Public Works Division

Date

Z7

For Board of Examiners YES NO

Joe Lombardo
Governor



Joy Grimmer
Director

Bob Ragar
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: August 27, 2024

To: Shauna Tilley, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services
z.terrazas@admin.nv.gov

Subject: Retroactive Memo for placement on the October 2nd Board of Examiners Meeting, for Nevada State Board of Oriental Medicine new lease in Las Vegas, Nevada

This memo is a clarification for a retroactive start date of October 1, 2024 for the lease referenced above, which houses the Nevada State Board of Oriental Medicine.

This lease is a modified gross lease for the Board of Oriental Medicine and Leasing has negotiated a rate of \$2.80 a SF with a 0% increase for 3 years.

Due to an unanticipated delay with another property the agency was interested in and not being able to come to an agreement on negotiations and legal language with the owners. Leasing and the Board decided it was best to look for other properties more willing to work within a better price point and allow our own contracts, this created a delay for submittal to BOE prior to the October 1st start date.

This lease is for placement on the October 2nd Board of Examiners meeting.

Thank You,

Zuly Terrazas

RECEIVED

AUG 20 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|---|-------------|---|
| 1. | 010 | GOVERNOR'S OFFICE - ATHLETIC COMMISSION | ALEJANDRO YBARRA | FEE: GATE FEE 90% OTHER: TICKET SURCHARGE 10% | \$114,400 | |
| | Contract Description: | This is a new contract to provide ongoing unarmed combat inspector services. Term of Contract: 11/01/2024 - 10/31/2028 Contract # 29544 | | | | |
| 2. | 015 | GOVERNOR'S OFFICE OF FINANCE - CORE.NV | EIDE BAILLY, LLP | GENERAL | \$750,000 | Sole Source |
| | Contract Description: | This is the second amendment to the original contract which provides front-end accounting support services for the Office of the Controller. This amendment extends the termination date from October 31, 2024 to June 30, 2025 and increases the maximum amount from \$1,250,000 to \$2,000,000 due to the continued need for these services. Term of Contract: 01/09/2024 - 06/30/2025 Contract # 28494 | | | | |
| 3. | 030 | ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND | ADAMS NATURAL RESOURCES CONSULTING SERVICES, LLC | GENERAL | \$360,000 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing legal and consulting services in regard to the proposed Yucca Mountain nuclear waste repository. Term of Contract: 10/01/2024 - 09/30/2026 Contract # 29729 | | | | |
| 4. | 050 | TREASURER'S OFFICE - STATE TREASURER | BUCKHEAD CAPITAL MANAGEMENT, LLC | OTHER: LOCAL GOVERNMENT INVESTMENT POOLED EARNINGS AND CONTRIBUTIONS | \$3,912,000 | |
| | Contract Description: | This is a new contract to provide ongoing institutional investment management services for the State General Fund, Local Government Pooled Long-Term Investment Account, and Nevada Higher Education Pre-Paid Tuition trust fund. Term of Contract: Upon Approval - 08/30/2028 Contract # 29606 | | | | |
| 5. | 050 | TREASURER'S OFFICE - STATE TREASURER | MEEDER PUBLIC FUNDS, INC. | OTHER: LOCAL GOVERNMENT INVESTMENT POOLED EARNINGS | \$1,800,000 | |
| | Contract Description: | This is a new contract to provide ongoing institutional investment management services for the Local Government Investment Pool and Local Government Pooled Long-Term Investment Account. Term of Contract: Upon Approval - 08/30/2028 Contract # 29620 | | | | |

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 | COONS CONSTRUCTION, LLC | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$250,000 | |
| | Contract Description: | This is a new contract to provide ongoing snow removal for properties located in Carson City. | | | | |
| | | Term of Contract: | 11/01/2024 - 10/31/2028 | Contract # 29598 | | |
| 7. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | UNITED LAWN AND LANDSCAPING, LLC | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$233,348 | |
| | Contract Description: | This is a new contract to provide landscape maintenance services for the Arrowhead Building located in Carson City. | | | | |
| | | Term of Contract: | 11/01/2024 - 10/31/2028 | Contract # 29600 | | |
| 8. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | XCEL MAINTENANCE SERVICES, INC. | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$8,553,816 | |
| | Contract Description: | This is a new contract to provide janitorial services for the Nevada, Washoe, Elko, Esmeralda, White Pine, Eureka, Mineral, Storey, Pershing, Humboldt, Douglas, Lyon, Lander, and Churchill buildings at the McCarran Center in Las Vegas. | | | | |
| | | Term of Contract: | 11/01/2024 - 10/31/2028 | Contract # 29667 | | |
| 9. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC | IN2IT ARCHITECTURE | GENERAL | \$967,500 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the Department of Health and Human Services - Advance Planning: Southern Nevada Forensic Facility CIP Project to include a design phase with meetings, mechanical and electrical engineering, and construction administration with bid review and submission for the construction, build, and replacement of the existing buildings 1300, 1304, and 1391 at the Desert Regional Center: CIP Project No. 23-P06(a); SPWD Contract No. 117073. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2027 | Contract # 29726 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|------------------------------|-----------------------|-----------|---|
| 10. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC | GRANITE CONSTRUCTION COMPANY | BONDS 28% FEDERAL 72% | \$282,427 | Professional Service |
| | Contract Description: | This is a new contract to provide Owner Construction Manager At-Risk services for the Marlette Lake Dam Rehabilitation CIP project for the design and construction of structural and functional upgrades including an assessment of existing conditions, a seismic evaluation, upgrades to protect against seismic events, spillway upgrades, and replacement of discharge piping and outlet valves: CIP Project No. 19-C08; SPWD Contract No.116514. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2025 | Contract # 29557 | | |
| 11. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC | LGA ARCHITECTURE DBA LGA | BONDS | \$413,600 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the Boulder City Railroad Museum - Visitor's Center CIP Project to include construction administration services through the completion of the project for the construction of a 9,700 square-foot visitor center, orientation plaza, train loading platforms, and parking: CIP Project No. 23-C20; SPWD Contract No. 116939. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2027 | Contract # 29623 | | |
| 12. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC | WOOD RODGERS, INC. | BONDS | \$14,000 | Professional Service |
| | Contract Description: | This is the first amendment to the original contract which provides professional architectural/engineering services for the State Capitol - Exterior Renovation Tree Survey & Assessment CIP Project: CIP Project No. 21-M46(d); SPWD Contract No. 116247. This amendment increases the maximum amount from \$92,400 to \$106,400 due to survey and assessment of an additional 102 trees above the original estimate. | | | | |
| | | Term of Contract: | 03/05/2024 - 06/30/2027 | Contract # 28804 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|--|-----------------------------|-------------|---|
| 13. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION | BURKE CONSTRUCTION GROUP, INC. | OTHER: AGENCY FUNDED CIP | \$7,962,173 | Professional Service |
| | Contract Description: | This is a new contract to provide Owner Construction Manager At-Risk services for the Southern Nevada Adult Mental Health Services - Forensics Facility Renovation, Building 3A CIP Project to include new furniture and repairs to patient units, anti-ligature upgrades, window repairs, camera installations, exterior yard renovations, and miscellaneous upgrades required to meet State licensure requirements for housing forensic patients: CIP Project No. 24-A009; SPWD Contract No.116900. | | | | |
| | Term of Contract: | Upon Approval - 12/31/2026 | Contract # 29518 | | | |
| 14. | 101 | DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM | AP PRODUCTIONS, LLC DBA THREE STICKS PRODUCTIONS | OTHER: LODGING TAX | \$180,000 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17898 which provides consulting, marketing, and education services. This service agreement provides ongoing video production services. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2025 | Contract # 29636 | | | |
| 15. | 111 | DEPARTMENT OF INDIGENT DEFENSE SERVICES - PUBLIC DEFENDER'S OFFICE | JANE EBERHARDY LAW L.L.C. | GENERAL 75% FEE: COUNTY 25% | \$309,600 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing indigent defense attorney services representation for White Pine County. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2025 | Contract # 29430 | | | |
| 16. | 130 | DEPARTMENT OF TAXATION | IMAGE ACCESS CORP | FEDERAL | (\$190,500) | |
| | Contract Description: | This is the third amendment to the original contract which provides document scanning solution services. This amendment decreases the maximum amount from \$1,115,000 to \$924,500 due to the reduction of licenses to align with department needs. | | | | |
| | Term of Contract: | 09/13/2022 - 10/30/2025 | Contract # 26682 | | | |
| 17. | 180 | OFFICE OF THE CHIEF INFORMATION OFFICER - APPLICATION SUPPORT | OPTIMIZELY NORTH AMERICA, INC. | FEDERAL | \$1,871,650 | |
| | Contract Description: | This is a new contract to provide the migration of state websites to a new content management system. | | | | |
| | Term of Contract: | Upon Approval - 10/15/2026 | Contract # 29737 | | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|--|---------------------------------------|-----------|---|
| 18. | 240 | DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT | BOMBARD MECHANICAL, LLC | OTHER: PRIVATE/COUNTY 35% FEDERAL 65% | \$80,000 | |
| | Contract Description: | This is the second amendment to the original contract which provides ongoing maintenance to heating, ventilation, air-conditioning, and refrigeration equipment maintenance, and plumbing and sewer services. This amendment increases the maximum amount from \$44,000 to \$124,000 due to repairs to the walk-in refrigerator and freezer units and water softener system. | | | | |
| | | Term of Contract: | 06/16/2023 - 06/30/2027 | Contract # 27820 | | |
| 19. | 240 | DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT | ROBERT FRANK NYCEK | OTHER: PRIVATE/COUNTY 35% FEDERAL 65% | \$117,960 | Sole Source |
| | Contract Description: | This is a new contract to provide ongoing chaplain services. | | | | |
| | | Term of Contract: | 08/01/2024 - 07/31/2028 | Contract # 29506 | | |
| 20. | 240 | DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME ACCOUNT | HEALTH DIMENSIONS CONSULTING, INC. | OTHER: PRIVATE/COUNTY 35% FEDERAL 65% | \$350,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides ongoing operations and management of the Northern Nevada State Veterans Home. This amendment increases the maximum amount from \$57,442,493 to \$57,792,493 due to ongoing license support and costs related to licensing in the State of Nevada through the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. | | | | |
| | | Term of Contract: | 07/09/2024 - 08/31/2028 | Contract # 29377 | | |
| 21. | 300 | DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO | FEDERAL | \$360,000 | Exempt |
| | Contract Description: | This is the first amendment to the original interlocal agreement which provides ongoing home visiting program services in Washoe County. This amendment increases the maximum amount from \$2,252,299 to \$2,612,299 to increase the number of children and families served. | | | | |
| | | Term of Contract: | 08/08/2023 - 12/30/2025 | Contract # 27744 | | |
| 22. | 300 | DEPARTMENT OF EDUCATION - COVID-19 FUNDING | NAVIGATE360, LLC | FEDERAL | \$169,312 | Sole Source |
| | Contract Description: | This is the second amendment to the original contract which provides system support services for an ongoing anonymous tip reporting system, SafeVoice, and the Handle with Care Program. This amendment increases the maximum amount from \$845,722.75 to \$1,015,035.25 due to the continued need for these services. | | | | |
| | | Term of Contract: | 01/01/2022 - 09/30/2025 | Contract # 25281 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|----------------|-----------|---|
| 23. | 300 | DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT | MANAGEMENT SERVICES FOR EDUCATION DATA, INC. | FEDERAL | \$67,700 | |
| | Contract Description: | This is the second amendment to the original contract which provides a migrant student information online database system. This amendment extends the termination date from December 31, 2024 to December 31, 2028 and increases the maximum amount from \$64,000 to \$131,700 due to the continued need for these services. | | | | |
| | Term of Contract: | 01/01/2021 - 12/31/2028 | Contract # 23761 | | | |
| 24. | 300 | DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT | WESTED | FEDERAL | \$452,632 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide school improvement coaching to leadership of 50 schools. | | | | |
| | Term of Contract: | Upon Approval - 10/31/2025 | Contract # 29702 | | | |
| 25. | 300 | DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT | WESTED | GENERAL | \$420,000 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide and implement a strategy including the Four Domains framework to enhance efficiency, effectiveness, and coherence of supports to designated schools. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2026 | Contract # 29705 | | | |
| 26. | 300 | DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS | FEDERAL | \$907,500 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide an assessment of the Pupil-Centered Funding Plan and its impact on at-risk and English learner pupils. | | | | |
| | Term of Contract: | Upon Approval - 02/28/2027 | Contract # 29485 | | | |
| 27. | 300 | DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO | FEDERAL | \$177,000 | Exempt |
| | Contract Description: | This is the first amendment to the original interlocal agreement which provides training to three districts and their participating schools focusing on strategies to stop school violence. This amendment increases the maximum amount from \$690,000 to \$867,000 and increases the number participating school districts from three to six districts. | | | | |
| | Term of Contract: | 03/14/2023 - 09/30/2025 | Contract # 27193 | | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|------------------|--------------|---|
| 28. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION | WELLSKY HUMAN & SOCIAL SERVICES CORPORATION | FEDERAL | \$912,493 | |
| | Contract Description: | This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-10147 which provides cloud services. This amendment increases the maximum amount from \$9,049,277.02 to \$9,961,770.02 to add integration and expungement services. | | | | |
| | | Term of Contract: | 01/01/2021 - 06/30/2025 | Contract # 23722 | | |
| 29. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO | FEDERAL | \$109,116 | Exempt |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17900 which provides consulting, marketing, and education services. This service agreement provides ongoing continuing education training for employees. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2027 | Contract # 29502 | | |
| 30. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES | PUBLIC HEALTH SUPPORTIVE SERVICES, LLC | FEDERAL | \$2,908,447 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17889 which provides consulting, marketing, and education services. This service agreement provides services to implement a standardized training curriculum, establish a recruitment pipeline, and provide professional development opportunities for the personal care attendant workforce. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2026 | Contract # 29611 | | |
| 31. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE | OTHER: REVENUE | \$49,874,500 | Exempt |
| | Contract Description: | This is a new revenue interlocal agreement to provide managed care directed capitated payments for services provided to Medicaid recipients enrolled in a Managed Care Organization. | | | | |
| | | Term of Contract: | 01/01/2025 - 12/31/2028 | Contract # 29397 | | |

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 - HEALTH CARE FINANCING AND POLICY ADMINISTRATION | MERCER HEALTH & BENEFITS, LLC | OTHER: HOSPITAL TAX 50% FEDERAL 50% | \$1,454,712 | |
| | 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 for a new children's behavioral health transformation project. | | | | |
| | | Term of Contract: | 10/02/2024 - 03/31/2026 | Contract # 29619 | | |
| 33. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION | MERCER HEALTH & BENEFITS, LLC | GENERAL 50% FEDERAL 50% | \$500,000 | |
| | Contract Description: | This is the sixth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$11,061,495 to \$11,561,495 due to additional analysis, capitation rate adjustments, and reports needed for supporting the Managed Care Organization rural expansion. | | | | |
| | | Term of Contract: | 01/01/2020 - 12/31/2025 | Contract # 22237 | | |
| 34. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION | SELLERS, DORSEY & ASSOCIATES, LLC | FEDERAL | \$388,900 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17894 which provides consulting, marketing, and education services. This service agreement provides project management, program evaluation, data analysis, and report development to expand the capacity of schools to bill Medicaid for school health services. This contract is contingent upon approval of IFC work program #C69861. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2025 | Contract # 29714 | | |

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 - MEDICAID | ALIGNMENT HEALTH PLAN OF NEVADA, INC. | OTHER: NO COST | \$0 | Exempt |
| | <p>Contract Description: This is the third amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment removes Carson City, Douglas County, Nye County, and Storey County as service areas.</p> <p>Term of Contract: 01/01/2023 - 12/31/2025 Contract # 25794</p> | | | | | |
| 36. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID | MOLINA HEALTHCARE OF NEVADA, INC. | OTHER: NO COST | \$0 | Exempt |
| | <p>Contract Description: This is the second amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment adds Carson City, Douglas County, Lyon County, Nye County, and Storey County as service areas.</p> <p>Term of Contract: 01/01/2023 - 12/31/2025 Contract # 25845</p> | | | | | |
| 37. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT | ALTARUM INSTITUTE | OTHER: LIQUOR TAX 0.1% FEDERAL 99.9% | \$253,942 | |
| | <p>Contract Description: This a new service agreement under statewide contract #99SWC-NV23-17893 which provides consulting, marketing, and education services. This service agreement provides consulting services for the development of a community needs assessment and strategic plan.</p> <p>Term of Contract: Upon Approval - 04/30/2027 Contract # 29484</p> | | | | | |
| 38. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT | NEVADA DEPARTMENT OF CORRECTIONS | FEDERAL | \$580,837 | Exempt |
| | <p>Contract Description: This is a new interlocal agreement to provide the Nevada Department of Corrections with funding to facilitate the creation and operation of a Medications for Opioid Use Disorder program for offenders with opioid use disorders.</p> <p>Term of Contract: 11/01/2024 - 09/29/2025 Contract # 29732</p> | | | | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|---|-------------|---|
| 39. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT | SOCIAL ENTREPRENEURS, INC. | FEDERAL | \$252,575 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides management, consultations, and assessments on the First Episode Psychosis programs. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2025 | Contract # 29414 | | |
| 40. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH - IMMUNIZATION PROGRAM | ESTIPONA GROUP | FEDERAL | \$2,000,000 | |
| | 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 advertisement campaigns for back-to-school vaccines, COVID-19 vaccines, respiratory disease season, and vaccine confidence. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2024 | Contract # 29616 | | |
| 41. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION | SIRIUS COMPUTER SOLUTIONS, LLC | GENERAL 35% FEDERAL 65% | \$388,776 | Exempt |
| | Contract Description: | This is new contract to provide replacement of cybersecurity defense hardware and data migration services. | | | | |
| | | Term of Contract: | Upon Approval - 06/07/2025 | Contract # 29394 | | |
| 42. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM | CLARK COUNTY - EIGHTH JUDICIAL DISTRICT COURT | OTHER: STATE SHARE OF COLLECTIONS 10% FEDERAL 90% | \$266,666 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide ongoing child support programs and facilitate non-custodial parents access for visitation of their children. | | | | |
| | | Term of Contract: | 10/01/2024 - 09/30/2028 | Contract # 29405 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|---|-------------|---|
| 43. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM | PROTECH SOLUTIONS INC | OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66% | \$2,974,714 | |
| | Contract Description: | This is the sixth amendment to the original contract which provides design, development, and implementation services for the Nevada Child Support Enforcement Automated System replacement project. This amendment extends the contract termination date from December 31, 2024 to April 30, 2025 and increases the maximum amount from \$68,000,000.00 to \$70,974,713.54 to account for change orders required to resolve Phase 1 certification findings and to request Phase 2 certification. | | | | |
| | | Term of Contract: | 05/01/2018 - 04/30/2025 | Contract # 19767 | | |
| 44. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM | WASHOE COUNTY - SECOND JUDICIAL DISTRICT COURT | OTHER: STATE SHARE OF COLLECTIONS 10% FEDERAL 90% | \$177,778 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide ongoing child support programs and facilitate non-custodial parents access for visitation of their children. | | | | |
| | | Term of Contract: | 10/01/2024 - 09/30/2028 | Contract # 29413 | | |
| 45. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES | SILVER STATE PEDIATRIC BEHAVIORAL SERVICES, LLC | GENERAL | \$0 | |
| | Contract Description: | This is a new contract to provide ongoing lease space at the campus located at West Charleston Boulevard in Las Vegas. | | | | |
| | | Term of Contract: | 10/02/2024 - 09/09/2028 | Contract # 29550 | | |
| 46. | 431 | OFFICE OF THE MILITARY | RENO-TAHOE AIRPORT AUTHORITY | GENERAL 25% FEDERAL 75% | \$785,300 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide ongoing use of airport runways and other facilities and services at the Reno-Tahoe Airport. | | | | |
| | | Term of Contract: | 07/01/2023 - 06/30/2033 | Contract # 29363 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|--|------------------|--------------|---|
| 47. | 440 | DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE | MOTOROLA SOLUTIONS, INC. | GENERAL | \$103,800 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV22-10441 which provides public safety communications products, services, and solutions. This service agreement provides maintenance services for mobile, portable, and two-way radio devices and associated hardware. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2026 | Contract # 28766 | | |
| 48. | 440 | DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE | SABOT TECHNOLOGIES, INC. | GENERAL | \$523,440 | |
| | Contract Description: | This is a new contract to provide ombudsperson services. | | | | |
| | | Term of Contract: | Upon Approval - 03/31/2026 | Contract # 29727 | | |
| 49. | 440 | DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT | GLOBAL TEL*LINK CORPORATION DBA VIAPATH TECHNOLOGIES | OTHER: REVENUE | \$10,000,000 | |
| | Contract Description: | This is a new revenue service agreement under statewide contract #99SWC-NV22-13385 which provides inmate communications services. This service agreement provides offenders with accessible communication services. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2025 | Contract # 28707 | | |
| 50. | 550 | STATE DEPARTMENT OF AGRICULTURE - VETERINARY MEDICAL SERVICES | UNITED STATES DEPARTMENT OF THE INTERIOR - BUREAU OF LAND MANAGEMENT | FEDERAL | \$300,000 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide processing of a right-of-way application, assessments, and surveys to complete a fencing project in the Virginia Range. | | | | |
| | | Term of Contract: | 09/01/2024 - 09/30/2025 | Contract # 29497 | | |
| 51. | 611 | GAMING CONTROL BOARD | INSIGHT PUBLIC SECTOR, INC. | GENERAL | \$125,000 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software licensing, maintenance, and related services. This service agreement provides a penetration test assessment, vulnerability testing, and a phishing campaign for cybersecurity improvements and compliance. | | | | |
| | | Term of Contract: | Upon Approval - 08/01/2027 | Contract # 29689 | | |
| 52. | 651 | DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION | PSYCHOLOGICAL CONSULTING ASSOCIATES, INC. | FEDERAL | \$158,750 | |
| | Contract Description: | This is a new contract to provide mental health and wellness services to employees. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2026 | Contract # 29730 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|-----------------------------|---|-----------|---|
| 53. | 654 | OFFICE OF THE MILITARY - DIVISION OF EMERGENCY MANAGEMENT | ESI ACQUISITION, INC. | FEDERAL | \$155,252 | Exempt |
| | Contract Description: | This is the first amendment to the original contract which provides ongoing annual user license agreement and software support. This amendment increases the maximum amount from \$90,684.30 to \$245,936.38 due to the addition of mapping and data sharing. | | | | |
| | Term of Contract: | 05/19/2022 - 06/30/2026 | Contract # 25507 | | | |
| 54. | 655 | DEPARTMENT OF PUBLIC SAFETY - RECORDS, COMMUNICATIONS AND COMPLIANCE | MOETIVATIONS INCORPORATED | OTHER: COST ALLOCATION | \$800,000 | |
| | Contract Description: | This is a new contract to provide emergency dispatching relief and assistance. This contract is contingent upon approval of IFC work program #C71594. | | | | |
| | Term of Contract: | Upon Approval - 05/31/2025 | Contract # 29747 | | | |
| 55. | 658 | DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY PLAN AND ADMINISTRATION | AGATE SOFTWARE, INC. | FEDERAL | \$174,100 | |
| | Contract Description: | This is the second amendment to the original contract which provides ongoing support, maintenance, and hosting of the grants management system. This amendment extends the termination date from October 31, 2024 to September 30, 2025 and increases the maximum amount from \$477,098.16 to \$651,198.16 to the continued need for these services. | | | | |
| | Term of Contract: | 10/01/2020 - 09/30/2025 | Contract # 23286 | | | |
| 56. | 702 | DEPARTMENT OF WILDLIFE - HABITAT ENHANCEMENTS-NON-EXEC | FISH CONTROL SOLUTIONS, LLC | OTHER: RUBY LAHONTAN CUTTHROAT TROUT HABITAT PROJECTS | \$103,000 | |
| | Contract Description: | This is a new contract to provide a preliminary project plan for the eradication of non-native salmonids and includes the coordination and execution of on-site implementation activities. | | | | |
| | Term of Contract: | 11/01/2024 - 12/31/2027 | Contract # 29590 | | | |
| 57. | 702 | DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION | KRNV, LLC | GENERAL 5% FEE: SPORTSMEN REVENUE 5% FEDERAL 90% | \$346,587 | |
| | Contract Description: | This is the first amendment to the original contract which provides wildlife photos, television, and digital media services. This amendment increases the maximum amount from \$500,000 to \$846,587 due to additional media campaigns to address Chronic Wasting Disease, boating safety and education, aquatic invasive species, and bear awareness. | | | | |
| | Term of Contract: | 07/13/2021 - 07/13/2025 | Contract # 24412 | | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|---|-------------|---|
| 58. | 702 | DEPARTMENT OF WILDLIFE - GAME MANAGEMENT | HELIWILD, LLC | FEDERAL | \$1,100,000 | |
| | Contract Description: | This is a new contract to provide ongoing aerial wildlife capture and transport services for big game animals in support of research projects. | | | | |
| | | Term of Contract: | Upon Approval - 11/30/2028 | Contract # 29718 | | |
| 59. | 702 | DEPARTMENT OF WILDLIFE - HABITAT | NEVADA DIVISION OF FORESTRY | FEE: HABITAT CONSERVATION, UPLAND GAME STAMP, DUCK STAMP 20% OTHER: HABITAT WILDLIFE TRUST FUND, WILDLIFE HERITAGE TRUST FUND 10% FEDERAL 70% | \$343,194 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide ongoing conservation projects of prescribed burning, fence building and repair, vegetation management, and purchase of native seed and nursery stock to preserve and maintain habitat. | | | | |
| | | Term of Contract: | Upon Approval - 08/31/2028 | Contract # 29437 | | |
| 60. | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION | PAC WEST HELICOPTERS, INC. | GENERAL | \$150,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides ongoing helicopter repair services. This amendment extends the termination date from March 8, 2025 to June 30, 2025 and increases the maximum amount from \$500,000 to \$650,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 03/09/2021 - 06/30/2025 | Contract # 23781 | | |
| 61. | 709 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION | STEARNS, CONRAD AND SCHMIDT, CONSULTING ENGINEERS, INC. | FEE: SOLID WASTE TIRE | \$299,300 | |
| | Contract Description: | This is a new contract to provide a waste characterization study in fire regions across two seasons to gain a better understanding of the composition of the states municipal solid waste system. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2026 | Contract # 29634 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|--|--|-------------|---|
| 62. | 742 | DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT | BRYCER, LLC | FEE: THIRD PARTY USER | \$2,383,476 | |
| | Contract Description: | This is a new contract to provide ongoing database software to track conveyance, boiler, and pressure vessel code compliance. This contract is contingent upon approval of IFC work program #C71135. | | | | |
| | | Term of Contract: | Upon Approval - 06/21/2028 | Contract # 27345 | | |
| 63. | 810 | DEPARTMENT OF MOTOR VEHICLES - VERIFICATION OF INSURANCE | DATAMATX INCORPORATED | HIGHWAY 5% FEE: REGISTRATION 95% | \$7,437,477 | |
| | Contract Description: | This is a new contract to provide first-class mail and certified letters utilizing electronic means to track and mail letters. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29617 | | |
| 64. | 810 | DEPARTMENT OF MOTOR VEHICLES - COMPLIANCE ENFORCEMENT | OPSEC SECURITY INC | HIGHWAY | \$2,500,000 | Sole Source |
| | Contract Description: | This is a new contract to provide for the issuance and tracking of temporary placards issued pursuant to Assembly Bill 532 section 1.6 of the 80th Legislative Session. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2028 | Contract # 29480 | | |
| 65. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM | FIRST CLASS VENDING, INC. DBA FIRST CLASS COFFEE SERVICE | OTHER: REVENUE | \$1,000,000 | |
| | Contract Description: | This is a new revenue contract to provide ongoing vending and micro market services for the blind and visually impaired operators located in southern Nevada. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2028 | Contract # 29635 | | |

CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|-------------------------------|--------------------------------------|-----------|---|
| 66. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM | MESA ENERGY SYSTEMS DBA EMCOR | OTHER: BUSINESS ENTERPRISE SET-ASIDE | \$275,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides ongoing heating, ventilation, and air conditioning maintenance, installation, and repair services at all Business Enterprise of Nevada locations at Hoover Dam. This amendment increases the maximum amount from \$95,000 to \$370,000 due to the replacement of additional air conditioning units. | | | | |
| | Term of Contract: | 08/10/2023 - 07/31/2027 | Contract # 28066 | | | |
| 67. | 908 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION | J & L | OTHER: COST ALLOCATION | \$171,930 | |
| | Contract Description: | This is a new contract to provide ongoing janitorial services for the Administrative Office located in Carson City. | | | | |
| | Term of Contract: | Upon Approval - 08/31/2028 | Contract # 29604 | | | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29544**

Agency Name: **GOVERNOR'S OFFICE**

Agency Code: **010**

Appropriation Unit: **3952-04**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Alejandro Ybarra

Contractor Name: **Alejandro Ybarra**

Address: **6387 Bold Regatta Court**

City/State/Zip: **Las Vegas, NV 89139-6262**

Contact/Phone: Alejandro Ybarra 702-903-0018

Vendor No.: T81023618

NV Business ID: NV20151158439

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | | |
|---------------|--------|----------|---------------|---------------------------------|
| General Funds | 0.00 % | X | Fees | 90.00 % Gate Fee |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X | Other funding | 10.00 % Ticket Surcharge |

Agency Reference #: RFP # 01GO-S2808 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Inspector Services**

5. Purpose of contract:

This is a new contract to provide ongoing unarmed combat inspector services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$114,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.

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

Weigh-in's and events occur during evening hours, weekends, and holidays. The number of Commission staff members do not meet the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff to cover these tasks.

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):

Ryan Simpson
Alejandro Ybarra
Aldo Galvan

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #01GO-S2808, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/07/2024 Anticipated re-bid date: 05/07/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mlynn | 07/25/2024 17:13:56 PM |
| Division Approval | nmann | 08/12/2024 16:13:55 PM |
| Department Approval | nmann | 08/12/2024 16:14:00 PM |
| Contract Manager Approval | ssands | 08/14/2024 09:13:18 AM |
| Budget Analyst Approval | rgiffor1 | 08/14/2024 09:39:12 AM |
| BOE Agenda Approval | klay0 | 08/16/2024 13:58:35 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: 28494 | Amendment Number: 2 |
| Agency Name: GOVERNOR'S FINANCE OFFICE | Legal Entity Name: Eide Bailly, LLP |
| Agency Code: 015 | Contractor Name: Eide Bailly, LLP |
| Appropriation Unit: 1325-09 | Address: 5441 Kietzke Lane, Suite 150 |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89511 |
| If "No" please explain: Not Applicable | 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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2024**
 Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2024**

Contract term: **1 year and 172 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

This is the second amendment to the original contract which provides front-end accounting support services for the Office of the Controller. This amendment extends the termination date from October 31, 2024 to June 30, 2025 and increases the maximum amount from \$1,250,000 to \$2,000,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | |
|--|----------------|----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$1,250,000.00 | \$1,250,000.00 | \$1,250,000.00 | Yes - Action |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | No |
| 2. Amount of current amendment (#2): | \$750,000.00 | \$750,000.00 | \$750,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$2,000,000.00 | | | |
| and/or the termination date of the original contract has changed to: | 06/30/2025 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

This agreement provides front-end accounting support functions for the Office of the Controller. This amendment extends the termination date from September 30, 2024 to June 30, 2025 and increases the maximum amount from \$1,250,000 to \$2,000,000 due to the continued requirement for vendor services in support of the engaged in this contract.

Engaging Eide Bailly has allowed the State Controller's Office to reduce ACFR preparation time from 18 months for the FY22 ACFR to approximately 9 months for the FY23 ACFR, with issuance by the auditor occurring shortly after preparation is completed. SCO's intention for the FY24 ACFR is to have it prepared and issued in 6 to 8 months, while still providing critical subject matter expertise to the CORE.NV project. Measurable progress has been made in total preparation time for the ACFR as well as critical human resource allocation to CORE.NV, and we anticipate this to continue through the fiscal year (FY2025).

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

The State Controller's Office has used the hours within the contract to help prepare sections of the Annual Comprehensive Financial Report (ACFR) due to limited availability of our ACFR team combined with the CORE.NV project requirements for those same subject matter experts to work on project. The State Controller's Office has been able to utilize vendor staff for complex preparation of ACFR footnotes, GASS 87 Leases, GASS 96 SBITA's, and other funds preparation normally handled by state staff.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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?

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

Eide Bailly has been working with various state agencies since 2010 and service is satisfactory.

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

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

Not Applicable

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

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 | 08/28/2024 14:59:15 PM |
| Division Approval | nmann | 08/28/2024 16:04:45 PM |
| Department Approval | nmann | 08/28/2024 16:06:19 PM |
| Contract Manager Approval | ssands | 08/28/2024 16:10:36 PM |
| Budget Analyst Approval | djohns37 | 09/12/2024 09:22:03 AM |
| BOE Agenda Approval | dlenzner | 09/12/2024 09:25:10 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: **29729**

| | |
|---|--|
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: ADAMS NATURAL RESOURCES CONSULTING SERVICES, LLC |
| Agency Code: 030 | Contractor Name: ADAMS NATURAL RESOURCES CONSULTING SERVICES, LLC |
| Appropriation Unit: 1031-12 | Address: 1238 BUZZYS RANCH RD |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89701-8638 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/882-4201 |
| | Vendor No.: T27037984 |
| | NV Business ID: NV20151430090 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **Yes**

If "Yes", please explain

We are requesting this contract to be retroactive to October 1, 2024, due to the September BOE meeting being cancelled.

3. Termination Date: **09/30/2026**

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

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide ongoing legal and consulting services in regard to the proposed Yucca Mountain nuclear waste repository.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$360,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Efforts to block the proposed Yucca Mountain repository.

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 field.

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

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

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

Not Applicable

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

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

[Empty box]

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has current contract (CETS #266630) with the Office of the Attorney General. The vendor is performing satisfactory on their current contracts with the Office of the Attorney General and would like to continue working with this vendor as their outside counsel.

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

No If "Yes", please provide details of the litigation 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:

LESLIE NINO PIRO, Senior Deputy Attorney General Ph: 702-486-3077

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jhoba2 | 08/28/2024 11:59:01 AM |
| Division Approval | jhoba2 | 08/28/2024 11:59:05 AM |
| Department Approval | jhoba2 | 08/28/2024 11:59:09 AM |
| Contract Manager Approval | tlyon1 | 08/28/2024 13:43:03 PM |
| Budget Analyst Approval | vmilazz1 | 09/05/2024 16:55:40 PM |
| BOE Agenda Approval | vmilazz1 | 09/05/2024 16:55:43 PM |
| BOE Final Approval | Pending | |

AARON D. FORD
Attorney General

CRAIG A. NEWBY
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: Budd Milazzo
Governor's Finance Office

From: Tanya Lyons
Office of the Attorney General

Date: August 28, 2024

Subject: Retroactive Approval for Contract #29729 Adams Natural Resources

We are requesting this contract to be retroactive to October 1, 2024, due to the September BOE meeting being cancelled.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29606**

| | |
|---|--|
| Agency Name: TREASURER - TREASURER'S OFFICE Agency Code: 050 Appropriation Unit: 1080-04 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: Buckhead Capital Management, LLC Contractor Name: Buckhead Capital Management, LLC Address: 3100 Cumberland Blvd Suite 1450 City/State/Zip: Atlanta, GA 30339 Contact/Phone: Matt Boden 404-729-8800 Vendor No.: T29045782 NV Business ID: NV20201766980 |
|---|--|

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Local Government Investment Pooled Earnings and Contributions |

Agency Reference #: 05TO-S2659 TB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**
 Contract term: **3 years and 364 days**

4. Type of contract: **Contract**
 Contract description: **Investment Manager**

5. Purpose of contract:

This is a new contract to provide ongoing institutional investment management services for the State General Fund, Local Government Pooled Long-Term Investment Account, and Nevada Higher Education Pre-Paid Tuition trust fund.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$3,912,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

 The State requires the services of an outside investment manager to manage the daily priorities with the state investment portfolios in accordance with NRS 355.
 The vendor is paid from contributions and earnings on the pooled funds.

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

 State employees do not have the expertise in longer-term securitized assets which assists in increasing yield to the State General Portfolio, Local Government Pooled Long-Term Investment Account, and Nevada Higher Education Pre-Paid Tuition investment accounts.

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):

PFAM Investment
Meeder Public Funds
Buckhead Capital Management

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S2659, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/25/2024 Anticipated re-bid date: 01/25/2028

- 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?
Yes

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | Ihoove1 | 08/06/2024 15:35:48 PM |
| Division Approval | Ihoove1 | 08/06/2024 15:35:53 PM |
| Department Approval | Ihoove1 | 08/06/2024 15:35:56 PM |
| Contract Manager Approval | Ihoove1 | 08/06/2024 15:36:00 PM |
| Budget Analyst Approval | stillley | 08/20/2024 08:46:51 AM |
| BOE Agenda Approval | stillley | 08/20/2024 08:46:53 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29620**

| | |
|--|---|
| Agency Name: TREASURER - TREASURER'S OFFICE | Legal Entity Name: Meeder Public Funds, Inc. |
| Agency Code: 050 | Contractor Name: Meeder Public Funds, Inc. |
| Appropriation Unit: 1080-04 | Address: 6125 Memorial Drive |
| Is budget authority available?: Yes | City/State/Zip: Dublin, OH 43017 |
| If "No" please explain: Not Applicable | Contact/Phone: Jason Headings 614-766-7000 |
| | Vendor No.: Pending |
| | NV Business ID: NV20222613793 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Local Government Investment Pooled Earnings |

Agency Reference #: **05TO-S2659**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**
Contract term: **3 years and 364 days**

4. Type of contract: **Contract**
Contract description: **Investment Manager**

5. Purpose of contract:
This is a new contract to provide ongoing institutional investment management services for the Local Government Investment Pool and Local Government Pooled Long-Term Investment Account.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$1,800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
**The State requires the services of an outside investment manager to manage the daily priorities with the state investment portfolios in accordance with NRS 355.
The vendor is paid from the earnings on the pooled investments.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The State employees do not have the expertise to manage the variety of securities to assist the portfolio to increase yield to the Local Government Investment Pool and Local Government Pooled Long-term Investment participants.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S2659, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/25/2024 Anticipated re-bid date: 01/25/2028

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:

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 | Ihoove1 | 08/06/2024 15:32:17 PM |
| Division Approval | Ihoove1 | 08/06/2024 15:32:20 PM |
| Department Approval | Ihoove1 | 08/06/2024 15:32:25 PM |
| Contract Manager Approval | Ihoove1 | 08/06/2024 15:37:29 PM |
| Budget Analyst Approval | stilley | 08/20/2024 08:44:13 AM |
| BOE Agenda Approval | stilley | 08/20/2024 08:44:17 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29598**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: Coons Construction, LLC |
| Agency Code: 082 | Contractor Name: Coons Construction, LLC |
| Appropriation Unit: 1349-12 | Address: 13 Affonso Drive, Suite B |
| Is budget authority available?: Yes | City/State/Zip: Carson City, NV 89701 |
| If "No" please explain: Not Applicable | Contact/Phone: Anna Coons 775-246-1660 |
| | Vendor No.: T27031342 |
| | NV Business ID: NV20091032286 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2029 |
| What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. | |
| General Funds 0.00 % | Fees 0.00 % |
| Federal Funds 0.00 % | Bonds 0.00 % |
| Highway Funds 0.00 % | X Other funding 100.00 % Buildings and Grounds Rental Income |
| Agency Reference #: 08DOA-S2863 JS | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**
 Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Snow Removal**

5. Purpose of contract:

This is a new contract to provide ongoing snow removal for properties located in Carson City.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

This requires specialized equipment

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

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

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

**Silver Summit Landscaping
Coons Construction
United Lawn and Landscaping**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2863, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/27/2024 Anticipated re-bid date: 06/27/2028

- 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?

Yes If "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 2012, Buildings and Grounds, service is satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | slon5 | 08/02/2024 16:45:10 PM |
| Division Approval | nmann | 08/05/2024 17:29:18 PM |
| Department Approval | nmann | 08/05/2024 17:29:23 PM |
| Contract Manager Approval | ssands | 08/13/2024 14:08:36 PM |
| Budget Analyst Approval | klay0 | 08/13/2024 14:12:33 PM |
| BOE Agenda Approval | klay0 | 08/13/2024 15:13:34 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29600**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: United Lawn and Landscaping, LLC |
| Agency Code: 082 | Contractor Name: United Lawn and Landscaping, LLC |
| Appropriation Unit: 1349-12 | Address: PO BOX 3389 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89702 |
| If "No" please explain: Not Applicable | Contact/Phone: Dixie Thomsen 775-229-0239 |
| | Vendor No.: T32014625 |
| | NV Business ID: NV20181089744 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

Agency Reference #: **RFP# 08DOA-S2812 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Landscaping**

5. Purpose of contract:

This is a new contract to provide landscape maintenance 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: **\$233,348.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Lawn maintenance needs to be done to maintain the building.

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

This job requires specialized training and equipment.

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

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

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

**Healthy Trees
Garden Shop Nursery Landscaping
United Lawn and Landscaping**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP # 08DOA-S2812, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/24/2024 Anticipated re-bid date: 06/24/2028

- 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?

Yes If "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 2019, with B&G, service is satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | slon5 | 08/02/2024 16:47:32 PM |
| Division Approval | nmann | 08/05/2024 17:55:20 PM |
| Department Approval | nmann | 08/05/2024 17:55:26 PM |
| Contract Manager Approval | ssands | 08/06/2024 07:18:53 AM |
| Budget Analyst Approval | klay0 | 08/19/2024 11:48:26 AM |
| BOE Agenda Approval | klay0 | 08/19/2024 11:48:30 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29667**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: XCEL MAINTENANCE SERVICES, INC. |
| Agency Code: 082 | Contractor Name: XCEL MAINTENANCE SERVICES, INC. |
| Appropriation Unit: 1349-12 | Address: 7260 W. Azure Drive # 140 PMB 108 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89130-7999 |
| If "No" please explain: Not Applicable | Contact/Phone: Kathia Winchell 702-341-9235 |
| | Vendor No.: T81103343 |
| | NV Business ID: NV20021426879 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

Agency Reference #: **08DOA-S2842 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide janitorial services for the Nevada, Washoe, Elko, Esmeralda, White Pine, Eureka, Mineral, Storey, Pershing, Humboldt, Douglas, Lyon, Lander, and Churchill buildings at the McCarran Center in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,553,816.00**

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?

Janitorial services are needed to provide a sanitary, and healthy environments as well as maintain the integrity of properties.

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

Lack of manpower

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2842, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/24/2024 Anticipated re-bid date: 05/01/2028

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:

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 | 08/20/2024 10:01:12 AM |
| Division Approval | jkidd | 09/06/2024 10:28:01 AM |
| Department Approval | jkidd | 09/06/2024 10:28:09 AM |
| Contract Manager Approval | ssands | 09/06/2024 10:31:15 AM |
| Budget Analyst Approval | klay0 | 09/06/2024 15:22:48 PM |
| BOE Agenda Approval | klay0 | 09/06/2024 15:22:52 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29726**

| | |
|--|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1558-20 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: IN2IT ARCHITECTURE Contractor Name: IN2IT ARCHITECTURE Address: 5135 S. DURANGO DR. #103 City/State/Zip: LAS VEGAS, NV 89113 Contact/Phone: 702-852-2252 Vendor No.: T29045148 NV Business ID: NV20131112567 |
|--|--|

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

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

Agency Reference #: 117073

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 272 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 Health and Human Services - Advance Planning: Southern Nevada Forensic Facility CIP Project to include a design phase with meetings, mechanical and electrical engineering, and construction administration with bid review and submission for the construction, build, and replacement of the existing buildings 1300, 1304, and 1391 at the Desert Regional Center: CIP Project No. 23-P06(a); SPWD Contract No. 117073.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$967,500.00**

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?

Yes. SPWD, and currently with satisfactory results.

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 | 08/28/2024 09:37:56 AM |
| Division Approval | nmann | 08/28/2024 09:38:04 AM |
| Department Approval | nmann | 08/28/2024 09:38:11 AM |
| Contract Manager Approval | lwildes | 08/28/2024 09:49:55 AM |
| Budget Analyst Approval | klay0 | 09/06/2024 11:48:15 AM |
| BOE Agenda Approval | klay0 | 09/06/2024 11:48:19 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: **29557**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: GRANITE CONSTRUCTION COMPANY |
| Agency Code: 082 | Contractor Name: GRANITE CONSTRUCTION COMPANY |
| Appropriation Unit: 1590-11 | Address: 1900 GLENDALE AVE. |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431-5507 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-358-8792 |
| | Vendor No.: PUR0000169 |
| | NV Business ID: NV19631001612 |

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

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

| | | | |
|------------------------|----------------|----------------|----------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 72.00 % | X Bonds | 28.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116514

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **302 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 Marlette Lake Dam Rehabilitation CIP project for the design and construction of structural and functional upgrades including an assessment of existing conditions, a seismic evaluation, upgrades to protect against seismic events, spillway upgrades, and replacement of discharge piping and outlet valves: CIP Project No. 19-C08; SPWD Contract No.116514.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$282,427.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 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:

Jason Crosby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 08/05/2024 10:50:43 AM |
| Division Approval | nmann | 08/05/2024 10:50:51 AM |
| Department Approval | nmann | 08/05/2024 10:50:56 AM |
| Contract Manager Approval | lwildes | 08/05/2024 13:09:54 PM |
| Budget Analyst Approval | klay0 | 08/19/2024 16:27:52 PM |
| BOE Agenda Approval | klay0 | 08/19/2024 16:27:55 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: **29623**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: LGA ARCHITECTURE DBA LGA |
| Agency Code: 082 | Contractor Name: LGA ARCHITECTURE DBA LGA |
| Appropriation Unit: 1592-39 | Address: 1126 S. 3RD STREET, SUITE 110 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89104 |
| If "No" please explain: Not Applicable | Contact/Phone: 702-263-7111 |
| | Vendor No.: T27041309 |
| | NV Business ID: NV19861005290 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116939

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 272 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 Boulder City Railroad Museum - Visitor's Center CIP Project to include construction administration services through the completion of the project for the construction of a 9,700 square-foot visitor center, orientation plaza, train loading platforms, and parking: CIP Project No. 23-C20; SPWD Contract No. 116939.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$413,600.00**

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 | 08/26/2024 13:45:06 PM |
| Division Approval | nmann | 08/26/2024 13:45:11 PM |
| Department Approval | nmann | 08/26/2024 13:45:16 PM |
| Contract Manager Approval | lwildes | 08/27/2024 10:25:29 AM |
| Budget Analyst Approval | klay0 | 09/06/2024 09:08:01 AM |
| BOE Agenda Approval | klay0 | 09/06/2024 09:08:06 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 28804 | Amendment Number: 1 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: WOOD RODGERS, INC. |
| Agency Code: 082 | Contractor Name: WOOD RODGERS, INC. |
| Appropriation Unit: 1594-23 | Address: 3301 C ST., BLDNG 100-B |
| Is budget authority available?: Yes | City/State/Zip: SACRAMENTO, CA 95816 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-823-4068 |
| | Vendor No.: T29006428 |
| | NV Business ID: NV20031304987 |

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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116247

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2024**
Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 116 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 State Capitol - Exterior Renovation Tree Survey & Assessment CIP Project: CIP Project No. 21-M46(d); SPWD Contract No. 116247. This amendment increases the maximum amount from \$92,400 to \$106,400 due to survey and assessment of an additional 102 trees above the original estimate.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$92,400.00 | \$92,400.00 | \$92,400.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$14,000.00 | \$14,000.00 | \$106,400.00 | Yes - Action |
| 3. New maximum contract amount: | \$106,400.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 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:

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 | 08/28/2024 10:34:48 AM |
| Division Approval | nmann | 08/28/2024 10:35:55 AM |
| Department Approval | nmann | 08/28/2024 10:38:18 AM |
| Contract Manager Approval | lwildes | 08/28/2024 11:17:05 AM |
| Budget Analyst Approval | klay0 | 09/06/2024 09:21:33 AM |
| BOE Agenda Approval | klay0 | 09/06/2024 09:21:38 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29518**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **All Appropriations**

Is budget authority available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 66, ARPA - 3A Forensic Renovation.

Legal Entity Name: **BURKE CONSTRUCTION GROUP, INC.**

Contractor Name: **BURKE CONSTRUCTION GROUP, INC.**

Address: **385 PILOT RD., STE D**

City/State/Zip: **LAS VEGAS, NV 89119-3526**

Contact/Phone: **702-367-1040**

Vendor No.: **T32007101**

NV Business ID: **NV19841005880**

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

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

Agency Reference #: **116900**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **2 years and 121 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 Southern Nevada Adult Mental Health Services - Forensics Facility Renovation, Building 3A CIP Project to include new furniture and repairs to patient units, anti-ligature upgrades, window repairs, camera installations, exterior yard renovations, and miscellaneous upgrades required to meet State licensure requirements for housing forensic patients: CIP Project No. 24-A009; SPWD Contract No.116900.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,962,173.00**

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 - SNAMHS - 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:

Scott Carter, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 08/05/2024 09:39:40 AM |
| Division Approval | nmann | 08/05/2024 09:39:45 AM |
| Department Approval | nmann | 08/05/2024 09:39:52 AM |
| Contract Manager Approval | lwildes | 08/05/2024 13:15:59 PM |
| Budget Analyst Approval | klay0 | 08/19/2024 15:42:50 PM |
| BOE Agenda Approval | klay0 | 08/19/2024 15:42:55 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: **29636**

| | |
|--|--|
| Agency Name: DTCA - DIVISION OF TOURISM | Legal Entity Name: AP PRODUCTIONS, LLC |
| Agency Code: 101 | Contractor Name: AP PRODUCTIONS, LLC DBA THREE STICKS PRODUCTIONS |
| Appropriation Unit: 1522-31 | Address: 2036 Whitecliff Dr |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89521 |
| If "No" please explain: Not Applicable | Contact/Phone: ALPHONSE POLITO 775-848-0051 |
| | Vendor No.: T32016477 |
| | NV Business ID: NV20171651964 |

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

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

| | | | |
|---------------|--------|------------------------|-----------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % LODGING TAX |

Agency Reference #: **99SWC-NV23-17898**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **Photo/Video**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17898 which provides consulting, marketing, and education services. This service agreement provides ongoing video production services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Tourism is looking to contract with a vendor to help the agency keep up with the demands of video production required to fulfill its marketing needs. Division of Tourism does not have any video production capabilities internally or with the agency of record, who would have to subcontract these services out. So contracting with a vendor directly will help reduce overall costs to the agency.

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

The Division of Tourism staff does not possess the professional expertise needed to compete 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?

Pursuant to RFQ #99SWC-S2340, this vendor was selected because the agency was familiar with their work, which is satisfactory.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | amathies | 08/08/2024 10:21:37 AM |
| Division Approval | amathies | 08/08/2024 10:21:40 AM |
| Department Approval | amathies | 08/08/2024 10:21:42 AM |
| Contract Manager Approval | amathies | 08/08/2024 10:21:44 AM |
| Budget Analyst Approval | mbro28 | 09/04/2024 14:35:37 PM |
| BOE Agenda Approval | stilley | 09/11/2024 16:16:51 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: **29430**

Agency Name: **INDIGENT DEFENSE**

Agency Code: **111**

Appropriation Unit: **1499-04**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **JANE EBERHARDY LAW L.L.C.**
Contractor Name: **JANE EBERHARDY LAW L.L.C.**
Address: **705 AVENUE K STE B**
City/State/Zip: **ELY, NV 89301**
Contact/Phone: **Jane Eberhardy 775-717-9167**
Vendor No.: **T29041846**
NV Business ID: **NV20131702146**

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

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

| | | | | |
|------------------------|----------------|---------------|----------------|---------------|
| X General Funds | 75.00 % | X Fees | 25.00 % | County |
| Federal Funds | 0.00 % | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | Other funding | 0.00 % | |

2. Contract start date:

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

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **333 days**

4. Type of contract: **Contract**

Contract description: **Indigent Defense**

5. Purpose of contract:

This is a new contract to provide ongoing indigent defense attorney services representation for White Pine County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$309,600.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

White Pine County has transferred the responsibility for indigent defense services to the Nevada State Public Defender. Under NRS 180.050, the NSPD may enter a contract with a licensed attorney to provide such services for any reason.

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

The NSPD has insufficient staff to cover the required duties and has been unable to fill the positions.

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcarlo4 | 06/26/2024 12:32:33 PM |
| Division Approval | jkidd | 06/26/2024 13:19:30 PM |
| Department Approval | jkidd | 06/26/2024 13:19:34 PM |
| Contract Manager Approval | ssands | 08/07/2024 10:25:34 AM |
| Budget Analyst Approval | vmilazz1 | 09/05/2024 17:22:45 PM |
| BOE Agenda Approval | vmilazz1 | 09/05/2024 17:22:48 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: 26682 | Amendment Number: 3 | |
| Agency Name: DEPARTMENT OF TAXATION | Legal Entity Name: IMAGE ACCESS CORP | |
| Agency Code: 130 | Contractor Name: IMAGE ACCESS CORP | |
| Appropriation Unit: 2361-13 | Address: 22 PARIS AVE STE 210 | |
| Is budget authority available?: Yes | City/State/Zip: ROCKLEIGH, NJ 07647-2600 | |
| If "No" please explain: Not Applicable | Contact/Phone: Cory J. Watson 201/342-7878 | |
| | Vendor No.: PUR0005478A | |
| | NV Business ID: NV20151699236 | |

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2022**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/30/2025**

Contract term: **3 years and 48 days**

4. Type of contract: **Contract**

Contract description: **Document Imaging**

5. Purpose of contract:

This is the third amendment to the original contract which provides document scanning solution services. This amendment decreases the maximum amount from \$1,115,000 to \$924,500 due to the reduction of licenses to align with department needs.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | |
|---|---------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$551,500.00 | \$551,500.00 | \$551,500.00 | Yes - Action |
| a. Amendment 1: | \$530,000.00 | \$530,000.00 | \$530,000.00 | Yes - Action |
| b. Amendment 2: | \$33,500.00 | \$33,500.00 | \$33,500.00 | Yes - Info |
| 2. Amount of current amendment (#3): | -\$190,500.00 | -\$190,500.00 | -\$157,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$924,500.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Currently, the documents are batched and scanned at the end of each process to store electronically. Taxation is seeking a contract that will provide workflow, scanning, storage, retrieval, conversion, and maintenance services for software and equipment to all areas within Taxation.

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

State employees and agencies do not have the specialized skills and training required to create a document imaging solution.

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 #13DAT-S2031, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

NV DMV 2015 - Current
NV DETR 2012 - Current
NV Taxation 2012 - Current

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

No If "Yes", please provide details of the litigation 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 | bvale1 | 08/28/2024 22:20:52 PM |
| Division Approval | bvale1 | 08/28/2024 22:25:05 PM |
| Department Approval | bvale1 | 08/28/2024 22:27:37 PM |

| | | |
|---------------------------|--------|------------------------|
| Contract Manager Approval | bvale1 | 08/29/2024 15:53:01 PM |
| EITS Approval | ljean | 08/30/2024 08:09:17 AM |
| Budget Analyst Approval | khal5 | 09/04/2024 13:53:21 PM |
| BOE Agenda Approval | klay0 | 09/05/2024 15:00:49 PM |



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

MEMORANDUM

TO: Shellie Hughes, Director, TAX
Adriane Roberts-Larson, Deputy Executive Director, TAX
Joe Bernardy, Deputy Executive Director, Information Technology, TAX
Joy Grimmer, Administrative Services Officer IV, TAX

CC: Tim Galluzi, 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 – TAX – TIN 142 – *UTS Modernization-Project MYNT* – BA 2361

DATE: April 28, 2022

We have completed our review for the Department of Taxations' (TAX) – *UTS Modernization-Project MYNT* – TIN 142.

The submitted TIN, for an estimated value of \$2,943,463.00 in the FY22/FY23 biennium and \$42,014,559.78 in the FY24/FY25 biennium (100% General Fund), is to replace TAX's Unified Tax System (UTS) with a COTS solution.

The UTS that is currently in use consists of TAS (Tax Administrative System), Online Tax, Stream-lined Sales Tax, Revenue Premier, Silverflume Portal Web Services, the Marijuana Portal, and KOVIS (a document imaging solution). TAS was built using legacy software and programming languages that are approaching obsolescence.

An RFP will be released to assess potential solutions for Project MYNT (Modernize Your Nevada Tax). The project will have five major phases: needs assessment, develop RFP and vendor selection, detailed

requirement analysis, phases of implementation, and training & maintenance, and is expected to span five years.

The solution will include a change or addition to the current server environment and EITS supported Server Hosting is expected to increase. Solution VM servers will reside at the EITS Data Center. TAX should coordinate with the EITS Compute team to ensure the selected solution is compatible with the EITS environment. 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 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: **29737**

| | |
|--|--|
| Agency Name: ADMIN - ENTERPRISE IT SERVICES | Legal Entity Name: Optimizely North America, Inc. |
| Agency Code: 180 | Contractor Name: Optimizely North America, Inc. |
| Appropriation Unit: 1365-15 | Address: 119 5th Ave. 7th Floor |
| Is budget authority available?: Yes | City/State/Zip: New York, NY 10003 |
| If "No" please explain: Not Applicable | Contact/Phone: Jen Johnson 972-216-0412 |
| | Vendor No.: T29049424 |
| | NV Business ID: NV20111108575 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2027 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **08DOA-S2839 JS**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/15/2026**

Contract term: **2 years and 14 days**

4. Type of contract: **Contract**

Contract description: **Content Management**

5. Purpose of contract:

This is a new contract to provide the migration of state websites to a new content management system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,871,650.00**

Other basis for payment: **Payments as invoiced by Contractor and accepted by the State.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Our current CMS enterprise offering is past end-of-life and in desperate need of modernization. This project will fulfil this goal and offer the State a contemporary platform on which to serve our constituents and satisfy internal requirements.

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

The state does not have qualified resources to perform these duties,

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):

**Tyler Technologies
Allied Digital Services LLC
Oxcyon Inc**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2839, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/24/2024 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 | mlynn | 08/29/2024 10:05:57 AM |
| Division Approval | ddodge | 08/29/2024 10:58:35 AM |
| Department Approval | ddodge | 08/29/2024 10:58:39 AM |
| Contract Manager Approval | thudder | 08/29/2024 11:02:49 AM |
| EITS Approval | ljean | 08/29/2024 11:49:52 AM |
| Budget Analyst Approval | mranki1 | 09/03/2024 10:15:37 AM |
| BOE Agenda Approval | mranki1 | 09/03/2024 10:15:39 AM |
| BOE Final Approval | Pending | |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David ‘Ax’ Axtell
Deputy CIO – CTO

Robert “Bob” Dehnhardt
Deputy CIO - CISO

STATE OF NEVADA
GOVERNOR’S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Joseph Diarte, IT Manager II, OCIO
Tiffany Morelli, Chief Financial Officer, OCIO

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Sean Montierth, Computing Services Unit, OCIO
Darla Dodge, Deputy CIO - Chief Operating Officer, OCIO
Michael D. Smith, Support Services Unit, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – OCIO – TIN 1032 – *Content Management System (CMS) – BA 1365*

DATE: August 28, 2024

We have completed our review for the State of Nevada Governor’s Office, Office of the Chief Information Officer (OCIO) – *Content Management System (CMS) –TIN 1032.*

The submitted TIN, for an estimated value of \$2,500,000.00 in the FY24/FY25 biennium (100% ARPA funding), is to support an RFP for a web-based Content Management System (CMS). This TIN will be updated to reflect technical details when a vendor is selected.

The current Ektron CMS platform is hosted on OCIO infrastructure which does not have the required

capabilities to enable non-technical users to seamlessly manage content and customer interactions on their websites or to prioritize cross platform accessibility consistent with current standards.

The selected vendor must offer a solution that meets the requirements of the RFP, including the following primary objectives:

- Seamlessly (with no access interruption for the public) migrate existing content from EpiServer Ektron Sites to an externally hosted PaaS.
- CMS must be hosted in a secure environment that meets the requirements of the State of Nevada Information Security policies.
- The websites displayed as a result of the CMS should be designed to meet the needs of a diverse internal and external audience, including individuals with disabilities and those who speak and/or read languages other than English.
- The CMS displayed websites should be compatible with search engine functionalities.
- The CMS displayed websites should be optimized for semantic search. The CMS displayed websites should have responsive design, providing a seamless and attractive user experience across all devices (mobile, desktop, and tablet).
- The CMS hosting services should be secure, reliable, and scalable to accommodate substantive future growth and changing needs.
- The CMS displayed websites should be easy to manage and update by agency content managers with varying skill sets and abilities, with a content management system that is intuitive and efficient.

The above requirements are only a partial list. See the RFP for details.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27820** Amendment Number: **2**

Agency Name: **DEPARTMENT OF VETERANS SERVICES** Legal Entity Name: **BOMBARD MECHANICAL, LLC**

Agency Code: **240** Contractor Name: **BOMBARD MECHANICAL, LLC**

Appropriation Unit: **2561-07** Address: **3933 W ALI BABA LN**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118**

If "No" please explain: **Not Applicable** Contact/Phone: **Don Iannucci 702/940-4822**

Vendor No.: **T27027680**

NV Business ID: **NV20021056016**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2023**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **4 years and 15 days**

4. Type of contract: **Contract**

Contract description: **Kitchen Maintenance**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance to heating, ventilation, air-conditioning, and refrigeration equipment maintenance, and plumbing and sewer services. This amendment increases the maximum amount from \$44,000 to \$124,000 due to repairs to the walk-in refrigerator and freezer units and water softener system.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$32,000.00 | \$32,000.00 | \$32,000.00 | Yes - Info |
| a. Amendment 1: | \$12,000.00 | \$12,000.00 | \$44,000.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$80,000.00 | \$80,000.00 | \$124,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$124,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Equipment at the Southern Home must be maintained and in good working order at all times. These services are critical to maintain proper environmental conditions and to stay in compliance with regulatory authorities.

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

This is specialized work performed by licensed professionals. There are no State employees with the certification or tools to perform this work.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Best price and satisfactory past performance.

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 contractor has performed services for the Nevada Department of Veterans Services and the services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jtheil1 | 08/07/2024 15:18:56 PM |
| Division Approval | jtheil1 | 08/07/2024 15:19:04 PM |
| Department Approval | jtheil1 | 08/07/2024 15:19:13 PM |
| Contract Manager Approval | jclodfel | 08/09/2024 14:23:02 PM |
| Budget Analyst Approval | vmilazz1 | 09/05/2024 17:38:06 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: **29506**

| | |
|---|--|
| Agency Name: DEPARTMENT OF VETERANS SERVICES | Legal Entity Name: ROBERT FRANK NYCEK |
| Agency Code: 240 | Contractor Name: ROBERT FRANK NYCEK |
| Appropriation Unit: 2561-04 | Address: 1309 MARITA DR |
| Is budget authority available?: Yes | City/State/Zip: BOULDER CITY, NV 89005-3309 |
| If "No" please explain: Not Applicable | Contact/Phone: 702/294-1428 |
| | Vendor No.: T27030756 |
| | NV Business ID: NV20201855017 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **Yes**

If "Yes", please explain

Retroactive start date is required to ensure there is no gap in providing critical religious and spiritual services to the Veterans who reside in the Southern Nevada State Veterans Home. Chaplain had difficulties navigating the silverflume website, and process that resulted in delays to proceed forward with this contract.

3. Termination Date: **07/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Chaplain Services**

5. Purpose of contract:

This is a new contract to provide ongoing chaplain services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$117,960.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Chaplain position provides non-denominational religious, and spiritual counseling for residents.

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

There are no State employees available who can 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 240606

Approval Date: 06/04/2024

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

His knowledge and experience with veterans issue and his familiarity with the Nevada State Veterans Home, residents, and staff.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jtheil1 | 07/19/2024 09:58:20 AM |
| Division Approval | jtheil1 | 07/19/2024 09:58:25 AM |
| Department Approval | jtheil1 | 07/19/2024 09:58:31 AM |
| Contract Manager Approval | jclodfel | 07/19/2024 10:22:25 AM |
| Budget Analyst Approval | spowel3 | 07/22/2024 17:27:44 PM |
| BOE Agenda Approval | vmilazz1 | 07/26/2024 11:29:11 AM |
| BOE Final Approval | Pending | |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

| | |
|-----------------------------|---------|
| Purchasing Use Only: | |
| Approval#: | 240606@ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

| | | | |
|-----------|--|--|-----------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | Nevada Department of Veterans Services | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | <i>Joseph Theile, Executive Officer/CFO</i> | 775-825-9752 | therilej@veterans.nv.gov |
| | <i>Jacob Clodfelter, Management Analyst II</i> | 775-825-9745 | Clodfelterj@veterans.nv.gov |

| | | |
|----------------|---|---|
| 1b | Vendor Information: | |
| | Vendor Name: | T27030756 |
| | Contact Name: | Robert F. Nycek |
| | Complete Address: City, State, and Zip Code | 1309 Marita Dr. Boulder City, NV 89005-3309 |
| | Telephone Number: | 702-423-1748 |
| Email Address: | rnycek@yahoo.com | |

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

| | | | | |
|-----------|--|------|---|-----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? Check One: | Yes: | X | No: |
| | If 'No' Enter Amendment Number: | # | | |
| | Enter CETS Number: | # | | |

| | | | | |
|-----------|-----------------------------------|-------------|------------|----------------------|
| 1e | Term: | | | |
| | One (1) Time Purchase? Check One: | Yes: | No: | |
| | Contract: | Start Date: | 08/01/2024 | End Date: 07/31/2028 |

| | | |
|--------------|---------------------|-----|
| 1f | Funding: | |
| | State Appropriated: | |
| | Federal Funds: | 65% |
| Grant Funds: | | |

| | | |
|--|------------------|---------------------------|
| | Other (Explain): | 35% <i>Private/County</i> |
|--|------------------|---------------------------|

| | |
|-----------------------------|---------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 240606@ |

| | |
|----|--|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | \$114,480 |

| | |
|---|--|
| 2 | Provide a description of work/services to be performed or services with goods to be purchased: |
| | <i>Provide Chaplain Services to the residents in the Southern Nevada State Veterans Home (SNSVH) in Boulder City Nevada.</i> |

| | |
|---|--|
| 3 | What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? |
| | <i>A Chaplain for the SNSVH must be qualified to provide counseling and spiritual assistance for the residents. Chaplain Nycek has an advanced understanding of the operations and processes of the SNSVH developed over time.</i> |

| | |
|---|---|
| 4 | Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: |
| | <i>SNSVH has a previously established long term working spiritual relationship with Chaplain Nycek. Chaplain Nycek has a unique understanding of SNSVH procedures and operations and has developed professional relationships with staff and established a significant continuity of spiritual care with our veteran residents. The Chaplain position is a personal service position that requires an individual of a spiritual nature who can assist Veterans with their psychosocial needs.</i> |

| | | | |
|---|---|-------------------|----------|
| | Were alternative services or commodities evaluated? | Check One: | |
| | | Yes | No |
| 5 | a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i> | | X |
| | b. <i>If not, why were alternatives not evaluated?</i> | | |
| | <i>SNSVH has a previously established long term working spiritual relationship with Chaplain Nycek. Chaplain Nycek has a unique understanding of SNSVH procedures and operations and has developed professional relationships with staff and established a significant continuity of spiritual care with our veteran residents. The Chaplain position is a personal service position that requires an individual of a spiritual nature who can assist Veterans with their psychosocial needs.</i> | | |

Purchasing Use Only:

Approval #:

240606 @

| | | | | | | |
|---|------------|-----------|---|--|--------|----|
| <p>Has the agency purchased these services/services with goods in the past? Check One:</p> <p><i>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></i></p> | | | | | Yes | No |
| | | | | | X | |
| <p>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></p> | | | | | | |
| Term | | Value | Short Description | Provide Type of Procurement RFP#, RFQ#, Waiver # | CETS # | |
| Start Date | End Date | | | | | |
| 08/01/2020 | 07/31/2024 | \$117,960 | Personal Spiritual Services to Veteran residents in the SNSVH | 200702 | 23406 | 6 |
| 08/01/16 | 07/31/2020 | \$117,960 | Personal Spiritual Services to Veteran residents in the SNSVH | 160401 | | |
| 07/19/12 | 07/13/2016 | \$105,000 | Personal Spiritual Services to Veteran residents in the SNSVH | 120703 | | |
| | | \$ | | | | |
| | | \$ | | | | |

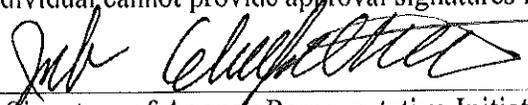
| | |
|--|--|
| <p>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</p> | |
| 7 | <p><i>Full impact unknown. The services provided are of such a personal nature and require a person who can form a spiritual bond with the Veteran residents that they are not adapted to competitive selection. Such a process would result in a break of the continuity of care for the SNSVH residents that may have serious implications to the psychosocial well-being of some or all of the residents.</i></p> |

| | |
|---|---|
| 8 | <p>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> <p><i>Robert Nycek has been our Chaplain providing ongoing spiritual services for the past twelve years. Robert Nycek was recommended by the previous Chaplain who left due to health considerations. A committee from the SNSVH met and discussed the position with him, and recommended his hire. He is well known and respected in the Boulder City community and he is a Veteran. He has significant</i></p> |
|---|---|

| | | | |
|---|--|-----|----|
| 9 | <p>Will this purchase obligate the State to this vendor for future purchases? Check One:</p> <p><u><i>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>Our intent is to maintain the continuity of care provided by Chaplain Nycek. The psychosocial and spiritual well-being and care is a vital component of the comprehensive care we provide to our veteran residents. Chaplain Nycek is well versed in the obstacles many Veterans face and has developed a long-term working relationship with our residents and staff. We are seeking a two-year contract to assure these critical services continue uninterrupted.</i></p> | Yes | No |
| | | | X |

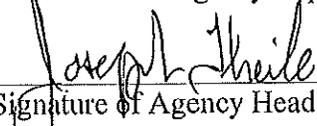
| | |
|-----------------------------|----------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 240606 @ |

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

Jacob Clodfelter _____ 5/29/24
 Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request

Joseph Theike _____ 5-29-24
 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.

| | |
|--|--------------------------|
| NOTE: <i>If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i> | <input type="checkbox"/> |
|--|--------------------------|

Approved by:


 Administrator, Purchasing Division or Designee

_____ 6/4/24
 Date

Joe Lombardo
Governor



STATE OF NEVADA

NEVADA DEPARTMENT OF VETERANS SERVICES

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

July 19, 2024

To: Amy Stephenson, Director
Governor's Finance Office

Through: Mary Devine, Director
Department of Veterans Services

From: Jacob Clodfelter, Management Analyst II/Contract Manager
Nevada Department of Veterans Services

Subject: Request for Approval for Retroactive August 1st, 2024, Start Date for Contract Robert F. Nycek, Sole Proprietor for Chaplain services

This memorandum requests the above referenced Veterans Services (NDVS) contract with Robert F. Nycek be approved for a retroactive start date effective August 1, 2024. This contract requires a retroactive start date in order to meet the State's obligation to provide services for residents at the Southern Nevada State Veterans Home ensuring continuity of spiritual care provided to residents.

This contract provides chaplain care services through counseling and spiritual assistance for residents living at the Southern Nevada State Veterans Home. Residents are familiar with Chaplain Rober Nycek who has been the long-standing Chaplain at the Southern Nevada State Veterans Home. He has developed long-standing relationships with staff and the residents, which allow him to provide the best services to the home and its residents. There was a delay in processing the Chaplain Services state business license renewal which resulted in this retroactive contract renewal request. It is critical that there is no lapse in coverage for these services, to ensure the best quality of care and continuity of care is being provided to each resident.

Thank you for your consideration.



Jacob Clodfelter
Management Analyst II
Nevada Department of Veterans Services
(775) 825-9762
www.veterans.nv.gov
"Serving Nevada's Heroes"

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29377** Amendment Number: **1**

Agency Name: **DEPARTMENT OF VETERANS SERVICES** Legal Entity Name: **Health Dimensions Consulting, Inc.**

Agency Code: **240** Contractor Name: **Health Dimensions Consulting, Inc.**

Appropriation Unit: **2569-04** Address: **Health Dimensions Group
12900 Whitewater Drive, Ste201**

Is budget authority available?: **Yes** City/State/Zip: **Minneapolis , MN 55343**

If "No" please explain: **Not Applicable** Contact/Phone: **Amber Rogotzke, President 952-715-1769**

Vendor No.:
NV Business ID: **NV20243138200**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **#24VS-S2732 HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2028**

Contract term: **4 years and 54 days**

4. Type of contract: **Contract**

Contract description: **Operation and Manage**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing operations and management of the Northern Nevada State Veterans Home. This amendment increases the maximum amount from \$57,442,493 to \$57,792,493 due to ongoing license support and costs related to licensing in the State of Nevada through the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-----------------|-----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$57,442,493.48 | \$57,442,493.48 | \$57,442,493.48 | Yes - Action |
| 2. Amount of current amendment (#1): | \$350,000.00 | \$350,000.00 | \$350,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$57,792,493.48 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

24/7 Residence of Nevada's Veterans in need of skilled nursing care.

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

This contract is to replace the current vendor operating the Northern Nevada State Veterans Home and the State would not be able to take over and run the home under current circumstances.

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 #24VS-S2732 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/01/2024 Anticipated re-bid date: 02/01/2028

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:

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 | jtheil1 | 08/21/2024 10:16:27 AM |
| Division Approval | jtheil1 | 08/21/2024 10:16:34 AM |
| Department Approval | jtheil1 | 08/21/2024 10:16:43 AM |
| Contract Manager Approval | jclodfel | 08/23/2024 11:15:51 AM |

Budget Analyst Approval
BOE Agenda Approval

vmilazz1
vmilazz1

09/05/2024 17:48:30 PM
09/05/2024 17:48:36 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: 27744 | Amendment Number: 1 |
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Agency Code: 300 | Contractor Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Appropriation Unit: 2709-64 | Address: CHILD AND FAMILY RESEARCH CNTR MAIL STOP 00124 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89557 |
| If "No" please explain: Not Applicable | Contact/Phone: JAMIE GEHRMAN-SELBY 775-771-7827 |
| | Vendor No.: D35000816 |
| | NV Business ID: Governmental agency |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2023**
 Anticipated BOE meeting date **09/2024**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/30/2025**
 Contract term: **2 years and 145 days**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Home Visiting**

5. Purpose of contract:
This is the first amendment to the original interlocal agreement which provides ongoing home visiting program services in Washoe County. This amendment increases the maximum amount from \$2,252,299 to \$2,612,299 to increase the number of children and families served.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|----------------|----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$2,252,299.00 | \$2,252,299.00 | \$2,252,299.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$360,000.00 | \$360,000.00 | \$360,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$2,612,299.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Preschool Development Grant Birth -5 (PDG B-5) Renewal grant requires expanding or creating programs or services that meet the needs of vulnerable young children. Through Activity 6 of the grant, this project targets the needs of vulnerable children and families as listed in the Project Overview above. Goal 4 of the PDG B-5 supports the justification of this project: Access to high-quality ECCE settings enable children to thrive in developmentally appropriate care and learning environments throughout the early learning continuum. This work connects directly with the NDE STIP and the Nevada Early Childhood Advisory Council's Strategic Plan and will inform efforts to increase positive outcomes for children ages 0-8. Furthermore, this project will provide grant implementation activities with the essential data to ensure the work is meaningful and impactful.

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

State workers to not have the time or the expertise to complete 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?

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

\$63,740.19

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 contracts 23172, 27743, 27744, 29124, 26094, 26888,24463, 27193 Expired contracts 19597, 23197,26071,29001, 24159,20888,16914,17945,26776,17233,21682

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 | smill22 | 08/06/2024 08:20:21 AM |
| Division Approval | carnol1 | 08/06/2024 11:09:34 AM |
| Department Approval | carnol1 | 08/06/2024 11:09:43 AM |
| Contract Manager Approval | khoy1 | 08/08/2024 14:55:49 PM |
| Budget Analyst Approval | mranki1 | 08/08/2024 15:32:36 PM |
| BOE Agenda Approval | mranki1 | 08/08/2024 15:32:42 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: 25281 | Amendment Number: 2 |
| | Legal Entity Name: NAVIGATE360, LLC |
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Contractor Name: NAVIGATE360, LLC |
| Agency Code: 300 | Address: 3900 KINROSS LAKES PARKWAY SUITE 200 |
| Appropriation Unit: 2710-13 | City/State/Zip: RICHFIELD, OH 44286 |
| Is budget authority available?: Yes | Contact/Phone: Todd Wagner 330-661-0106 |
| If "No" please explain: Not Applicable | Vendor No.: T32011878 |
| | NV Business ID: NV20131175404 |

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**
 Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **3 years and 272 days**

4. Type of contract: **Provider Agreement**
 Contract description: **Anonymous Tip Report**

5. Purpose of contract:

This is the second amendment to the original contract which provides system support services for an ongoing anonymous tip reporting system, SafeVoice, and the Handle with Care Program. This amendment increases the maximum amount from \$845,722.75 to \$1,015,035.25 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: | \$193,000.00 | \$193,000.00 | \$193,000.00 | Yes - Action |
| a. Amendment 1: | \$652,722.75 | \$652,722.75 | \$652,722.75 | Yes - Action |
| 2. Amount of current amendment (#2): | \$169,312.50 | \$169,312.50 | \$169,312.50 | Yes - Action |
| 3. New maximum contract amount: | \$1,015,035.25 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will continue to enhance awareness and confidence in Nevada's 24/7/365 tip reporting system, SafeVoice. Associated benefits of SafeVoice increases the Multi-tiered Systems of Support involving education., law enforcement, and behavioral health systems. Continuing training schools to use the SafeVoice technology platform and promoting SafeVoice to students and parents significantly increases school safety and reduction in bullying and other forms of harm will be achieved.

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

There is not an online platform available in the state to support a statewide anonymous tip reporting system

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 210705

Approval Date: 06/23/2021

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

Since the inception of SafeVoice in 2018, Navigate 360/P3 has provided the platform for SafeVoice. In 2020, Handle with Care notifications were added to the P3 platform. To continue valuable service for this life saving response, the original vendor was needed to provide this service.

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:

State of Nevada Department of Education

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

No If "Yes", please provide details of the litigation 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 | smill22 | 09/17/2024 07:54:43 AM |
| Division Approval | carnol1 | 09/17/2024 08:07:16 AM |
| Department Approval | carnol1 | 09/17/2024 08:07:25 AM |

| | | |
|---------------------------|----------|------------------------|
| Contract Manager Approval | khoy1 | 09/17/2024 08:19:44 AM |
| EITS Approval | daxtel1 | 09/18/2024 08:17:00 AM |
| Budget Analyst Approval | dlenzner | 09/18/2024 13:53:10 PM |
| BOE Agenda Approval | dlenzner | 09/18/2024 13:53:16 PM |

Steve Sisolak
Governor

Jhone M. Ebert
Superintendent of Public
Instruction



Southern Nevada Office
2080 East Flamingo Rd,
Suite 210
Las Vegas, Nevada 89119-0811
(702) 486-6458
Fax: (702) 486-6450

STATE OF NEVADA
DEPARTMENT OF EDUCATION
700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

December 7, 2021

MEMORANDUM

TO: Susan Brown
Clerk of the Board of Examiners
Governor's Finance Office, Budget Division

THROUGH: David Lenzer
Executive Budget Officer 2, Governor's Finance Office, Budget Division

FROM: Heidi Haartz *Heidi Haartz*
Deputy Superintendent, Student Investment Division

SUBJECT: Request for Retroactive Contract with Navigate360, LLC

Ideally, this contract would have been submitted for consideration by the Board of Examiners during their December meeting; however, the deadline for that meeting was missed. Therefore, the Nevada Department of Education requests that this contract be approved retroactively, effective January 1, 2021. This will ensure that SafeVoice continues to be available to Nevada students and those who support students, including education, law enforcement, and behavioral health services.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction
CC: Christy McGill, Director, Office for a Safe and Respectful Learning Environment

Steve Sisolak
Governor



Laura E. Freed
Director

Matthew Tuma
Deputy Director

Alan Cunningham
State Chief Information Officer

Timothy Galluzi
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division

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

M E M O R A N D U M

TO: Christy McGill, Director Safe and Respectful Schools, NDE
Glenn Meyer, IT Manager 1, NDE
Joel Smedes, Management Analyst 2, NDE

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Michael Smith, Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - NDE - 298 - Navigate 360 - 2721

DATE: September 14, 2021

We have completed the review of NDE's – Navigate 360 – TIN 298.

The submitted TIN is for an estimated value of \$385,744.00 in the current biennium and \$385,744.00 next biennium (25% Federal Grant and 75% General Fund) to renew or update a maintenance, licensing, or consulting agreement already in place.

P3 Campus is the industry leader in anonymous tip reporting and tip management solutions for school safety initiatives - with 23 years of experience and product enhancement. P3 Campus currently serves over 35,000 US schools, including nine statewide tip line programs. P3 Campus empowers users to receive, track and route school related anonymous tips via phone, mobile application, and web browsers.

NDE's solution is accessible on any web browser, delivers a platform where users can report and manage anonymous tips including but not limited to mental health concerns, bullying, drug abuse, and threats of violence. P3 can send customized notifications, not generated by a tip, to all schools, school contacts and administrators, in addition to automated and templated responses when a tip is received.

This investment is being made to continue the operation of the Safe Voice program. This program was put in place several years ago to allow for the reporting and monitoring of potential students' risk factors relating to student safety. The system is used by both the Department of Education and Public Safety to monitor tips submitted regarding the safety of students, schools, and families. When credible tips are received the system allows for coordination between school, Department and Public Safety resources to respond.

This system is critical to the safety and wellbeing of all Nevada students and their families. The system was previously purchased with a Federal Grant and operated under that grant. The system is now being administered and paid for by the Department of Education.

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

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

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

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



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

M E M O R A N D U M

TO: Christi McGill, Director, NDE
Glenn Meyer, IT Manager, NDE
Cynthia Strong, Management Analyst II, NDE

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 – NDE – TIN 298 – *Navigate 360* – Update B – BA 2721

DATE: April 13, 2023

We have completed our review for the Nevada Department of Education's (NDE) – *Navigate 360* – TIN 298, Update B.

The submitted TIN, for an estimated value of \$325,140.25 in the FY22/FY23 biennium and \$520,868.25 in the FY24/FY25 biennium, is to update funding information to 100% Federal Grant funding.

Update A was to add Behavioral Threat Assessment and Suicide Screening functionality and National Threat Assessment Center training to the P3 Campus contract.

P3 Campus is the industry leader in anonymous tip reporting and tip management solutions for school safety initiatives. This investment is part of the Safe Voice program and empowers users to receive, track and route school related anonymous tips via phone, mobile applications, and web browsers.

This system is critical to the safety and wellbeing of all Nevada students and their families.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as it is accessed from outside of SilverNet and personal identification information is transported, stored, and/or processed using the system, in addition to being subject to federal and/or other security standards.

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 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.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

| | |
|-----------------------------|----------|
| Purchasing Use Only: | |
| Approval#: | 230502 @ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

| | | | |
|----|--|--------------------------------|---------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | Nevada Department of Education | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | Cynthia Strong, Contract Manager | 775-687-9209 | cynthia.strong@doe.nv.gov |
| | Christy McGill, Director | 775-687-9200 | cmcgill@doe.nv.gov |
| | Laura Hutchinson, EPP Safe Voice Coordinator | 775-527-2299 | lhutchinson@doe.nv.gov |

| | | |
|----|---|--|
| 1b | Vendor Information: Navigate 360, LLC | |
| | Vendor Name: | Navigate 360, LLC / P3 Campus and Care Alerts |
| | Contact Name: | Todd Wagner, Managing Director |
| | Complete Address: City, State, and Zip Code | 3900 Kinross Lakes, Parkway Suite 200- Richfield Ohio, OH 44286 |
| | Telephone Number: | 330-520-8566 |
| | Email Address: | P3support Team@navigate360.com |

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

| | | | | | |
|----|--|--------|--|-----|---|
| 1d | Contract Information: | | | | |
| | Is this a new Contract? Check One: | Yes: | | No: | X |
| | If 'No' Enter Amendment Number: | #1 | | | |
| | Enter CETS Number: | #25281 | | | |

| | | | | | |
|----|-----------------------------------|-------------|----------|-----------|-----------|
| 1e | Term: | | | | |
| | One (1) Time Purchase? Check One: | Yes: | | No: | |
| | Contract: | Start Date: | 6/8/2023 | End Date: | 9/30/2025 |

| | | |
|----|---------------------|--|
| 1f | Funding: | |
| | State Appropriated: | |

Solicitation Waiver
Rec'd 04/24/23 // auto ✓

| | |
|------------------|------|
| Federal Funds: | 100% |
| Grant Funds: | |
| Other (Explain): | |

| | |
|---------------------|---------------|
| Purchasing Use Only | <i>230502</i> |
| Approval #: | |

| | |
|----|---|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | \$653,580 |

| | |
|---|--|
| 2 | <p>Provide a description of work/services to be performed or services with goods to be purchased:</p> <p><i>NRS 388 mandates that the Nevada Department of Education, maintain a 24/7 tip line for school safety, so that students and public can call or text in any school safety concerns. This tip line is called SafeVoice, and runs on a platform from Navigate 360 named P3. The actual platform is managed by live dispatchers 24/7 out of the Department of Public Safety in Carson City Nevada in the Fusion Center. In 2019, NRS 388 was expanded to include Handle with Care tips as well. The P3 platform handles both SafeVoice and Handle with Care tips. This system has become an integral part of school safety and cannot have any interruptions of service. This is an amendment to the contract currently in place between the Nevada Department of Education and P3/Navigate 360. This amendment would add two new plug-in programs to the SafeVoice system on the Navigate 360 programs. The new plugins would provide threat assessment and suicide assessment case management to the SafeVoice systems. The funding for the plug-in programs comes from an awarded BOJ STOP school violence grant. This will also extent to total program through 9/30/2025.</i></p> |
|---|--|

| | |
|---|--|
| 3 | <p>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</p> <p><i>SafeVoice has been using the current P3 system since its inception in 2017. This system has taken all the SafeVoice tips and now the Handle with Care tips from the beginning of both programs without fail. There is data stored that provides valuable longitudinal information and the P3 system has been proven to be safe, secure, and able to handle a large number of data/tips entered into the system. We have not had any issues and hope to maintain this continuity with the data both tips received and schools and teams entered. The unique features are the user relationships built between schools, law enforcement, dispatchers, and mental health providers that are unique for Nevada. Literally, 1000s of hours have gone into making this system specific for Nevada in 1) entering teams into P3 for every school 2) training all public schools and all law enforcement agencies to use the system and 3) training law enforcement to create and implement Handle with Care tips.</i></p> |
|---|--|

| | |
|---|---|
| 4 | <p>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>If there had to be a change in the tip receiving platform to something other than the current P3 it would be a major disruption in the flow and success of the system. With different contact information, many people could be without access to a lifesaving resource should they not learn of the new contact information. Not having the current platform information could be harmful for the safety of Nevada children and school safety. Having consistency in how students/parents/schools can report a safety matter is vital.</i></p> |
|---|---|

#230502@

| | | | |
|---|--|------------|----|
| 5 | Were alternative services or commodities evaluated? | Check One: | |
| | | Yes | No |
| | | | x |
| | a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i> | | |
| | <i>This is a very successful program, and it is very likely we will use this in the future.</i> | | |
| | b. <i>If not, why were alternatives not evaluated?</i> | | |
| | <i>If there had to be a change in the tip-receiving platform to something other than the current P3 it would be a major disruption in the flow and success of the system. With different contact information, many people could be without access to a lifesaving resource should they not learn of the new contact information. Not having the current platform information could be harmful for the safety of Nevada children and school safety. Having consistency in how students/parents/schools can report a safety matter is vital.</i> | | |

| | |
|-----------------------------|--|
| <i>Purchasing Use Only:</i> | |
| Approval #: | |

| | | | | | | | |
|---|---|-----------------|--------------|--------------------------|---|---------------|--|
| 6 | Has the agency purchased these services/services with goods in the past? Check One: | | | | Yes | No | |
| | <i>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.</i> | | | | x | | |
| | a. <i>If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each:</u></i> | | | | | | |
| | <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> | | | | | |
| | 1/1/2021 | 6/30/2023 | \$385,744 | SafeVoice | 210705 | 25281 | |
| | | | \$ | | | | |
| | | \$ | | | | | |
| | | \$ | | | | | |

| | |
|---|---|
| 7 | What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid? |
| | <i>Policy Consequences: NRS 388 is very specific in what Nevada's 24/7 tip line must include (Handle with Care and school level not district level teams). The other vendor would have to modify their product significantly to meet NRS requirements, and thus NDE would be out of compliance with NRS. School Safety Consequences: the collaboration between P3, NDE, DPS, and school districts has</i> |

resulted in a product that meets NRS and includes all the partner information. If NDE would have to redo this process, it would take months for the new product to be ready. P3 is part of Nevada's public safety infrastructure and cannot have any interruptions in service.

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?
The Nevada SafeVoice system and model was patterned after Safe-to-Tell program in Colorado. The Safe-to-Tell program used the P3 platform for their system as does the national tip line and many other states. The P3 platform was written into the PIRE Department of Justice School Safety Research Grant to fund the creation and implementation of the SafeVoice program in Nevada. According to the grant manager from PIRE, "P3 was the system used in CO... it was also the most robust and feature-rich system."

9 Will this purchase obligate the State to this vendor for future purchases? Check One:

| Yes | No |
|-----|----|
| | |

NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.

a. If yes, please provide details regarding future obligations or needs.
Due to the huge success of this program, The Nevada Department of Education may wish to contract with this vendor in the future to comply with the requirements of NRS 388 should funding be available.

| | |
|-----------------------------|--------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 230502 |

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.

Christy McGill

Signature of Agency Representative Initiating Request

Christy McGill, Director OSRLE

4/24/23

Print Name of Agency Representative Initiating Request

Date

Jhone M. Ebert

Signature of Agency Head Authorizing Request

Jhone M. Ebert

4/24/23

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.

| | |
|--|----------|
| NOTE: <i>If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i> | X |
|--|----------|

Approved by:

[Signature]

Administrator, Purchasing Division or Designee

5/2/23

Date

Joe Lombardo
Governor



Jack Robb
Director
Matthew Tuma
Deputy Director
Timothy Galluzi
State CIO/Administrator

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

MEMORANDUM

TO: Christi McGill, Director, NDE
Glenn Meyer, IT Manager, NDE
Cynthia Strong, Management Analyst II, NDE

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 – NDE – TIN 298 – *Navigate 360* – Update A – BA 2721

DATE: February 7, 2023

We have completed our review for the Nevada Department of Education's (NDE) – *Navigate 360* – TIN 298, Update A.

The submitted TIN, for an estimated value of \$325,140.25 in the FY22/FY23 biennium and \$520,868.25 in the FY24/FY25 biennium, is to amend the P3 Campus contract to add Behavioral Threat Assessment and Suicide Screening functionality and National Threat Assessment Center training.

P3 Campus is the industry leader in anonymous tip reporting and tip management solutions for school safety initiatives. This investment is part of the Safe Voice program and empowers users to receive, track and route school related anonymous tips via phone, mobile applications, and web browsers.

This system is critical to the safety and wellbeing of all Nevada students and their families.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as it is accessed from outside of SilverNet and personal identification information is transported, stored, and/or processed using the system, in addition to being subject to federal and/or other security standards.

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: 23761 | Amendment Number: 2 |
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: MANAGEMENT SERVICES FOR EDUCATION DATA, INC. |
| Agency Code: 300 | Contractor Name: MANAGEMENT SERVICES FOR EDUCATION DATA, INC. |
| Appropriation Unit: 2712-16 | Address: 7540 Hwy. 107 |
| Is budget authority available?: Yes | City/State/Zip: Sherwood, AZ 72120 |
| If "No" please explain: Not Applicable | Contact/Phone: Kevin Donn 501-801-2500 |
| | Vendor No.: T29043680 |
| | NV Business ID: NV20201947513 |

To what State Fiscal Year(s) will the contract be charged? **2021-2029**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **8 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Database System**

5. Purpose of contract:

This is the second amendment to the original contract which provides a migrant student information online database system. This amendment extends the termination date from December 31, 2024 to December 31, 2028 and increases the maximum amount from \$64,000 to \$131,700 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: | \$32,000.00 | \$32,000.00 | \$32,000.00 | Yes - Info |
| a. Amendment 1: | \$32,000.00 | \$32,000.00 | \$64,000.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$67,700.00 | \$67,700.00 | \$131,700.00 | Yes - Action |
| 3. New maximum contract amount: | \$131,700.00 | | | |
| and/or the termination date of the original contract has changed to: | 12/31/2028 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

In compliance with the federal requirements for Migrant Education Programs, A tracking system is required for migrant student information.

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

Migrant student data are required to be uploaded daily to the national Migrant database system called Migrant Student Information Exchange (MSIX). The Nevada Department of Education's database system is not yet designed for the Migrant Education Program Data. This is a 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?

The vendor already has an existing/effective database system for migrant data used by several states for years. The cost of service fees is the most affordable compared to the other two vendors.

d. Last bid date: 10/26/2020 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:

current contract, 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

bhowar6

07/24/2024 11:47:26 AM

| | | |
|---------------------------|---------|------------------------|
| Division Approval | carnol1 | 07/24/2024 12:18:00 PM |
| Department Approval | carnol1 | 07/24/2024 12:18:09 PM |
| Contract Manager Approval | khoy1 | 07/24/2024 14:42:55 PM |
| EITS Approval | ljean | 07/30/2024 07:26:50 AM |
| Budget Analyst Approval | mranki1 | 07/31/2024 09:11:37 AM |
| BOE Agenda Approval | mranki1 | 07/31/2024 09:11:47 AM |



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

M E M O R A N D U M

TO: Gabrielle Lamar, Director OSSS, NDE
Glenn Meyer, Director, Information Technology, NDE
Deborah Aquino, Fiscal Analyst, NDE
Kulwade Axtell, Education Program Professional, NDE

CC: Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Christine Wilson, IT Professional IV, OPM, GFO
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – NDE – TIN 616 – *MIS2000 Renewal* – BA 2712

DATE: September 8, 2022

We have completed our review for the Nevada Department of Education's (NDE) – *MIS2000 Renewal* – TIN 616.

The submitted TIN, for an estimated value of \$16,000 in the FY22/FY23 biennium and \$16,000 in the FY24/FY25 biennium (100% Federal Grant), is to extend the contract (CETS #23761) with Management Services for Education Data for two additional years using federal funding.

This technology solution collects, updates, modifies, and maintains data on a web-based platform containing Nevada migrant student information and allows electronic submission of Certificates of Eligibility, in addition to supporting student record transfers to state and nationwide federal systems while providing data transfer tracking between endpoints.

NDE needs this web-based platform to meet federal and state requirements for managing and reporting migrant student information. Under Part C of Title, I of Elementary & Secondary Education Act of 1965 (ESEA), the State Education Agency (SEA) is required to document every migratory child's eligibility for

the Migrant Education Program (MEP). The SEA is also required to provide and connect migrant student information to the Migrant Student Information Exchange (MSIX). Continued use of Management Services for Education Data are essential to DOE's administrative efficiency and compliance with state and federal requirements in the service of Nevada's migrant children.

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 this solution and it is subject to federal and/or other security standards, in addition to being accessed 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**

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

| | |
|-----------------------------|------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 5670 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | |
|----------|--|---------------------|---|
| 1 | Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | | <i>Nevada Department of Education Office of Student and School Supports</i> |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | <i>Samantha Stephenson</i> | <i>775-690-1976</i> | <i>osscontracts@doe.nv.gov</i> |
| | <i>Karl Wilson</i> | <i>702-688-4311</i> | <i>karlwilson@doe.nv.gov</i> |
| | <i>Kaylene Hoyt, Contracts Manager</i> | <i>775-687-9101</i> | <i>ndecontracts@doe.nv.gov</i> |

| | | |
|----------|---|---|
| 2 | Contractor Information: | |
| | Contractor Name: | <i>Management Services for Education Data</i> |
| | Contact Name: | <i>Kevin Donn</i> |
| | Complete Address: City, State and Zip Code | <i>7540 Hwy 107 Sherwood, AZ 72120</i> |
| | Phone Number: | <i>501-801-2500</i> |
| | Email Address: | <i>kdonn@msed.com</i> |

| | | | | |
|----------|---|-------------|----|-----------|
| 3 | List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history): | | | |
| | Solicitation Type, if applicable: | | #: | |
| | Enter CETS Number: | | | |
| | Contract Amount: | | | |
| | Contract Term: | Start Date: | | End Date: |

| | |
|-----------------------------|------|
| Purchasing Use Only: | |
| Approval #: | 5679 |

| | | | | |
|--------------------------------------|-----------------------------------|-----------------|--------|--------------------|
| Current Contract Information: | | | | |
| 4 | Solicitation Type, if applicable: | <i>Informal</i> | #: | |
| | Enter CETS Number: | 23761 | | |
| | Initial Contract Amount: | \$32,000.00 | | |
| | Contract Term: | Start Date: | 1/1/21 | End Date: 12/31/22 |

| | | | | |
|--|---------------|---|--|---------------------------|
| Amendment Information – List <u>all previously</u> approved amendments: | | | | |
| 5 | <i>Amd #:</i> | <i>Brief Synopsis of What Amendment Accomplished:</i> | <i>Dollar Change in Contract Amount</i> | <i>Change in End Date</i> |
| | 1 | <i>Continuation of CIG data services</i> | <i>Adding \$32,000.00 Total Do not Exceed: \$64,000.00</i> | <i>12/31/24</i> |
| | | | | |

| | | | | |
|---|---------------|---|---|---------------------------|
| <u>Proposed</u> Amendment Information: | | | | |
| 6 | <i>Amd #:</i> | <i>Brief Synopsis of What the Requested Amendment will Accomplish</i> | <i>Dollar Change in Contract Amount</i> | <i>Change in End Date</i> |
| | 2 | <i>Continuation of CIG data services</i> | <i>Adding \$72,000.00 Total Do Not Exceed: \$136,000.00</i> | <i>12/31/28</i> |

| | |
|---|--|
| 7 | What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)? |
| | <i>The current vendor stands as the sole qualified source capable of meeting the department's specific requirements for Nevada Department of Education to fulfill federal mandates outlined in the Title I-C Migrant Education Program. Given the absence of alternative companies offering platforms tailored to our needs, the prospect of building a platform that encompasses the needs of the department to meet the federal requirements for Title I-C Migrant Education Program would cause significant costs and time commitments, including training personnel and mitigating potential loss of historical data. Consequently, it is imperative to maintain continuity of services through our existing provider to avoid disruptions and ensure seamless operations.</i> |

| | |
|-----------------------------|--|
| <i>Purchasing Use Only:</i> | |
| <i>Approval #:</i> | |

| | |
|----------|--|
| 8 | What are the potential consequences to the State if the contract extension request is denied? |
| | <ul style="list-style-type: none"> • <i>The use of Federal Grant funds can be lost due to any delay in meeting Title I-C Migrant Education Program requirements.</i> • <i>Loss of critical historical data within the database system.</i> |

| | |
|-----------------------------|------|
| Purchasing Use Only: | |
| Approval #: | 567② |

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

Chris McAnany

Signature of Agency Representative Initiating Request

Christopher McAnany

Print Name of Agency Representative Initiating Request

6/11/24

Date

Megan Peterson

Signature of Agency Head Authorizing Request

Megan Peterson, Deputy Superintendent, Student Investment Division

Print Name of Agency Head Authorizing Request

06/13/24

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.



Signed:

Hanna S. Woodson
 Administrator, Purchasing Division or Designee

No. Ser # 10803

7-9-24

Date

Hanna S. Woodson, General Counsel, Nevada State Purchasing Division

Joe Lombardo
Governor



#567 (C)

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

**STATE OF NEVADA
GOVERNOR'S OFFICE**
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Maria Sauter, Director, NDE
Kaylene Hoyt, Management Analyst, NDE
Sonali Bandyopadhyay, IT Professional IV, NDE
Samantha Stephenson, CCM, NDE

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – NDE – TIN 186 – *Migrant Student Data System* – BA 2712

DATE: July 5, 2024

We have completed our review for the Nevada Department of Education's (NDE) – *Migrant Student Data System* – TIN 186.

The submitted TIN, for an estimated value of \$18,000.00 in the FY24/FY25 biennium, \$36,000.00 in the FY26/FY27 biennium, and \$18,000.00 in FY28 (100% Federal Grant funding), is to renew the contract for the Migrant Student Information Online Database System.

Under Part C of Title I of the Elementary & Secondary Education Act of 1965 (ESEA), the State Education Agency (SEA) holds the responsibility of documenting the eligibility of every migratory child

for the Migrant Education Program (MEP) using the National Certificate of Eligibility (COE), as stipulated by the U.S. Department of Education (ED). The COE stands as the definitive record of the State's determination of each child's eligibility. No MEP services can be provided to a child without an SEA-approved COE. Additionally, the SEA is mandated to regularly update and connect migrant student information to the Migrant Student Information Exchange (MSIX), the national database funded by the Office of Migrant Education.

Furthermore, the SEA must report migrant student information annually to comply with both State and Federal requirements. To ensure the provision of supplemental education and support services to migratory children and adhere to these Federal mandates, the Nevada Department of Education requires a robust and efficient web-based system. This system must be capable of securely housing migrant student information and satisfying all associated requirements.

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.



STATE OF NEVADA
GOVERNOR’S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Maria Sauter, Director, NDE
Kaylene Hoyt, Management Analyst, NDE
Sonali Bandyopadhyay, IT Professional IV, NDE
Samantha Stephenson, CCM, NDE

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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: **29702**

| | |
|---|---|
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: WestEd |
| Agency Code: 300 | Contractor Name: WestEd |
| Appropriation Unit: 2712-36 | Address: PO BOX 889001 |
| Is budget authority available?: Yes | City/State/Zip: Los Angeles, CA 90088-9001 |
| If "No" please explain: Not Applicable | Contact/Phone: Lauren Wrotniak 4156153136 |
| | Vendor No.: T81012500B |
| | NV Business ID: NV20111743662 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2025**

Contract term: **1 year and 30 days**

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

Contract description: **Four Domains Survey**

5. Purpose of contract:

This is a new interlocal agreement to provide school improvement coaching to leadership of 50 schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$452,632.00**

Other basis for payment: As invoiced by the Vendor and accepted by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education Office of Student and School Support with WestEd will be working in providing the Four Domains Comprehensive Assessment of Leadership for Learning survey and feedback system to 50 schools. The survey is built on the Four Domains for Rapid School Improvement and enables leaders to collect data on the experiences that research and practice suggest are helpful for successfully transforming schools.

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

The Department of Education does not have the staff and experience to complete this project.

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

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

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

Not Applicable

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

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

NRS.277.180 - interlocal agreement

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Active #29118, 29096, 27876, 25910, 26596, 27768, 28951, 27227

Expired #26782, 22528, 21098, 22450, 19593, 25287, 28118, 25282, 25992, 27692, 27692, 23389, 13407, 27212

14. Is the contractor currently involved in litigation with the State 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 | bhowar6 | 09/11/2024 14:17:01 PM |
| Division Approval | carnol1 | 09/11/2024 15:28:14 PM |
| Department Approval | carnol1 | 09/11/2024 15:28:17 PM |
| Contract Manager Approval | khoy1 | 09/12/2024 09:09:06 AM |
| Budget Analyst Approval | dlenzner | 09/18/2024 14:29:51 PM |
| BOE Agenda Approval | dlenzner | 09/18/2024 14:29:55 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: **29705**

| | |
|---|--|
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: WestEd |
| Agency Code: 300 | Contractor Name: WestEd |
| Appropriation Unit: 2712-36 | Address: PO BOX 889001 |
| Is budget authority available?: Yes | City/State/Zip: LOS ANGELES, CA 90088-9001 |
| If "No" please explain: Not Applicable | Contact/Phone: Lauren Wrotniak 415-615-3136 |
| | Vendor No.: T81012500B |
| | NV Business ID: NV20111743662 |

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 11/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 241 days**

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

Contract description: **Support Leadership**

5. Purpose of contract:

This is a new interlocal agreement to provide and implement a strategy including the Four Domains framework to enhance efficiency, effectiveness, and coherence of supports to designated schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$420,000.00**

Other basis for payment: As Invoiced by the vendor and accepted by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

WestEd will support the Department of Education's Office of student and school supports leadership to design and implement a plan to meet the offices goals and objectives and coordinate WestEd services across projects including the implementation of Four Domains. WestEd will support Department of Education's Office of student and school supports team to create and implement a strategy to enhance efficiency, effectiveness, and coherence of supports to designated schools.

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

The NDE does not have the staff or experience to complete this project.

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

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

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

Not Applicable

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

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

NRS.277.180 - interlocal agreement

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Active #29118, 29096, 27876, 25910, 26596, 27768, 28951, 27227
Expired #26782, 22528,21098,22450, 19593,25287, 28118, 25282, 25992, 27692, 27692, 23389, 13407, 27212

14. Is the contractor currently involved in litigation with the State 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 | bhowar6 | 09/11/2024 14:16:39 PM |
| Division Approval | carnol1 | 09/11/2024 15:28:56 PM |
| Department Approval | carnol1 | 09/11/2024 15:28:59 PM |
| Contract Manager Approval | khoy1 | 09/12/2024 09:08:46 AM |
| Budget Analyst Approval | dlenzner | 09/18/2024 14:58:22 PM |
| BOE Agenda Approval | dlenzner | 09/18/2024 14:58:25 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29485**

| | | | |
|---------------------------------|--------------------------------------|--------------------|--|
| Agency Name: | NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS |
| Agency Code: | 300 | Contractor Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS |
| Appropriation Unit: | 2716-53 | Address: | UNLV OFFICE OF CONTROLLER 4505 MARYLAND PKWY MS 1005 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, 89154-1055 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 702-774-1411 |
| | | Vendor No.: | D35000813 |
| | | NV Business ID: | Governmental Agency |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2027**

Contract term: **2 years and 211 days**

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

Contract description: **UNLV PCFP review**

5. Purpose of contract:

This is a new interlocal agreement to provide an assessment of the Pupil-Centered Funding Plan and its impact on at-risk and English learner pupils.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$907,500.00**

Other basis for payment: As invoiced by the vendor and accepted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

The University of Nevada, Las Vegas and the Nevada Department of Education are proposing a multi-year sequential mixed methods focusing on understanding the impact of Nevada's transition from its 55 year old funding plan to a Weighted Student Funding (WSF) model, known as the Pupil-Centered Funding Plan (PCFP) on two student subpopulations targeted by the WSF model: learners from low-income families and learners not proficient in English. The study will use student-level longitudinal panel data and quasi-experimental event study models to estimate the effect of the shift to the WSF model on student achievement and progression through the education system. In addition, the study will utilize qualitative inquiry that probes multiple sources to understand implementation of the PCFP.

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

The state of Nevada does not have the staff to support the work needed. m

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?

In accordance with NRS 277.180

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current contracts 22922, 27745, 27875, 24125 previous contracts 17685, 18132, 21563, 22479, 26776, 20721, 22928, 23795, 24446, 24500, 25866, 26842, 27159. 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 | bhowar6 | 07/24/2024 11:51:13 AM |
| Division Approval | carnol1 | 07/24/2024 12:13:53 PM |
| Department Approval | carnol1 | 07/24/2024 12:14:06 PM |
| Contract Manager Approval | khoy1 | 07/24/2024 14:47:23 PM |
| Budget Analyst Approval | mranki1 | 07/31/2024 08:22:32 AM |
| BOE Agenda Approval | mranki1 | 07/31/2024 08:22:34 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | | |
|---|----------------------------|---|
| 1. Contract Number: 27193 | Amendment Number: 1 | |
| | Legal Entity Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Contractor Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Agency Code: 300 | Address: | 1664 N Virginia St. Mail Stop 0124 |
| Appropriation Unit: 2721-45 | City/State/Zip: | RENO, NV 89557-0294 |
| Is budget authority available?: Yes | Contact/Phone: | 775-682-6052 |
| If "No" please explain: Not Applicable | Vendor No.: | D35000816 |
| | NV Business ID: | Governmental Agency |

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

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

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

Agency Reference #: **STOP Grant**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/14/2023**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **2 years and 201 days**

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

Contract description: **Stop School Violence**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides training to three districts and their participating schools focusing on strategies to stop school violence. This amendment increases the maximum amount from \$690,000 to \$867,000 and increases the number participating school districts from three to six districts.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$690,000.00 | \$690,000.00 | \$690,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$177,000.00 | \$177,000.00 | \$177,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$867,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Positive Behavior Interventions and Supports (PBIS) is a Multi-tiered System of Supports (MTSS) approach to address social/emotional and behavioral needs of all students. Core features of PBIS/MTSS include teaming, data collection, universal screening, selection of evidence-based practices, and progress monitoring across a tiered continuum of supports. PBIS/MTSS has a wide evidence-base demonstrating improved outcomes for students, especially regarding reductions in classroom and school discipline referrals (Bradshaw, Mitchell, & Leaf, 2010). The Interconnected Systems Framework (ISF) process will be implemented as a part of this proposal. ISF proposes that when mental health supports are integrated into the framework of PBIS/MTSS, a broader continuum of prevention and intervention strategies across tiers can result in improved outcomes for more youth and families (Barrett et al, 2013). The ISF encourages community and school leaders, as well as youth and family members, to review school data as well as community data and decide together which evidence-based interventions to install and how to monitor fidelity and outcomes. This broader stakeholder group allows for a more robust analysis of data and resources, leading to a truly integrated system and sustainable outcomes for students.

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

This is a specialized program, and no state employee has the skills needed to perform these tasks.

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

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

Not Applicable

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

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

NRS277.180 Interlocal

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

\$242,202 for total contract indirect costs

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

No

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

No

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

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Current contracts 23172, 27743, 27744, 29124, 26094, 26888,24463, 27193 Expired contracts 19597, 23197,26071,29001, 24159,20888,16914,17945,26776,17233,21682

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 | smill22 | 07/30/2024 14:54:41 PM |
| Division Approval | carnol1 | 08/01/2024 09:51:29 AM |
| Department Approval | carnol1 | 08/01/2024 09:51:38 AM |
| Contract Manager Approval | khoy1 | 08/01/2024 09:56:05 AM |
| Budget Analyst Approval | mranki1 | 08/06/2024 09:55:52 AM |
| BOE Agenda Approval | mranki1 | 08/06/2024 09:56:05 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: **23722** Amendment Number: **2**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **WELLSKY HUMAN & SOCIAL SERVICES CORPORATION**

Agency Code: **402** Contractor Name: **WELLSKY HUMAN & SOCIAL SERVICES CORPORATION**

Appropriation Unit: **3151-41** Address: **PO BOX 204176**

Is budget authority available?: **Yes** City/State/Zip: **DALLAS, TX 75320-4176**

If "No" please explain: **Not Applicable** Contact/Phone: **JAVIER RANGEL 913/307-1000**

Vendor No.: **PUR0004339A**

NV Business ID: **NV20141224633**

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **4 years and 180 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Wellsky SA**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-10147 which provides cloud services. This amendment increases the maximum amount from \$9,049,277.02 to \$9,961,770.02 to add integration and expungement services.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|----------------|----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$9,049,277.02 | \$9,049,277.02 | \$9,049,277.02 | Yes - Action |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | No |
| 2. Amount of current amendment (#2): | \$912,493.00 | \$912,493.00 | \$912,493.00 | Yes - Action |
| 3. New maximum contract amount: | \$9,961,770.02 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

ADSD currently uses a number of WellSky's cloud solution products for case management and reporting across the Division. Historically we have worked with this vendor under a maintenance agreement, however, due to the nature of our business and the information being shared the Division needed to execute a contract. The Statewide contract approved by BOE in August enabled the attached service agreement. This agreement represents no new work, rather supports existing work through the states contracting process.

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

WellSky provides cloud solution products and licenses, ADSD programs would not be able to operate and provide services to their consumers.

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?

From Statewide Contract Master Service Agreement, Cloud Contract #AR310

d. Last bid date: Anticipated re-bid date: 01/01/2025

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

ADSD since 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

gjorgens

07/11/2024 15:29:08 PM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | ecreceli | 07/11/2024 16:41:48 PM |
| Department Approval | ecreceli | 07/15/2024 16:42:39 PM |
| Contract Manager Approval | maceved1 | 08/15/2024 15:07:45 PM |
| EITS Approval | ljean | 08/16/2024 07:29:48 AM |
| Budget Analyst Approval | khal5 | 08/16/2024 15:28:50 PM |
| BOE Agenda Approval | klay0 | 08/19/2024 11:33:21 AM |



STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Dena Schmidt, Administrator, ADSD, DHHS
Ellen Crecelius, Deputy Administrator, ADSD, DHHS
Justin Robinson, IT Manager III, ADSD, DHHS
Vijethakiranmayi Tatavarthi, IT Professional III, ADSD, DHHS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – ADSD – TIN 163 – *Wellsky Renewal Licensing: Aging & Disability Application and Human Services Application – Update A – BA 3151, 3167, 3209, 3266, 3279, 3280*

DATE: July 8, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Aging and Disability Services Division's (ADSD) – *Wellsky Renewal Licensing: Aging & Disability Application and Human Services Application – Update A – TIN 163*.

The submitted TIN, for an estimated value of \$4,161,041.71 in the FY24/FY25 biennium and \$1,549,272.00 in the FY26/FY27 biennium (100% Federal Grant funding), is to renew the Wellsky licensing agreement.

These mission-critical solutions address the core business of the division for state personnel as well as the consumer base and providers.

Maintaining up-to-date software licenses is essential for safeguarding state IT systems and ensuring operational efficiency. The expenses associated with addressing vulnerabilities due to unlicensed or outdated software, along with the costs incurred from maintaining legacy systems, far outweigh the investment required for regular software licensing updates. By allocating budget for software licensing updates, state entities can ensure their applications run on supported platforms, leveraging the latest security features and technological advancements. This proactive approach not only enhances security but also promotes a more efficient and reliable IT infrastructure.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29502**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Agency Code: | 402 | Contractor Name: | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO |
| Appropriation Unit: | 3278-12 | Address: | 1664 N VIRGINIA ST MAIL STOP 124 |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89557 |
| If "No" please explain: | Not Applicable | Contact/Phone: | THOMAS LANDIS 775-784-4040 |
| | | Vendor No.: | D35000849 |
| | | NV Business ID: | GOVERNMENT AGENCY |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 302 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **UNR ADSD Trainings**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17900 which provides consulting, marketing, and education services. This service agreement provides ongoing continuing education training for employees.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$109,116.08**

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 need for training of professional staff is ongoing. Programs are reviewed for quality management issues and program compliance assurances. Through this work, it has become evident that an ongoing training curriculum should be developed to assure staff is best able to perform their duties. The training topics are chosen based on their impact on program management and employee effectiveness.

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

ADSD staff is not trained or have the knowledge 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?

MSA RFP #99SWC-S2340

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% Indirect Cost

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

UNR has provided these services since 2018 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 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 | gjorgens | 07/15/2024 15:11:21 PM |
| Division Approval | tric1 | 07/22/2024 08:59:25 AM |
| Department Approval | ecreceli | 07/25/2024 15:03:34 PM |
| Contract Manager Approval | maceved1 | 07/29/2024 10:26:05 AM |
| Budget Analyst Approval | khal5 | 08/14/2024 16:38:20 PM |
| BOE Agenda Approval | klay0 | 08/16/2024 11:04:41 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29611**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | Public Health Supportive Services, LLC |
| Agency Code: | 402 | Contractor Name: | Public Health Supportive Services, LLC |
| Appropriation Unit: | 3278-62 | Address: | 9550 Vikingholm Road |
| Is budget authority available?: | Yes | City/State/Zip: | Reno, NV 89521 |
| If "No" please explain: | Not Applicable | Contact/Phone: | James Kuzhippala, MPH 702-883-5782 |
| | | Vendor No.: | T32011707 |
| | | NV Business ID: | NV20212199459 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **2 years and 91 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **PH SS PCA**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17889 which provides consulting, marketing, and education services. This service agreement provides services to implement a standardized training curriculum, establish a recruitment pipeline, and provide professional development opportunities for the personal care attendant workforce.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,908,447.00**

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 state requires a vendor to support the overall project management and implementation of this project.

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

ADSD does not have the staff resources available to support this project.

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 holds a Nevada Statewide Contract with Nevada State Purchasing.

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

No If "Yes", please provide details of the litigation 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 | gjorgens | 08/06/2024 07:48:10 AM |
| Division Approval | tric1 | 08/22/2024 16:07:51 PM |
| Department Approval | ecreceli | 08/27/2024 11:23:44 AM |
| Contract Manager Approval | maceved1 | 08/27/2024 11:30:50 AM |
| Budget Analyst Approval | khal5 | 09/04/2024 14:24:34 PM |
| BOE Agenda Approval | klay0 | 09/05/2024 15:10:22 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29397**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - HEALTH CARE FINANCING & POLICY | Legal Entity Name: | Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno, School of Medicine |
| Agency Code: | 403 | Contractor Name: | Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno, School of Medicine |
| Appropriation Unit: | 3157-00 | Address: | Pennington Medical Education Building 332 |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89557-0294 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Jeffrey Felsted 775-682-8178 |
| | | Vendor No.: | D35000816B |
| | | NV Business ID: | Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2025**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2028**

Contract term: **4 years**

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

Contract description: **MCO SDP**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide managed care directed capitated payments for services provided to Medicaid recipients enrolled in a Managed Care Organization.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,874,500.00**

Other basis for payment: SFY25: \$5,005,200.00; SFY26: \$10,941,600.00, SFY27: \$12,336,800.00; SFY28: \$13,942,500.00; SFY29: \$7,648,400.00

II. JUSTIFICATION

7. What conditions require that this work be done?

This interlocal agreement allows DHCFP to invoice Board of Regents, NSHE UNR School of Medicine the IGT portion of the State Directed Payments. The IGT portion of the payment is used to fund the remaining federal share of the payment made for professional services provided by the UNR School of Medicine.

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

DHCFP employees are providing the programmatic and fiscal support for this program and Board of Regents, NSHE UNR School of Medicine is providing the Intergovernmental Transfer.

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:

UNR SOM has various contracts with DHCFP - 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:

Matthew Gaylord, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | aroma2 | 06/20/2024 18:31:52 PM |
| Division Approval | aprasa1 | 06/21/2024 09:34:34 AM |
| Department Approval | staciew4 | 06/25/2024 12:40:02 PM |
| Contract Manager Approval | swes2 | 07/01/2024 08:42:36 AM |
| Budget Analyst Approval | nrezaie | 08/05/2024 09:19:22 AM |
| BOE Agenda Approval | nrezaie | 08/05/2024 09:19:30 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29619**

| | |
|---|---|
| Agency Name: DHHS - HEALTH CARE FINANCING & POLICY | Legal Entity Name: Mercer Health & Benefits, LLC |
| Agency Code: 403 | Contractor Name: Mercer Health & Benefits, LLC |
| Appropriation Unit: 3158-04 | Address: 2325 East Camelback Rd. Suite 600 |
| Is budget authority available?: Yes | City/State/Zip: Phoenix, AZ 85016 |
| If "No" please explain: Not Applicable | Contact/Phone: Fred Gibson 602/522-6526 |
| | Vendor No.: T32007146 |
| | NV Business ID: NV20041250294 |

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 % |
| X Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 50.00 % Hospital Tax |

Agency Reference #: RFQ 99SWC-S2340 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/02/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 180 days**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **CBHTP**

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 for a new children's behavioral health transformation project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,454,712.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. FY25 \$989,712 and FY26 \$465,000

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:

Ann Jensen, Agency Manager Ph: null

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | aroma2 | 08/06/2024 10:02:51 AM |
| Division Approval | aprasa1 | 08/06/2024 11:17:42 AM |
| Department Approval | staciew4 | 08/06/2024 11:35:34 AM |
| Contract Manager Approval | trya4 | 08/06/2024 11:38:16 AM |
| Budget Analyst Approval | nrezaie | 08/07/2024 08:33:30 AM |
| BOE Agenda Approval | nrezaie | 08/07/2024 08:34:44 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22237** Amendment Number: **6**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Mercer Health & Benefits, LLC**

Agency Code: **403** Contractor Name: **Mercer Health & Benefits, LLC**

Appropriation Unit: **3158-04** Address: **2325 E. Camelback Road Suite 600**

Is budget authority available?: **Yes** City/State/Zip: **Phoenix, AZ 85016**

If "No" please explain: **Not Applicable** Contact/Phone: **Frederick Gibison 602-522-6526**

Vendor No.: **T32007146**

NV Business ID: **NV20041250294**

To what State Fiscal Year(s) will the contract be charged? **2020-2026**

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

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **RFP #40DHHs-S697**

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 **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2025**

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Actuarial Services**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$11,061,495 to \$11,561,495 due to additional analysis, capitation rate adjustments, and reports needed for supporting the Managed Care Organization rural expansion.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-----------------|----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$5,085,000.00 | \$5,085,000.00 | \$5,085,000.00 | Yes - Action |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | No |
| b. Amendment 2: | \$0.00 | \$0.00 | \$0.00 | No |
| c. Amendment 3: | \$0.00 | \$0.00 | \$0.00 | No |
| d. Amendment 4: | \$5,854,995.00 | \$5,854,995.00 | \$5,854,995.00 | Yes - Action |
| e. Amendment 5: | \$121,500.00 | \$121,500.00 | \$121,500.00 | Yes - Action |
| 2. Amount of current amendment (#6): | \$500,000.00 | \$500,000.00 | \$500,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$11,561,495.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal mandates for sound actuarial services pursuant to 42 CFR 438.6 for Medicaid payments made to Managed Care Organizations (MCO), Prepaid Inpatient Health Plan(PIHP) or Prepaid Ambulatory Health Plan (PAH)P.

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

State employees lack the skills and expertise for the complexity required to set actuarially sound rates.

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):

Optumace
Mercer Health & Benefits
Milliman

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHs-S697 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/17/2019 Anticipated re-bid date: 01/01/2023

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:

Multiple agencies/DHCFP 2020 to current. Satisfactory.

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

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

Not Applicable

15. The contractor is 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 | 08/28/2024 11:50:53 AM |
| Division Approval | aprasa1 | 08/28/2024 11:59:32 AM |
| Department Approval | staciew4 | 08/28/2024 15:29:40 PM |
| Contract Manager Approval | swes2 | 08/28/2024 15:50:53 PM |
| Budget Analyst Approval | nrezaie | 09/03/2024 12:30:34 PM |
| BOE Agenda Approval | nrezaie | 09/03/2024 12:30:53 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29714**

| | | | |
|--|--|--------------------|--|
| Agency Name: | DHHS - HEALTH CARE FINANCING & POLICY | Legal Entity Name: | Sellers, Dorsey & Associates, LLC |
| Agency Code: | 403 | Contractor Name: | Sellers, Dorsey & Associates, LLC |
| Appropriation Unit: | 3158-48 | Address: | 1635 Market St., Ste. 301 |
| Is budget authority available?: | No | City/State/Zip: | Philadelphia, PA 19103 |
| If "No" please explain: This contract is contingent upon approval of October IFC work program #C69861. | | Contact/Phone: | Julie Cannariato 212/564-3014 |
| | | Vendor No.: | T32015552 |
| | | NV Business ID: | NV20151582004 |

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

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

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

Agency Reference #: 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 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **272 days**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **SHS Grant**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17894 which provides consulting, marketing, and education services. This service agreement provides project management, program evaluation, data analysis, and report development to expand the capacity of schools to bill Medicaid for school health services. This contract is contingent upon approval of IFC work program #C69861.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$388,900.00**

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?

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):

[Empty text box]

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:

DHCFP new agreement 2024.

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

No If "Yes", please provide details of the litigation 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 | 08/23/2024 18:37:55 PM |
| Division Approval | aprasa1 | 08/26/2024 11:59:41 AM |
| Department Approval | sruyball | 08/26/2024 16:57:10 PM |
| Contract Manager Approval | ltuttl1 | 08/27/2024 07:12:41 AM |
| Budget Analyst Approval | nrezaie | 09/03/2024 12:22:46 PM |
| BOE Agenda Approval | nrezaie | 09/03/2024 12:22:50 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25794** Amendment Number: **3**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Alignment Health Plan of Nevada, Inc.** Contractor Name: **Alignment Health Plan of Nevada, Inc.**

Agency Code: **403** Address: **1100 W Town & Country Rd Suite 1600**

Appropriation Unit: **3243-14** City/State/Zip: **Orange, CA 92868**

Is budget authority available?: **Yes** Contact/Phone: **Kelsey Schuffenhauer 657-600-1191**

If "No" please explain: **Not Applicable** Vendor No.: **N/A**

NV Business ID: **NV20171738385**

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

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

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % No Cost |

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 **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2025**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment removes Carson City, Douglas County, Nye County, and Storey County as service areas.

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 |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | No |
| b. Amendment 2: | \$0.00 | \$0.00 | \$0.00 | Exception - Action |
| 2. Amount of current amendment (#3): | \$0.00 | \$0.00 | \$0.00 | Exception - Action |
| 3. New maximum contract amount: | \$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?

Yes If "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:
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 | aroma2 | 07/23/2024 11:26:49 AM |
| Division Approval | laaron | 07/26/2024 11:27:42 AM |
| Department Approval | staciew4 | 08/05/2024 08:55:10 AM |
| Contract Manager Approval | trya4 | 08/05/2024 10:48:52 AM |
| Budget Analyst Approval | nrezaie | 08/07/2024 07:41:33 AM |
| BOE Agenda Approval | nrezaie | 08/07/2024 07:41:40 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: 25845 | Amendment Number: 2 |
| Agency Name: DHHS - HEALTH CARE FINANCING & POLICY | Legal Entity Name: Molina Healthcare of Nevada, Inc. |
| Agency Code: 403 | Contractor Name: Molina Healthcare of Nevada, Inc. |
| Appropriation Unit: 3243-14 | Address: 8329 W Sunset Rd Suite 100 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89113 |
| If "No" please explain: Not Applicable | Contact/Phone: Philip Ramirez 775-225-0736 |
| | Vendor No.: |
| | NV Business ID: NV20161415756 |

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

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

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % No Cost |

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 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2025**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment adds Carson City, Douglas County, Lyon County, Nye County, and Storey County as service areas.

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 |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | Exception - Action |
| 2. Amount of current amendment (#2): | \$0.00 | \$0.00 | \$0.00 | Exception - Action |
| 3. New maximum contract amount: | \$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?

Yes If "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 Eff 1/1/2022 to current. Satisfactory.

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

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

Not Applicable

15. The contractor is 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 | aroma2 | 08/05/2024 12:00:27 PM |
| Division Approval | laaron | 08/05/2024 12:14:37 PM |
| Department Approval | staciew4 | 08/06/2024 09:52:41 AM |
| Contract Manager Approval | ltuttl1 | 08/06/2024 10:10:23 AM |
| Budget Analyst Approval | nrezaie | 08/07/2024 07:30:46 AM |
| BOE Agenda Approval | nrezaie | 08/07/2024 07:30:55 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: **29484**

| | | | |
|---------------------------------|--|--------------------|------------------------------|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | ALTARUM INSTITUTE |
| Agency Code: | 406 | Contractor Name: | ALTARUM INSTITUTE |
| Appropriation Unit: | 3170-31 | Address: | 3520 GREEN CT STE 300 |
| Is budget authority available?: | Yes | City/State/Zip: | ANN ARBOR, MI 48105 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 734/302-4600 |
| | | Vendor No.: | T32014729 |
| | | NV Business ID: | NV20021335177 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 99.90 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 0.10 % Liquor Tax |

Agency Reference #: SA 18413

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2027**

Contract term: **2 years and 241 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

This a new service agreement under statewide contract #99SWC-NV23-17893 which provides consulting, marketing, and education services. This service agreement provides consulting services for the development of a community needs assessment and strategic plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$253,941.73**

Other basis for payment: As invoiced by the contractor and approved by the agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

A Strategic Plan is needed to help Bureau leadership and staff, with plan development and identifying key objectives for the multiple programs within the division bureau in dealing with mental health, suicide prevention and substance use to better serve the state of Nevada.

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

The selected vendor has an external, more neutral perspective on the Nevadan mental health and substance use ecosystem and can effectively complete strategic planning services on a quick deadline that state employees cannot.

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?

(Contract for Service of Independent Contractor, NRS 333.700)
Statewide Contract #: 99SWC-NV23-17893

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:

Statewide Contract #99SWC-NV23-17893

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

No If "Yes", please provide details of the litigation 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 | msilzell | 07/18/2024 18:21:20 PM |
| Division Approval | msilzell | 07/18/2024 18:21:29 PM |
| Department Approval | ijanssen | 08/19/2024 10:35:49 AM |
| Contract Manager Approval | dcastro | 08/22/2024 11:45:25 AM |
| Budget Analyst Approval | cdavis | 09/03/2024 08:22:32 AM |
| BOE Agenda Approval | nrezaie | 09/03/2024 08:38:06 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29732**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | Nevada Department of Corrections |
| Agency Code: | 406 | Contractor Name: | Nevada Department of Corrections |
| Appropriation Unit: | 3170-31 | Address: | 3955 W. Russell Road |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 8911, NV 89118 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Robyn Feese 725-216-6762 |
| | | Vendor No.: | |
| | | NV Business ID: | Government Entity |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: C18324

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/29/2025**

Contract term: **332 days**

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

Contract description: **Nevada D.O.C.**

5. Purpose of contract:

This is a new interlocal agreement to provide the Nevada Department of Corrections with funding to facilitate the creation and operation of a Medications for Opioid Use Disorder program for offenders with opioid use disorders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$580,837.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Bureau SOR fiscal support

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

This project will be administered by employees of NDOC who require specific training and certifications to perform this service within the Nevada prison system.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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 | dcastro | 08/29/2024 10:34:33 AM |
| Division Approval | dcastro | 08/29/2024 10:34:36 AM |
| Department Approval | dcastro | 08/29/2024 10:34:39 AM |
| Contract Manager Approval | dcastro | 08/29/2024 10:34:43 AM |
| Budget Analyst Approval | cdavis | 09/04/2024 11:40:55 AM |
| BOE Agenda Approval | nrezaie | 09/05/2024 07:45:29 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29414**

| | | | |
|---------------------------------|--|--------------------|-----------------------------------|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | SOCIAL ENTREPRENEURS, INC. |
| Agency Code: | 406 | Contractor Name: | SOCIAL ENTREPRENEURS, INC. |
| Appropriation Unit: | 3170-15 | Address: | 6548 S MCCARRAN BLVD STE B |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89509-6150 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 775/324-4567 |
| | | Vendor No.: | T27004599 |
| | | NV Business ID: | NV19961250456 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: C18297

2. Contract start date:

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

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2025**

Contract term: **1 year and 60 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides management, consultations, and assessments on the First Episode Psychosis programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$252,575.00**

Other basis for payment: As invoiced by the contractor and approved by the agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

This service agreement will provide management and services from National NAVIGATE training team and other clinical professionals for consultations and assessments on the First Episode Psychosis programs statewide. Social Entrepreneurs, Inc is necessary to provide professionals to assist with serving individuals in the community suffering from First Episode Psychosis (FEP).

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 capacity to complete the required 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?

Statewide Contract #: 99SWC-NV23-17884

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:

Statewide Contract #: 99SWC-NV23-17884. This vendor has performed satisfactory with the division.

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

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

Not Applicable

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

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 | msilzell | 07/01/2024 17:13:26 PM |
| Division Approval | msilzell | 07/01/2024 17:13:29 PM |
| Department Approval | dcastro | 08/15/2024 15:19:36 PM |
| Contract Manager Approval | dcastro | 08/15/2024 15:19:40 PM |
| Budget Analyst Approval | cdavis | 09/03/2024 08:03:23 AM |
| BOE Agenda Approval | nrezaie | 09/03/2024 08:31:35 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29616**

| | |
|---|--|
| Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: ESTIPONA GROUP |
| Agency Code: 406 | Contractor Name: ESTIPONA GROUP |
| Appropriation Unit: 3213-20 | Address: PO BOX 10606 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89510-0606 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/786-4445 |
| | Vendor No.: T29035435 |
| | NV Business ID: NV19951042070 |

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

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

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

Agency Reference #: **SA18397**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **91 days**

4. Type of contract: **Contract**

Contract description: **Marketing, Education**

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 advertisement campaigns for back-to-school vaccines, COVID-19 vaccines, respiratory disease season, and vaccine confidence.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Immunization Program is responsible for ensuring the public receives unbiased, accurate information regarding vaccines and other immunization initiatives.

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

The Nevada State Immunization Program does not have the resources, expertise, or staff to create and distribute a large media campaign through television, radio, and other advertisement channels.

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?

Statewide Contract #: 99SWC-NV23-17892

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:

Statewide Contract #99SWC-NV23-17892

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

No If "Yes", please provide details of the litigation 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 | ijanssen | 08/08/2024 19:17:43 PM |
| Division Approval | ijanssen | 08/08/2024 19:17:47 PM |
| Department Approval | ijanssen | 08/08/2024 19:17:50 PM |
| Contract Manager Approval | ijanssen | 08/08/2024 19:17:53 PM |
| Budget Analyst Approval | cdavis | 09/03/2024 12:16:26 PM |
| BOE Agenda Approval | nrezaie | 09/03/2024 14:23:22 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29394**

| | |
|--|--|
| Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES | Legal Entity Name: SIRIUS COMPUTER SOLUTIONS, LLC |
| Agency Code: 407 | Contractor Name: SIRIUS COMPUTER SOLUTIONS, LLC |
| Appropriation Unit: 3228-26 | Address: 10100 Reunion Place, STE 500 |
| Is budget authority available?: Yes | City/State/Zip: SAN ANTONIO, TX 78216-5593 |
| If "No" please explain: Not Applicable | Contact/Phone: John Stransky 702-612-3684 |
| | Vendor No.: PUR0003148F |
| | NV Business ID: NV20222512087 |

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

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

| | | | |
|------------------------|----------------|---------------|--------|
| X General Funds | 35.00 % | Fees | 0.00 % |
| X Federal Funds | 65.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 407

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **279 days**

4. Type of contract: **Contract**

Contract description: **QRadar Hardware Refr**

5. Purpose of contract:

This is new contract to provide replacement of cybersecurity defense hardware and data migration services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$388,776.31**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

A Security Information Event Management (SIEM) is required by our federal partners such as IRS, CMS, and SSA for cybersecurity defense. QRadar is our existing SIEM. Our current hardware is at end of life and needs to be replaced to stay in compliance.

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

There are currently no state resources to provide this specialized service.

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

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

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

Sirius Computer Solutions

b. Solicitation Waiver: **Not Applicable**

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

Nevada Revised Statute (NRS) 333.475 permits an agency to enter into a contract with a vendor pursuant to a solicitation conducted by another governmental entity. RFP #08DOA-S1327 under contract #24256 executed on April 15, 2021 was used for this contract.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Office of the Chief Information Officer (OCIO - formerly EITS) and providing satisfactory services.

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

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

Not Applicable

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

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:

Larry Smolyansky, IT Manager 3 Ph: 775-684-0512

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cbuscay | 07/26/2024 11:53:54 AM |
| Division Approval | cbuscay | 07/26/2024 11:53:59 AM |
| Department Approval | rthomps1 | 07/26/2024 13:04:29 PM |
| Contract Manager Approval | mpomerle | 07/31/2024 13:55:06 PM |
| EITS Approval | ljean | 08/01/2024 08:25:45 AM |
| Budget Analyst Approval | afrantz | 08/13/2024 09:08:14 AM |
| BOE Agenda Approval | afrantz | 08/13/2024 09:08:19 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

***** 07/23/2024 - Updated form due to Contract value Change *****

| | |
|----------------------|-------------|
| Purchasing Use Only: | |
| Approval #: | 6240601 (B) |

REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION

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

| | | | |
|---|---|---------------------------|---|
| 1 | Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | | Division of Welfare and Supportive Services |
| | Contact Name and Title | | Phone Number |
| | Larry Smolyansky | | 775-684-0512 |
| | DWSS Contracts | | 775-684-0678 |
| | | Email Address | |
| | | LSMOLYANSKY@dwss.nv.gov | |
| | | dwsscontracts@dwss.nv.gov | |

| | | |
|----------------|-----------------------|---|
| 2 | Vendor Information: | |
| | Identify Vendor: | Sirius Computer Solutions, LLC. |
| | Contact Name: | John Stransky |
| | Complete Address: | 10100 Reunion Place, STE 500, San Antonio, TX 78216 |
| | Telephone Number: | 702-612-3684 |
| Email Address: | john.stransky@cdw.com | |

| | | |
|----------------|--|--|
| 3 | State/Entity that Released the Solicitation & Type of Solicitation. Must be Competitively Bid. | |
| | Type of Solicitation: | Request for Proposal – RFP# 08DOA-SI327 |
| | Identify Original State/Entity: | Enterprise Information Technology Services, Computing Unit |
| | Contact Name: | Kathleen McLaughlin or Jason Benshoof |
| | Telephone Number: | 775-684-4325; 775-684-4304 |
| Email Address: | kfmclaug@admin.nv.gov/ dbenshoof@admin.nv.gov | |

| | | | | | |
|---|--|-------------|-------------------|-----------|---------------|
| 4 | Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract. Note: Agency must include a copy of the originating jurisdictions contract page indicating start and term dates. | | | | |
| | Original Contract: | Start Date: | June 08, 2021 | End Date: | June 07, 2025 |
| | New Contract: | Start Date: | Upon BOE Approval | End Date: | June 07, 2025 |

| | | |
|------------------|--------------------------------|-----|
| 5 | Funding for this new contract: | |
| | State Appropriated: | 35% |
| | Federal Funds: | 65% |
| | Grant Funds: | 0 |
| Other (Explain): | 0 | |

Resub'd 07/22/24

*** Revised page, section 6
on 07/23/2024 ***

| | |
|----------------------|----------|
| Purchasing Use Only: | |
| Approval #: | G2406010 |

| | | |
|---|--|--------------------------------------|
| 6 | Total estimated value of this service contract: | \$328,276.31 \$388,776.31 |
| | If this request contains an IT component that exceeds \$50,000, a TIN/CIN approval memo from EITS <u>must</u> be included with this submission. Purchasing does not have the authority to waive the TIN/CIN process. Requests received without the required approval will be returned to the agency. | |

[Handwritten signature]
7/23/24

| | | | | | |
|---|--|------|-------------------------------------|-----|--------------------------|
| 7 | Does the Scope of Work (SOW) in the originating jurisdictions contract meet/exceed agency's SOW? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). <u>A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.</u> | | | | |

| | | | | | |
|---|---|------|-------------------------------------|-----|--------------------------|
| 8 | Did the agency receive awarded vendors permission to contract? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | <u>Written approval from the awarded vendor on the vendor's letterhead, must accompany the agency's request/submission to the Purchasing Division.</u> Please review Question #9 below as information required in Questions #8 and #9 should be combined into one (1) memo. | | | | |

| | | | | | |
|---|--|------|-------------------------------------|-----|--------------------------|
| 9 | To ensure fair & reasonable pricing to the State, did the agency request a copy of the originating jurisdictions awarded vendors technical and cost proposals? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | <u>Copies of such must be included with submission to the Purchasing Division.</u> Additionally, agencies are advised to have the vendor include verbiage in their memo stating they agree to offer the State of Nevada same or similar pricing to that offered to the originating jurisdiction. | | | | |

| | | | | | |
|----|---|------|-------------------------------------|-----|--------------------------|
| 10 | Did the agency address any Federal Requirements associated with the contract? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
|----|---|------|-------------------------------------|-----|--------------------------|

| | | | | | |
|----|--|------|-------------------------------------|-----|--------------------------|
| 11 | Is this vendor registered in NevadaEPro? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro. | | | | |

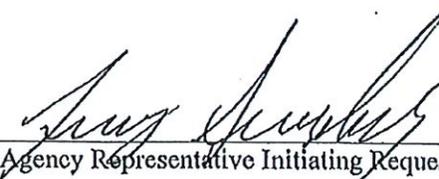
| | | | | | |
|----|---|------|-------------------------------------|-----|--------------------------|
| 12 | Is this vendor registered with the Nevada Secretary of State's Office? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License. | | | | |

| | | | | | |
|----|---|------|--------------------------|-----|-------------------------------------|
| 13 | Is a Business Associate Addendum or other agency specific form(s) required? | Yes: | <input type="checkbox"/> | No: | <input checked="" type="checkbox"/> |
| | If so, please include copies with submission to the Purchasing Division. | | | | |

*** Revised page
Signature block
07/23/2024 ***

| | |
|-----------------------------|------------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | G24060(CA) |

By signing below, I know and understand the contents of this request 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.



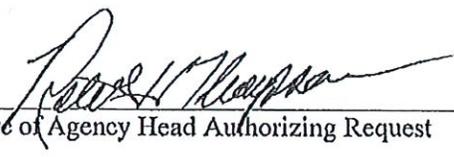
Signature of Agency Representative Initiating Request

Larry Smolyansky

Print Name of Agency Representative Initiating Request

5/21/2024

Date



Signature of Agency Head Authorizing Request



07/17/2024

Robert H. Thompson, Administrator

Print Name of Agency Head Authorizing Request

06/10/2024

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at 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. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

Approved by:



Administrator, Purchasing Division or Designee


7/23/24

Date

6/17/24

Date

Joe Lombardo
Governor



G 240601 - Update
07/12/2024

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

**STATE OF NEVADA
GOVERNOR'S OFFICE**
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Robert Thompson, Administrator, DWSS, DHHS
Crystal Buscay, Chief Financial Officer, DWSS, DHHS
Bart London, Chief IT Manager, DWSS, DHHS
Larry Smolyansky, IT Manager III, DWSS, DHHS
Monique Pomerleau, Management Analyst III, DWSS, DHHS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Sean Montierth, Computing Services Unit, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DWSS – TIN 859 – *QRadar Hardware Refresh* –
Update B - BA 3228

DATE: July 16, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *QRadar Hardware Refresh* – TIN 859, Update B.

The submitted TIN, for an estimated value of \$388,776.31 in the FY24/FY25 biennium (65% Federal Grant and 35% General Fund), is to update cost information for the replacement of the current end-of-life QRadar hardware appliances.

#G240601 - Update
07/23/2024

DWSS' current hardware is at end-of-life and needs to be replaced to stay in compliance. The investment in upgraded QRadar hardware appliances will use technology that is well proven by other projects/entities and has been implemented multiple times. This collaborative migration effort between the vendor and DWSS will upgrade new appliances and validate proper functionality, backup and migrate existing data and configurations, and verify log sources and configuration migration to the new appliances. A SIEM is required by the agency's federal partners such as IRS, CMS, and SSA for cybersecurity defense. QRadar is the SIEM currently in use.

The solution will include upgraded server equipment that will physically reside at the OCIO Data Center and at the agency.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29405**

| | | | |
|---------------------------------|---|--------------------|---|
| Agency Name: | DHHS - WELFARE AND SUPPORTIVE SERVICES | Legal Entity Name: | CLARK COUNTY - EIGHTH JUDICIAL DISTRICT COURT |
| Agency Code: | 407 | Contractor Name: | CLARK COUNTY - EIGHTH JUDICIAL DISTRICT COURT |
| Appropriation Unit: | 3238-49 | Address: | REGIONAL JUSTICE CENTER 200 LEWIS AVE 2ND FLOOR SOUTH LAS VEGAS, NV 89155-0001 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89155-0001 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 702/671-3107 |
| | | Vendor No.: | T81026920AH |
| | | NV Business ID: | GOVERNMENTAL ENTITY |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|------------------------|----------------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 90.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 10.00 % STATE SHARE OF COLLECTIONS |

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**
Anticipated BOE meeting date 10/2024

Retroactive? **Yes**

If "Yes", please explain

Executing this contract at a later date would cause the Court to not be able to offer those services, negatively impacting families served in Clark County.

3. Termination Date: **09/30/2028**

Contract term: **4 years**

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

Contract description: **Access & Visitation**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support programs and facilitate non-custodial parents access for visitation of their children.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$266,666.40**

Other basis for payment: Actual per invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Public Law 104-193 Title III Subtitle I directs grants to states for access and visitation programs. The funding will be used to provide mediation services, supervised Visitation, and formulate parenting plans and participation in other auxiliary services by the parties.

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 agencies entering into the contract is authorized by law to perform; and it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

15. The contractor is 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:

Tracy Sandborn, Social Services Program Specialist II Ph: 775-684-0589

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cbuscay | 07/26/2024 11:41:23 AM |
| Division Approval | cbuscay | 07/26/2024 11:41:27 AM |
| Department Approval | rthomps1 | 07/26/2024 13:07:41 PM |
| Contract Manager Approval | mpomerle | 07/29/2024 10:39:06 AM |
| Budget Analyst Approval | afrantz | 08/05/2024 09:42:20 AM |
| BOE Agenda Approval | afrantz | 08/05/2024 09:42:23 AM |
| BOE Final Approval | Pending | |

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Helping people. It's who we are and what we do.



Robert Thompson
Administrator

August 21, 2024

To: Aaron Frantz, Executive Branch Budget Officer II, Governor's Finance Office

From: Robert H. Thompson, Administrator, Division of Welfare and Supportive Services 

SUBJECT: **Retroactive approval of the Contract between the Division of Welfare and Supportive Services (DWSS) and the Eighth Judicial District Court for Child Support Access and Visitation Services.**

The division respectfully requests that this Contract be approved to be retroactively dated to October 1, 2024, to prevent a lapse in service, allowing the Eighth Judicial District Court to continue their program supporting and facilitating non-custodial parents' access to, and visitation of, their children. The Court facilitates this through mediation (both voluntary and mandatory), counseling, education, development of parenting plans, visitation enforcement (including monitoring, supervision and neutral drop-off and pick-up), and the development of guidelines for visitation and alternative custody arrangements.

Executing this contract at a later date would cause the Court to not be able to offer those services, negatively impacting families served in Clark County.

Thank you for your consideration. If you have any questions, please contact Monique Pomerleau, Management Analyst III and Certified Contract Manager, at 775-684-0678/ mpomerleau@dwss.nv.gov.

Facilities, Allocations, Audit & Contract Team (FACT Unit)

1470 East College Parkway • Carson City, Nevada 89706

775-684-0500 • Fax 775-684-0681 • dwsscontracts@dwss.nv.gov

Page 1 of 1

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 19767 | Amendment Number: 6 |
| Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES | Legal Entity Name: PROTECH SOLUTIONS INC |
| Agency Code: 407 | Contractor Name: PROTECH SOLUTIONS INC |
| Appropriation Unit: 3238-35 | Address: 303 WEST CAPITOL AVE STE 330 |
| Is budget authority available?: Yes | City/State/Zip: LITTLE ROCK, AR 72201-3517 |
| If "No" please explain: Not Applicable | Contact/Phone: ANDRAE BRYANT 501/687-2303 |
| | Vendor No.: T32006528 |
| | NV Business ID: NV20051731208 |

To what State Fiscal Year(s) will the contract be charged? **2018-2025**

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

| | | | | |
|------------------------|----------------|------------------------|----------------|-----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % | |
| X Federal Funds | 66.00 % | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | X Other funding | 34.00 % | State Share of Collections |

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2018**
 Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **7 years and 1 day**

4. Type of contract: **Contract**

Contract description: **CSE System Replacmnt**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides design, development, and implementation services for the Nevada Child Support Enforcement Automated System replacement project. This amendment extends the contract termination date from December 31, 2024 to April 30, 2025 and increases the maximum amount from \$68,000,000.00 to \$70,974,713.54 to account for change orders required to resolve Phase 1 certification findings and to request Phase 2 certification.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-----------------|-----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$65,000,000.00 | \$65,000,000.00 | \$65,000,000.00 | Yes - Action |
| a. Amendment 1: | \$0.00 | \$0.00 | \$0.00 | No |
| b. Amendment 2: | \$0.00 | \$0.00 | \$0.00 | No |
| c. Amendment 3: | \$0.00 | \$0.00 | \$0.00 | No |
| d. Amendment 4: | \$3,000,000.00 | \$3,000,000.00 | \$3,000,000.00 | Yes - Action |
| e. Amendment 5: | \$0.00 | \$0.00 | \$0.00 | No |
| 2. Amount of current amendment (#6): | \$2,974,713.54 | \$2,974,713.54 | \$2,974,713.54 | Yes - Action |
| 3. New maximum contract amount: | \$70,974,713.54 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency required a Design, Development, and Implementation services for the Nevada Child Support Enforcement Automated System replacement project.

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 the state employees do not have the expertise to provide.

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):

Protech
Deloitte Consulting

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3462 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: 08/03/2017 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:

Protech is currently under contract with the Division of Welfare and Supportive services and providing satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cbuscay | 07/26/2024 09:22:57 AM |
| Division Approval | cbuscay | 07/26/2024 09:23:08 AM |
| Department Approval | rthomps1 | 07/26/2024 10:32:12 AM |
| Contract Manager Approval | mpomerle | 07/26/2024 14:02:44 PM |
| EITS Approval | ljean | 07/30/2024 07:27:13 AM |
| Budget Analyst Approval | cdavis | 08/13/2024 11:36:02 AM |
| BOE Agenda Approval | nrezaie | 08/14/2024 10:38:06 AM |



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

| | |
|-----------------------------|------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 5680 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | |
|----------|--|--|--|
| 1 | Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | | <i>Division of Welfare and Supportive Services</i> |
| | Contact Name and Title | | Phone Number |
| | | | Email Address |
| | <i>Kiersten Gallagher, Chief, CSEP</i> | | <i>702-486-1068</i> |
| | | | <i>kgallagher@dwss.nv.gov</i> |
| | <i>Monique Pomerleau, MA III</i> | | <i>775-684-0678</i> |
| | | | <i>dwsscontracts@dwss.nv.gov</i> |

| | |
|---|--|
| Contractor Information: | |
| Contractor Name: | <i>Protech Solutions</i> |
| Contact Name: | <i>Andrae Bryant/Katie Slade</i> |
| Complete Address: City, State and Zip Code | <i>303 W. Capitol Ave., Ste. 330 Little Rock, AR 72201</i> |
| Phone Number: | <i>501-687-2303</i> |
| Email Address: | <i>Andrae.bryant@protechsolutions.com Katie.slade@protechsolutions.com</i> |

| | | | | |
|----------|---|-------------|----|-----------|
| 3 | List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history): | | | |
| | Solicitation Type, if applicable: | | #: | |
| | Enter CETS Number: | # | | |
| | Contract Amount: | \$ | | |
| | Contract Term: | Start Date: | | End Date: |

Resubmission 07/09/24

| | |
|-----------------------------|------|
| Purchasing Use Only: | |
| Approval #: | 5680 |

| | | | | |
|--------------------------------------|--------------------------|---------------------|--------------|-----------------------------|
| Current Contract Information: | | | | |
| Solicitation Type, if applicable: | | Formal Solicitation | | #: 3462 |
| 4 | Enter CETS Number: | #19767 | | |
| | Initial Contract Amount: | \$65,000,000.00 | | |
| | Contract Term: | Start Date: | May 01, 2018 | End Date: December 31, 2023 |

| | | | | |
|--|---|--|---------------------------|------------|
| Amendment Information – List <u>all previously</u> approved amendments: | | | | |
| <i>Amd #:</i> | <i>Brief Synopsis of What Amendment Accomplished:</i> | <i>Dollar Change in Contract Amount</i> | <i>Change in End Date</i> | |
| 5 | 1 | Incorporating Change Requests into the deliverable schedule | 0.00 | None |
| | 2 | Incorporating Change Requests into the deliverable schedule | 0.00 | None |
| | 3 | Incorporating Change Requests into the deliverable schedule | 0.00 | None |
| | 4 | Increasing Authority and incorporating Change Requests into the deliverable schedule | 3,000,000.00 | None |
| | 5 | Adjusting the end date of the contract to align with the projected end date of the Project | 0.00 | 12/31/2024 |

| | | | | |
|---|---|--|---------------------------|------------|
| <u>Proposed</u> Amendment Information: | | | | |
| <i>Amd #:</i> | <i>Brief Synopsis of What the Requested Amendment will Accomplish</i> | <i>Dollar Change in Contract Amount</i> | <i>Change in End Date</i> | |
| 6 | 6 | This amendment increases the contract amount to resolve findings as part of the Phase I Federal certification process. It also extends the contract from December 31, 2024, to April 30, 2025. | \$2,974,713.54 | 04/30/2025 |

| | |
|--|---|
| What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)? | |
| 7 | <i>The Child Support Enforcement modernization project Implementation and Certification phases were originally expected to conclude towards the end of 2024. Due to the nature of a large, specialized system implementation, preliminary findings during the Federal certification process delayed the conclusion of the project. These findings are expected to be resolved by the end of 2024, resulting in an anticipated new certification date and final project end-date in early to mid-2025. It is critical that the contract end dates allow for the finalization of the Federal Certification process and therefore, the division is requesting a new contract end date of April 30, 2025.</i> |

| | |
|-----------------------------|-------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 568 @ |

| | |
|---|--|
| 8 | What are the potential consequences to the State if the contract extension request is denied? |
| | <i>The Office of Child Support Enforcement (OCSE) must certify a Child Support computer system in order for the system to continue to receive the 66% Federal funding provided to states. Having the Implementation contract end prior to the final certification process would result in additional costs to the State and ultimately jeopardize federal funding.</i> |

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

Kiersten Gallagher

Signature of Agency Representative Initiating Request

Kiersten Gallagher

Print Name of Agency Representative Initiating Request

06/18/2024

Date

Robert H. Thompson

Signature of Agency Head Authorizing Request

Robert H. Thompson, Administrator

Print Name of Agency Head Authorizing Request

06/26/2024

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

| | |
|---|---|
| <i>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i> | ✓ |
|---|---|

Signed:

[Signature]

Administrator, Purchasing Division or Designee

7/23/24

Date

Joe Lombardo
Governor



#568 @

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO – COO

David 'Ax' Axtell
Deputy CIO – CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

**STATE OF NEVADA
GOVERNOR'S OFFICE**
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Robert Thompson, Administrator, DWSS, DHHS
Kiersten Gallagher, Child Support Enforcement Prog. Chief, DWSS, DHHS
Crystal Buscay, Chief Financial Officer, DWSS, DHHS
Bart London, Chief IT Manager, DWSS, DHHS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DWSS – TIN 81 – *Child Support Enforcement (NVKIDS)* – Update C – BA 3238

DATE: July 9, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *Child Support Enforcement (NVKIDS)* – TIN 81, Update C. The submitted TIN, for an estimated value of \$48,296,101.00 in the FY24/FY25 biennium (66% Federal Grant and 34% General Fund), is to update cost information for extending the NVKIDS project out to April 30, 2025. There are no changes in scope.

The NVKIDS Project represents a critical modernization effort to enhance the state's child support enforcement capabilities. Despite facing delays in its Implementation and Certification phases due to the COVID-19 pandemic, the project is poised to conclude these phases by April 2025. The NVKIDS Project

remains within budget, with total project costs aligning with the Investment Cost Estimate. This financial stability underscores the prudent management of resources and expenditures throughout the project lifecycle. Extending the project investment and associated contracts is important for ensuring the continued availability of these resources.

The modernization initiative aims to replace the child support segment of the aging Nevada Operations of Multi-Automated Data Systems (NOMADS) application with contemporary technology solutions. By leveraging modern technology, the project endeavors to fulfill federal and state processing mandates, upgrade outdated software architectures, and preemptively address potential future maintenance expenses. This strategic approach not only enhances operational efficiency but also mitigates the risk of cost escalation associated with maintaining legacy systems.

The project has full funding and approval from relevant authorities, including the OCSE, LCB, and the State. However, it's essential to acknowledge that the investment and final implementation entail a moderate ongoing security risk.

The NVKIDS Project necessitates rigorous attention to security measures. As the project involves the handling of Personally Identifiable Information (PII) and adherence to federal security standards, ensuring robust safeguards is paramount. Implementation of modern technology solutions must align with stringent security protocols to mitigate risks associated with data breaches, unauthorized access, and compliance violations. Consequently, ongoing monitoring, regular security assessments, and adherence to best practices are imperative to safeguarding sensitive information and maintaining the integrity and confidentiality of data throughout the project lifecycle.

In conclusion, extending the investment in the NVKIDS Project is imperative for sustaining momentum and ensuring the successful modernization of child support enforcement capabilities in Nevada. By securing the necessary resources and maintaining financial prudence, the state can achieve its objectives of operational efficiency, regulatory compliance, and enhanced service delivery to its constituents.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29413**

| | |
|--|--|
| Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES | Legal Entity Name: Washoe County - Second Judicial District Court |
| Agency Code: 407 | Contractor Name: Washoe County - Second Judicial District Court |
| Appropriation Unit: 3238-49 | Address: DISTRICT CT |
| Is budget authority available?: Yes | 75 CT ST, STE 214 |
| If "No" please explain: Not Applicable | RENO, NV 89501 |
| | Contact/Phone: VALERIE MOSER 775-328-3569 |
| | Vendor No.: T40283400Y |
| | NV Business ID: Gov't Entity |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|------------------------|----------------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 90.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 10.00 % STATE SHARE OF COLLECTIONS |

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **Yes**

If "Yes", please explain

Executing this contract at a later date would cause the Court to not be able to offer those services, negatively impacting families served in Washoe County.

3. Termination Date: **09/30/2028**

Contract term: **4 years**

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

Contract description: **Access & Visitation**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support programs and facilitate non-custodial parents access for visitation of their children.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$177,777.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

Public Law 104-193 Title III Subtitle I directs grants to states for access and visitation programs. The funding will be used to provide mediation services, supervised Visitation, and formulate parenting plans and participation in other auxiliary services by the parties.

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 agencies entering into the contract is authorized by law to perform; and it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

15. The contractor is 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:

Tracey Sanborn, Social Services Program Specialist II Ph: 775-684-0589

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cbuscay | 07/26/2024 11:36:25 AM |
| Division Approval | cbuscay | 07/26/2024 11:36:29 AM |
| Department Approval | rthomps1 | 07/26/2024 13:03:08 PM |
| Contract Manager Approval | rtowle | 07/26/2024 13:37:33 PM |
| Budget Analyst Approval | afrantz | 08/05/2024 09:48:43 AM |
| BOE Agenda Approval | afrantz | 08/05/2024 09:48:48 AM |
| BOE Final Approval | Pending | |

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Helping people. It's who we are and what we do.



Robert Thompson
Administrator

August 21, 2024

To: Aaron Frantz, Executive Branch Budget Officer II, Governor's Finance Office

From: Robert H. Thompson, Administrator, Division of Welfare and Supportive Services 

SUBJECT: **Retroactive approval of the Contract between the Division of Welfare and Supportive Services (DWSS) and the Second Judicial District Court for Child Support Access and Visitation Services.**

The division respectfully requests that this Contract be approved to be retroactively dated to October 1, 2024, to prevent a lapse in service, allowing the Second Judicial District Court to continue their program supporting and facilitating non-custodial parents' access to, and visitation of, their children. The Court facilitates this through mediation (both voluntary and mandatory), counseling, education, development of parenting plans, visitation enforcement (including monitoring, supervision and neutral drop-off and pick-up), and the development of guidelines for visitation and alternative custody arrangements.

Executing this contract at a later date would cause the Court to not be able to offer those services, negatively impacting families served in Washoe County.

Thank you for your consideration. If you have any questions, please contact Rob Towle, Management Analyst II and Certified Contract Manager, at 775-684-0672/ rxtowle@dwss.nv.gov.

Facilities, Allocations, Audit & Contract Team (FACT Unit)

1470 East College Parkway • Carson City, Nevada 89706

775-684-0500 • Fax 775-684-0681 • dwsscontracts@dwss.nv.gov

Page 1 of 1

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29550**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Silver State Pediatric Behavioral Services, LLC |
| Agency Code: | 409 | Contractor Name: | Silver State Pediatric Behavioral Services, LLC |
| Appropriation Unit: | 3646-04 | Address: | 3005 W. Horizon Ridge Parkway Suite 141 |
| Is budget authority available?: | Yes | City/State/Zip: | Henderson, NV 89502 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Daniel Mathis 702-521-8332 |
| | | Vendor No.: | |
| | | NV Business ID: | NV20212313775 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/02/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/09/2028**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **Building 9 Lease**

5. Purpose of contract:

This is a new contract to provide ongoing lease space at the campus located at West Charleston Boulevard in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: This is a no-cost contract/lease

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a building lease agreement for extension of services provided by the Division of Child and Family Services.

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 personnel to provide this needed 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?

Silver State Pediatric Behavioral Services LLC currently sub-leases building 14 to provide residential services to youth (boys) that are IDD identified, which is an extension of services provided by the Division of Child and Family Services.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | prassie1 | 07/26/2024 12:10:32 PM |
| Division Approval | tgreenam | 08/06/2024 15:59:17 PM |
| Department Approval | tgreenam | 08/06/2024 15:59:22 PM |
| Contract Manager Approval | sknigge | 08/07/2024 12:03:58 PM |
| Budget Analyst Approval | pokeefe | 08/09/2024 09:58:31 AM |
| BOE Agenda Approval | nrezaie | 09/03/2024 15:49:28 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29363**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: RENO-TAHOE AIRPORT AUTHORITY |
| Agency Code: 431 | Contractor Name: RENO-TAHOE AIRPORT AUTHORITY |
| Appropriation Unit: 3650-04 | Address: PO BOX 12490 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89510-2490 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-328-6437 |
| | Vendor No.: T80138280 |
| | NV Business ID: Not Applicable |

To what State Fiscal Year(s) will the contract be charged? **2024-2033**

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

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 25.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 75.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

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 09/2024

Retroactive? **Yes**

If "Yes", please explain

There were delays in scheduling and processing the agreement between the multiple levels of government involved.

3. Termination Date: **06/30/2033**

Contract term: **10 years and 2 days**

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

Contract description: **Aircraft Operations**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing use of airport runways and other facilities and services at the Reno-Tahoe Airport.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$785,300.40**

Payment for services will be made at the rate of \$19,632.51 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Airport runways are necessary for Air National Guard planes to take off and land.

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

Only the Reno-Tahoe Airport Authority can provide these facilities and services.

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

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

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

Not Applicable

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

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

NRS 277.180 Interlocal Contract

d. Last bid date: 06/01/2023 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:

Reno-Tahoe Airport and the Nevada Air Guard have had several agreements previously, 14074 and 15701.

14. Is the contractor currently involved in litigation with the State 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 | csnido1 | 07/22/2024 12:49:42 PM |
| Division Approval | csnido1 | 07/22/2024 12:49:47 PM |
| Department Approval | csnido1 | 07/22/2024 12:49:50 PM |
| Contract Manager Approval | csnido1 | 07/22/2024 13:03:24 PM |
| Budget Analyst Approval | twollan1 | 07/29/2024 15:13:25 PM |
| BOE Agenda Approval | mranki1 | 07/30/2024 14:12:45 PM |
| BOE Final Approval | Pending | |



STATE OF NEVADA OFFICE OF THE MILITARY

Office of the Adjutant General
2460 Fairview Drive
Carson City, Nevada 89701-6807



JOE LOMBARDO
Governor

ONDRA L. BERRY
Major General
The Adjutant General

July 22, 2024

MEMORANDUM

To: Theresa Bawden, Executive Branch Budget Officer
Governor's Finance Office, Budget Office

From: Cheryl Tyler, Admin Services Officer 4
State Administrative Office

Subject: Justification for Retroactive Approval

Enclosed for your consideration is a request to approve a retroactive Airport Joint Use Agreement (AJUA) between Reno-Tahoe Airport Authority (RTAA), National Guard Bureau (NGB) and the State of Nevada, Office of the Military, effective July 1, 2023.

There was a massive delay in finalizing this contract due to major renegotiation between RTAA, NGB and Nevada Air National Guard (NVANG)/Office of the Military. This was initiated by NVANG in 2022. Then it went through several rounds of review in various sections within RTAA, and several sections within NGB. Added to this was the complex negotiation regarding the Fire Protection and Crash Rescue Cooperation Mutual Agreement that is attached to the back of the new 10-year AJUA for reference. All parties finally came to an agreement at the end of February 2024.

After which, the agency began routing the contract for signatures of key leadership. AJUA was submitted to United States Property and Fiscal Office in April 2024, then The Adjutant General signed in May 2024, and DAG's signature in June 2024. Agreeing to terms and collecting all signatures, which has to be live signatures, caused the delay getting the contract completed in a timely fashion. The contract was originally supposed to be submitted for the July BOE, but NVANG was instructed by NGB to pull it back for NGB's signature prior to BOE. NGB signed in June 2024.

The Office of the Military finally received all approvals on July 18, 2024, and is submitting this for September BOE agenda.

Your favorable approval of the retroactive start date is appreciated, which will enable the agency to be in compliance of having an approved contract throughout the usage of the property.

Please contact Chris Snidow at CSnidow@govmail.state.nv.us if you have any questions.

Thank you very much.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28766**

Agency Name: **DEPARTMENT OF CORRECTIONS**
Agency Code: **440**
Appropriation Unit: **3710-04**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MOTOROLA SOLUTIONS, INC.**
Contractor Name: **MOTOROLA SOLUTIONS, INC.**
Address: **500 W. Monroe St.**
City/State/Zip: **CHICAGO, IL 60661**
Contact/Phone: **Lauren Heise 702-972-0352**
Vendor No.: **PUR0000209C**
NV Business ID: **NV19731001987**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date: **08/2024**

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

Not Applicable

3. Termination Date: **06/30/2026**
Contract term: **1 year and 333 days**

4. Type of contract: **Other (include description): service agreement**
Contract description: **Radio Maintenance**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV22-10441 which provides public safety communications products, services, and solutions. This service agreement provides maintenance services for mobile, portable, and two-way radio devices and associated hardware.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$103,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOC must maintain over 1100 portable (hand-held) and mobile (permanently mounted in vehicles), as well as base stations and repeaters in order to maintain communications for safe and secure operations of facilities.

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

No NDOC employees are trained for this work. No other State agency provides this service.

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that 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 99WC-NV22-10441 NASPO PA Washington 00318

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 | mschobe2 | 06/14/2024 08:49:02 AM |
| Division Approval | mmarkovi | 06/14/2024 16:49:16 PM |
| Department Approval | mmarkovi | 07/09/2024 11:46:49 AM |
| Contract Manager Approval | mmarkovi | 07/09/2024 11:46:56 AM |
| Budget Analyst Approval | vyoungb | 07/17/2024 07:54:29 AM |
| BOE Agenda Approval | bmacke1 | 09/10/2024 14:39:30 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: **29727**

Agency Name: **DEPARTMENT OF CORRECTIONS**
Agency Code: **440**
Appropriation Unit: **3710-21**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Sabot Technologies, Inc.**
Contractor Name: **Sabot Technologies, Inc.**
Address: **Sabot Consulting
101 Parkshore Dr Ste 100
Folsom , CA 95630**
City/State/Zip: **Folsom , CA 95630**
Contact/Phone: **Darren Chiappinelli 916-712-0876**
Vendor No.: **T29048316**
NV Business ID: **NV20243187798**

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.

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

Agency Reference #: **44DOC-S2590 AM**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 181 days**

4. Type of contract: **Contract**

Contract description: **Ombudsperson Service**

5. Purpose of contract:

This is a new contract to provide ombudsperson services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$523,440.00**

Payment for services will be made at the rate of \$29,080.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Ombudsperson was established by AB 452 2023 of the 82nd legislative session.

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

No state agency offers this service. It is determined that this office is to be an independent entity of the state.

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

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

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

**McNeill, Monique A
Platt Law Group
Celerity Consulting Group LLC**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #44DOC-S2590, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. They were the only proposal submitted.

d. Last bid date: 12/26/2023 Anticipated re-bid date: 10/15/2026

- 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?

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 | jgiesle2 | 08/28/2024 09:28:11 AM |
| Division Approval | jgiesle2 | 08/28/2024 09:28:15 AM |
| Department Approval | jgiesle2 | 08/28/2024 09:28:18 AM |
| Contract Manager Approval | jgiesle2 | 08/28/2024 09:28:24 AM |
| Budget Analyst Approval | vyoungb | 09/04/2024 10:10:40 AM |
| BOE Agenda Approval | bmacke1 | 09/10/2024 10:13:47 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: **28707**

| | |
|---|--|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: Global Tel*Link Corporation DBA Viapath Technologies |
| Agency Code: 440 | Contractor Name: Global Tel*Link Corporation DBA Viapath Technologies |
| Appropriation Unit: 3763-00 | Address: 3120 Fairview Park Dr Ste 300 |
| Is budget authority available?: Yes | City/State/Zip: Falls Church, VA 22042 |
| If "No" please explain: Not Applicable | Contact/Phone: Douglas Farmer 540-935-6605 |
| | Vendor No.: T29046825 |
| | NV Business ID: NV20181399197 |

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 % | X Other funding | 100.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **1 year and 121 days**

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

Contract description: **Inmate Phone Service**

5. Purpose of contract:

This is a new revenue service agreement under statewide contract #99SWC-NV22-13385 which provides inmate communications services. This service agreement provides offenders with accessible communication 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?

It is required to have telephone access for inmate use.

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

No other state agency offers 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?

Vendor was selected under state solicitation 99SWC-S1154.

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

The vendor makes .08 a minute on calls that are not free and can charge ancillary service charges.

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 | jsalmo1 | 02/28/2024 09:14:11 AM |
| Division Approval | mmarkovi | 02/28/2024 09:14:31 AM |
| Department Approval | mmarkovi | 08/08/2024 16:12:11 PM |
| Contract Manager Approval | mmarkovi | 08/08/2024 16:12:15 PM |
| Budget Analyst Approval | vyoungb | 08/13/2024 12:53:13 PM |
| BOE Agenda Approval | bmacke1 | 09/04/2024 09:10:10 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29497**

| | |
|---|--|
| Agency Name: DEPARTMENT OF AGRICULTURE | Legal Entity Name: United States Department of the Interior - Bureau of Land Management |
| Agency Code: 550 | Contractor Name: United States Department of the Interior - Bureau of Land Management |
| Appropriation Unit: 4550-20 | Address: Building 50 PO Box 25047 |
| Is budget authority available?: Yes | City/State/Zip: Denver, CO 80225 |
| If "No" please explain: Not Applicable | Contact/Phone: Criz Miralles 775-885-6034 |
| | Vendor No.: T80964941 |
| | NV Business ID: Governmental Entity |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 25-01

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **Yes**

If "Yes", please explain

This is a retroactive contract due to the cancellation of the September BOE.

3. Termination Date: **09/30/2025**

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

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

Contract description: **NEPA Surveys**

5. Purpose of contract:

This is a new interlocal agreement to provide processing of a right-of-way application, assessments, and surveys to complete a fencing project in the Virginia Range.

6. NEW CONTRACT

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

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The department must complete National Environmental Policy Act (NEPA) assessment surveys in order to complete its fencing project in the Virginia Range

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 available to complete 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

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 Bureau of Land Management 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 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:

William Dawson, Animal Division Deputy Administrator Ph: null

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jwilkin3 | 08/21/2024 10:53:18 AM |
| Division Approval | cbalcon | 08/21/2024 11:01:38 AM |
| Department Approval | cbalcon | 08/21/2024 11:02:15 AM |
| Contract Manager Approval | jtrec1 | 08/27/2024 12:10:41 PM |
| Budget Analyst Approval | dspeed1 | 09/06/2024 15:25:14 PM |
| BOE Agenda Approval | vmilazz1 | 09/06/2024 15:52:26 PM |
| BOE Final Approval | Pending | |



Request for Retroactive Contract

Division of Administrative Services

Memo

To: Governor's Finance Office
From: Cathy Balcon
CC: Dustin Speed
Date: September 6, 2024
Subject: Retroactive Memo – Bureau of Land Management – CETS #29497

Hello,

This is a memo to request retroactive approval of the Nevada Department of Agriculture's (NDA) contract with the Bureau of Land Management (BLM). This contractor will be providing services to process a right-of-way application, contracting National Environmental Policy Act (NEPA), issuance, and monitoring the use of the right-of-way.

This contract is being funded by the Feral Horse Grant that the NDA received; however, that funding expires on September 30, 2024. The NDA must spend the funding and the BLM must receive the funding before this date. Therefore, the NDA is requesting that this contract be retroactive back to September 1, 2024, as this allows a month to process the funds and make sure everything is received correctly by the BLM.

Thank you,

Cathy Balcon
Administrative Services Division Administrator

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29689**

Agency Name: **GCB - GAMING CONTROL BOARD**
Agency Code: **611**
Appropriation Unit: **4061-10**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **INSIGHT PUBLIC SECTOR, INC.**
Contractor Name: **INSIGHT PUBLIC SECTOR, INC.**
Address: **2701 E INSIGHT WAY**
City/State/Zip: **CHANDLER, AZ 85286**
Contact/Phone: **Crystal McBride 501-505-4155**
Vendor No.: **PUR0004545**
NV Business ID: **NV20021477454**

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/01/2027**

Contract term: **2 years and 304 days**

4. Type of contract: **Other (include description): Service**

Contract description: **Network Pen Testing**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software licensing, maintenance, and related services. This service agreement provides a penetration test assessment, vulnerability testing, and a phishing campaign for cybersecurity improvements and compliance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Gaming Control Board will provide a server for Insight to add an application to perform the testing and assessments

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

We do not have a subject matter expert in our agency to perform these testing/assessments/campaigns. While the state does provide tenable scanning, which is an internal assessment, cybersecurity frameworks require an external or third party assessment.

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?

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?

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 | tfrank | 08/22/2024 14:51:36 PM |
| Division Approval | tfrank | 08/22/2024 14:51:39 PM |
| Department Approval | tfrank | 08/22/2024 14:51:43 PM |
| Contract Manager Approval | tfrank | 08/22/2024 14:51:47 PM |
| EITS Approval | ljean | 08/22/2024 14:56:20 PM |
| Budget Analyst Approval | bmacke1 | 09/10/2024 18:24:37 PM |
| BOE Agenda Approval | bmacke1 | 09/10/2024 18:24:41 PM |
| BOE Final Approval | Pending | |



Technology Investment Notification

Network Penetration

| | | | | |
|--|------------------------------|-----------------|---------------|----------------|
| TIN ID:415 | TIN Status: Review Completed | Target FY: FY24 | Beg: 7/1/2023 | End: 6/30/2025 |
| Title: Network Penetration | | BA: 4061, | | |
| Agency: 4061 HR-GAMING CONTROL BOARD 611 | | DU: | | |

Agency Contact

| TIN Contact Information | | | |
|-------------------------|----------------|--------------------------------|--------------------|
| Primary TIN Contact: | Andrew Tucker | IT Manager | atucker@gcb.nv.gov |
| Agency IT: | Andrew Tucker | IT Manager | atucker@gcb.nv.gov |
| Agency Fiscal: | Mary Ashley | Deputy Chief of Administration | mashley@gcb.nv.gov |
| Agency Director: | J. Brin Gibson | Chair | bgibson@gcb.nv.gov |

Investment Description

In an effort to ensure the Boards networks and applications are as secure as possible, the Board is requesting funding to contract with one to two network security vendors to perform penetration testing and security assessments on the Boards networks, servers and applications.

Investment Business Case

The Board had a similar service performed on a segment of the Boards network in 2015. The project did not reveal any high risk items but several areas where the Board could improve network and application security. The Board believes these assessments are vital to help protect the highly confidential data it receives and manages on a daily basis. This request will allow the Board to conduct up to two assessments with two different vendors per year to insure all areas of the Boards networks, servers and applications are evaluated and any vulnerabilities mitigated.

TIN Funding

| Funding Source | Funding % | Funding Note |
|--------------------------|-----------|--------------|
| General Fund% | 100% | |
| 100 % Funding Identified | | |

Biennial Cost Estimate Summary

| Fiscal Year: | Current Biennium Estimated Cost | | Next Biennium Estimated Cost | |
|----------------------------------|---------------------------------|------------|------------------------------|-------------|
| | FY22 | FY23 | FY24 | FY25 |
| FY One Time Cost Est.: | \$0,000.00 | \$0,000.00 | \$40,000.00 | \$40,000.00 |
| FY Ongoing Cost Est.: | \$0,000.00 | \$0,000.00 | \$0,000.00 | \$0,000.00 |
| Total FY Cost Est.: | \$0,000.00 | \$0,000.00 | \$40,000.00 | \$40,000.00 |
| Total Biennium Cost Est.: | \$0,000.00 | | \$80,000.00 | |

Investment Cost Estimate

| FY | Cost Type | Cat | GL | Cost Amt | Cost Source | Note |
|-------------------------------|-----------|-----|------|----------|-----------------|---|
| FY 19 Total: | | | | | | |
| FY 20 Total: | | | | | | |
| FY 21 Total: | | | | | | |
| FY 22 Total: | | | | | | |
| FY 23 Total: | | | | | | |
| FY24 | OneTime | 00 | 7060 | 40000 | Agency Estimate | Network Penetration Testing by Vendor 1 |
| FY 24 Total: \$ 40,000 | | | | | | |
| FY25 | OneTime | 00 | 7060 | 40000 | Agency Estimate | Network Penetration Testing by Vendor 2 |
| FY 25 Total: \$ 40,000 | | | | | | |
| FY 26 Total: | | | | | | |

Technology Investment Questionnaire

| Question # | Question | Response |
|--------------------------------------|---|--|
| Investment Purpose | | |
| Q 1-1 | The primary purpose of this technology investment is to | Other |
| Q 1-2 | The agency's overall urgency to complete the technology investment is driven by | Data Security Vulnerability |
| Q 1-3 | Please provide additional investment purpose and/or urgency-to-complete information. | |
| Investment Impact and Benefit | | |
| Q 2-1 | The overall expected value of this investment compared to other agency technology investments is | Higher Value |
| Q 2-2 | The investment is expected to result in new | Technical Benefit |
| Q 2-3 | Available prior analysis for the investment includes | Vendor Quote |
| Q 2-4 | The investment has significant impact on | Daily business transactions used by Nevada's constituents Daily tasks performed by agency program/business end-users Management and/or internal administrative end-users |
| Q 2-5 | The investment directly impacts the public safety of Nevada's constituents. | No |
| Q 2-6 | The investment directly impacts the security and/or privacy of state-held information. | Yes |
| Q 2-7 | The technology investment directly benefits multiple state agencies | No |
| Q 2-8 | The Payback Period (e.g., the length of time required to recover the cost of the investment through benefit) is | Not Calculated |
| Q 2-9 | Other Important Impact and Benefit Information (Please provide) | The Board believes this is a necessary function to insure the Boards systems and networks are properly protected and not vulnerable to internal or external attacks. |
| Investment Risk | | |
| Q 3-1 | The Agency considers the technology investment risk and any subsequent implementation risk to be | Medium Risk |

| | | |
|---|--|-------------------|
| Q 3-2 | The investment will use technology that is well proven by other projects/entities and implemented multiple times | Yes |
| Q 3-3 | The investment will include technology that is cutting edge or relatively new having been implemented successfully in recent solutions | No |
| Q 3-4 | The investment will include technology that is at the very forefront of IT development and innovation with few if any previous implementations | No |
| Q 3-5 | Other important Investment or Project Risk information (Please provide). | |
| Security Risk | | |
| Q 4-1 | The security impact of the investment has been carefully considered | Yes |
| Q 4-2 | The agency considers the investment and final implementation to have an ongoing | Low Security Risk |
| Q 4-3 | Personal Identification Information (PII data) is transported, stored and/or processed | No |
| Q 4-4 | The security architecture will be re-designed and/or re-implemented. | No |
| Q 4-5 | The solution is subject to federal security and/or other security standards such as: HIPAA, FIPS, NIST, ISO, FedRAMP, IRS, SSA, FBI, CIJIS, etc.,. | No |
| Q 4-6 | The investment does or will adhere to State of Nevada Security Policies | Yes |
| Q 4-7 | The Office of Information Security (OIS) will be asked to conduct pre- and post-implementation security reviews for the investment | No |
| Q 4-8 | Will users be accessing the solution from outside SilverNet? | No |
| Q 4-9 | Other important security impact or process information (Please provide) | |
| Project Management and Structure | | |
| Q 5-1 | The actual implementation is expected to span | 1-6 Months |
| Q 5-2 | A detailed project plan and schedule has been prepared. | No |
| Q 5-3 | The project implementation schedule is well thoughtout and matches the scope and size of the investment. | Yes |
| Q 5-4 | The investment includes Project Management Office (PMO) level support | No |
| Q 5-5 | A project manager will be assigned | Part-time |
| Q 5-6 | Project management will be provided by | Combination |
| Q 5-7 | Project management will include a certified project manager | No |
| Q 5-8 | Other important Project Management approach and information (Please provide) | |
| Business Application | | |
| Q 6-1 | A Business Application software product or solution implementation or upgrade is part of the investment | No |
| Q 6-2 | Identify which application solution alternatives were considered for this investment | |
| Q 6-3 | Approximate number of state users with login accounts to the system is | |

| | | |
|-----------------------|--|----|
| Q 6-4 | Approximate number of external non-state users with access to the system | |
| Q 6-5 | The Business Application software code will be maintained | |
| Q 6-6 | The Business Application software will be browser based | |
| Q 6-7 | The Business Application Software will be accessed via the Internet | |
| Q 6-8 | The Business Application Software will be hosted via | |
| Q 6-9 | The Business Application Software uses a SaaS or other Cloud Model | |
| Q 6-10 | The Business Application Software is priced by subscription | |
| Q 6-11 | The business application will include system interfaces into the SMART21 ERP product | |
| Q 6-12 | Other important Business Application information (Please provide) | |
| Cloud Solution | | |
| Q 7-1 | The solution will be hosted in a cloud. (ie. Will not be hosted on state infrastructure) | No |
| Q 7-2 | The technology investment includes software as a service (SaaS), platform as a service (PaaS), Infrastructure as a Service (IaaS) or other similar products hosted in a third party cloud. | |
| Q 7-3 | The physical location of the hosting data center(s) is known and is or will be contractually identified. | |
| Q 7-4 | The hosted data/solution is or will be contractually identified to reside only in the United States. | |
| Q 7-5 | If the solution is hosted by additional third party providers/subcontractors other than the primary contractual cloud vendor, will the third party provider adhere to the terms of the primary contract for security, backups, recovery, performance, etc. | |
| Q 7-6 | Are all of the cloud providers (i.e., primary vendor, subcontractors, related third parties, etc.) supporting the solution required to give advanced notice if they discontinue or change the circumstances related to the cloud hosting agreement. | |
| Q 7-7 | Are or will there be agreed cloud service levels to cover uptime and availability; service response times; simultaneous users; problem response and resolution times; data security; etc. | |
| Q 7-8 | If the cloud solution is subscription based will sufficient subscriptions be acquired to cover all internal and external users as needed. | |
| Q 7-9 | Have suspension of service, withholding of services, and other similar cloud hosting agreement clauses been mitigated for the State. | |
| Q 7-10 | Have or will contract terms related to business continuity and disaster recovery of the State's data been considered in the cloud hosting agreement. | |
| Q 7-11 | Does the termination agreement and exit strategy define a reasonable timeline for the State to obtain its data when the agreement is discontinued. | |
| Q 7-12 | Who will be responsible for interfacing/integrating other State required system interfaces into the cloud solution. | |
| Q 7-13 | Training for the cloud product will be provided by | |

| | | |
|----------------------------|---|----|
| Q 7-14 | Does the cloud solution require a FedRamp certified cloud platform environment. | |
| Q 7-15 | Has or will the State contractually secure ownership of the data that will reside in the cloud. | |
| Q 7-16 | Other important Cloud Solution information (Please provide). | |
| Custom Software | | |
| Q 8-1 | The investment will include custom developed software | No |
| Q 8-2 | A detailed set of business and technology requirements has been collected and analyzed | |
| Q 8-3 | The approximate number of functional/business requirements to be met are | |
| Q 8-4 | The approximate number of non-functional/technical requirements to be met are | |
| Q 8-5 | A requirements definition document is available for review | |
| Q 8-6 | The investment includes operational and managerial reporting requirements | |
| Q 8-7 | The approximate number of reports anticipated as part of the investment are | |
| Q 8-8 | The approximate number of business rules to be implemented as part of the investment is | |
| Q 8-9 | Approximate number of planned State/Agency SME and BPA FTEs included in system development | |
| Q 8-10 | Approximate number of planned State/Agency IT FTEs included in system development | |
| Q 8-11 | Approximate number of planned EITS IT FTEs included in system development | |
| Q 8-12 | Approximate number of planned MSA IT FTEs included in system development | |
| Q 8-13 | Other important Custom Software solution information (Please provide). | |
| End-User Training | | |
| Q 9-1 | The investment will include End-User Training | No |
| Q 9-2 | Approximate number of end-users to be trained | |
| Q 9-3 | Approximate number of different locations to be used for training | |
| Q 9-3 | The number of expected training modules or courses to be produced and used. | |
| Q 9-4 | End-user training, materials, courses, schedule, facilities and data content development will be completed | |
| Q 9-5 | Other important End-User Training information (Please provide). | |
| End-User Acceptance | | |
| Q 10-1 | The investment will include end-user acceptance testing | No |
| Q 10-2 | The User Acceptance Test Plan (UAT) will be developed and executed | |
| Q 10-3 | The anticipated number of system artifacts including screens, reports and other end-user items to be tested | |
| Q 10-4 | The anticipated number of test cases and scenarios to be produced and tested is | |

| | | |
|--|---|----|
| Q 10-5 | Test data will be developed and permanently stored for ongoing testing. | |
| Q 10-6 | Other important End-User Acceptance information (Please provide). | |
| Data Conversion | | |
| Q 11-1 | The implementation will include a data conversion effort. | No |
| Q 11-2 | Completion of the data conversion planning, development, test and execution will be | |
| Q 11-3 | The number of years of historical data expected to be converted is | |
| Q 11-4 | The number of database tables and/or unique files expected to be converted is | |
| Q 11-5 | The number of database columns and/or unique data elements expected to be converted is | |
| Q 11-6 | Data scrubbing and cleansing of historical data converted to the new solution is expected to take approximately | |
| Q 11-7 | Other important Data Conversion information (Please provide). | |
| System Interfacing (APIs) | | |
| Q 12-1 | The implementation will include other systems interfacing. | No |
| Q 12-2 | Completion of the systems interfacing effort will be | |
| Q 12-3 | The number of expected inbound data feeds or system interfaces is | |
| Q 12-4 | The number of expected outbound data feeds or system interfaces is | |
| Q 12-5 | Approximate number of new interfaces to be deployed | |
| Q 12-6 | Transport Layer Security (TLS) is the protocol that will be used to provide privacy and data integrity between interfacing applications | |
| Q 12-7 | Will public/private key solutions be part of the interfacing architecture | |
| Q 12-8 | Other important System Interfacing information (Please provide). | |
| Infrastructure Impact - Server Services | | |
| Q 13-1 | The solution will include a change or addition to the current server environment | No |
| Q 13-2 | As a result of the investment EITS supported Server Hosting is expected to | |
| Q 13-3 | As a result of the investment EITS supported mainframe usage is expected to | |
| Q 13-4 | As a result of this investment large-scale or high-volume printing is expected to | |
| Q 13-5 | The investment will include new server equipment. | |
| Q 13-6 | The investment will include upgraded server equipment. | |
| Q 13-7 | The number of anticipated new servers included in the investment is | |
| Q 13-8 | Server equipment will physically reside | |
| Q 13-9 | If using EITS Facility, What level of service are you planning? | |
| Q 13-10 | Other important Server Infrastructure/Services information (Please provide) | |
| Data Maintenance | | |

| | | |
|---|---|-----------------|
| Q 14-1 | This investment will include Data Maintenance / Data Hygiene | No |
| Q 14-2 | A Data Maintenance Plan has been drafted | |
| Q 14-3 | How many resources (FTE/MSA) will be assigned to Data Maintenance activities? | |
| Q 14-4 | Other important Data Maintenance information (Please provide) | |
| Disaster Recovery | | |
| Q 15-1 | The investment includes a systems Disaster Recovery element. | No |
| Q 15-2 | The Disaster Recovery environment will be hosted within | |
| Q 15-3 | Will Disaster Recovery Tests be included in this investment? | |
| Q 15-4 | Will EITS Involvement be required in Disaster Recovery Tests? | |
| Q 15-5 | Other important Disaster Recovery information (Please provide). | |
| Desktop and Printer | | |
| Q 16-1 | The investment includes new Desktop and/or Printer equipment. | No |
| Q 16-2 | Additional Microsoft licenses are part of the investment | |
| Q 16-3 | New Email accounts are part of the investment | |
| Q 16-4 | New phone handsets and/or phone lines are part of the investment | |
| Q 16-5 | Other Desktop/Productivity tools and/or software are part of the investment | |
| Q 16-6 | Desktop hardware will be supported and maintained primarily by | |
| Q 16-7 | Other Desktop and Printer information (Please provide). | |
| Infrastructure Impact - Telecommunications | | |
| Q 17-1 | The investment includes new Phone Handsets or VTC technology | No |
| Q 17-2 | Video Conferencing Technology is included in this investment | |
| Q 17-3 | Existing Telecommunication equipment will be | |
| Q 17-4 | Telephones will be added to | |
| Q 17-5 | The new telephone handset type will be | |
| Q 17-6 | Telephone LAN switches will use Power over Ethernet (POE) to power VOIP | |
| Q 17-7 | Other important Telecommunications information (Please provide). | |
| Infrastructure Impact - Network Communications | | |
| Q 18-1 | Existing WAN equipment is expected to be upgraded or replaced | No |
| Q 18-2 | As a result of the investment EITS supported WAN traffic (i.e., SilverNet Traffic) is expected to | Remain the same |
| Q 18-3 | Installation of new carrier lines is expected | No |
| Q 18-4 | Is there an expected impact to hilltop microwave traffic | No |
| Q 18-5 | Other important Network Communication information (Please provide). | |
| Infrastructure Impact - LAN | | |
| Q 19-1 | Existing LAN equipment will be upgraded or replaced | No |

| | | |
|---------------------------|--|-----|
| Q 19-2 | New LAN equipment and wiring will be included | |
| Q 19-3 | Will LAN switches used in the solution include Power over Ethernet (POE) | |
| Q 19-4 | Are Firewalls being added, removed or modified as part of this investment? | |
| Q 19-5 | Other important LAN information (Please provide). | |
| Strategic Planning | | |
| Q 20-1 | Is this investment part of the agency's strategic plan? | Yes |
| Q 20-2 | Approximately how many citizens will this investment impact? | 0 |
| Q 20-3 | Approximately how many state employees will this investment impact? | 400 |
| Q 20-4 | Please provide any additional comments regarding the investment. | |
| Other Documents | | |
| Q 21-1 | Are there other documents available that describe or outline the technology investment | No |
| Q 21-2 | Have additional supporting documents been attached to the TIN | No |
| Q 21-3 | Please provide any additional comments regarding the investment. | |
| End of Qs | | |



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

MEMORANDUM

TO: J. Brin Gibson, Chair, GCB
Mary Ashley, Deputy Chief of Administration, GCB
Andrew Tucker, IT Manager, GCB

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

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – GCB – TIN 415 – *Network Penetration* – BA 4061

DATE: May 10, 2022

We have completed our review for the Gaming Control Board's (GCB) – *Network Penetration* – TIN 415.

The submitted TIN, for an estimated value of \$80,000 in the FY24/FY25 biennium (100% General Fund), is to contract with one to two network security vendors to perform penetration testing and security assessments on the Boards networks, servers, and applications.

A similar service was performed on a segment of the network in 2015. Although the assessment did not reveal any high-risk items, several suggestions were made to improve network and application security. These assessments are vital to helping protect the highly confidential data the agency receives and manages on a daily basis. This request will allow the GCB to conduct up to two assessments per year to ensure all areas of the GCB's networks, servers, and applications are evaluated and that any vulnerabilities are mitigated.

The agency considers the investment and final implementation to have an ongoing low security risk.

EITS' position on supplemental security tools and processes, outside of the security assurance and assessment tools already in use statewide, is twofold:

- First, EITS is aware of the need for a tool to provide an overall security review that gives instant results and reasonable assurance to agencies regarding their security posture and whether a cybersecurity event has occurred within their systems. Until the needed tool is selected and vetted as an enterprise solution, EITS supports individual agencies seeking their own solutions; however, once an enterprise solution is selected EITS expects agencies to use it rather than have several redundant tools in use across the state.
- Second, the Office of Information Security (OIS) is available, at any agency's request, to conduct a security review of any solution. If there are any questions regarding support from OIS please reach out to the office directly.

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: **29730**

| | |
|---|---|
| Agency Name: DPS-HIGHWAY PATROL | Legal Entity Name: PSYCHOLOGICAL CONSULTING ASSOCIATES, INC. |
| Agency Code: 651 | Contractor Name: PSYCHOLOGICAL CONSULTING ASSOCIATES, INC. |
| Appropriation Unit: 4713-31 | Address: 10940 WILSHIRE BLVD SUITE 1600 |
| Is budget authority available?: Yes | City/State/Zip: LOS ANGELES, CA 90024 |
| If "No" please explain: Not Applicable | Contact/Phone: MICHAEL GALLIVAN 424-289-0299 |
| | Vendor No.: T32015445 |
| | NV Business ID: NV20243151173 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **RFP 65DPS-S2829/HM**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

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

4. Type of contract: **Contract**

Contract description: **Mental Health/Well**

5. Purpose of contract:

This is a new contract to provide mental health and wellness services to employees.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$158,750.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Create a robust and proactive Officer and Staff Wellness Program. This project will create a comprehensive behavioral care system that reduces stigma, increases awareness, and normalizes brain health to improve officer and staff wellbeing outcomes. The project will address the emotional toll that a law enforcement job has on its officers, employees and family members.

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

DPS employees do not have the expertise to perform this work.

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

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

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

Nancy K Bohl dba The Counseling Team International
Lecticon
Desert Rose Counseling Group LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S2829 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/04/2024 Anticipated re-bid date: 06/01/2025

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has been used in the past and services were satisfactory.

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

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

Not Applicable

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

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:

Kasen Cornmesser, Contract Manager Ph: 775-684-4869

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bsalisbu | 08/28/2024 14:49:31 PM |
| Division Approval | thick2 | 08/28/2024 14:57:56 PM |
| Department Approval | mcosenti | 08/28/2024 15:04:20 PM |
| Contract Manager Approval | mcosenti | 08/28/2024 15:04:24 PM |
| Budget Analyst Approval | khawkin1 | 09/06/2024 15:44:04 PM |
| BOE Agenda Approval | bmacke1 | 09/10/2024 14:41:23 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25507** Amendment Number: **1**

Agency Name: **OFFICE OF THE MILITARY - EMERGENCY MANAGEMENT** Legal Entity Name: **ESI ACQUISITION, INC.**

Agency Code: **654** Contractor Name: **ESI ACQUISITION, INC.**

Appropriation Unit: **3673-04** Address: **235 Peachtree Street, NE Suite 2300**

Is budget authority available?: **Yes** City/State/Zip: **AUGUSTA, GA 30303**

If "No" please explain: **Not Applicable** Contact/Phone: **Patrick Niles 410-353-9370**

Vendor No.:

NV Business ID: **NV20121279219**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/19/2022**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 43 days**

4. Type of contract: **Contract**

Contract description: **WebEOC**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing annual user license agreement and software support. This amendment increases the maximum amount from \$90,684.30 to \$245,936.38 due to the addition of mapping and data sharing.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$90,684.30 | \$90,684.30 | \$90,684.30 | Yes - Info |
| 2. Amount of current amendment (#1): | \$155,252.08 | \$155,252.08 | \$245,936.38 | Yes - Action |
| 3. New maximum contract amount: | \$245,936.38 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for the annual license, maintenance, technical support and potential training related to the State Emergency Operations Center Crisis Information Management Software. The SEOC utilizes an online and networked computerized system for collection, storing and managing incident information and resources before, during and after emergencies or disasters.

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

This is a vendor specific product that integrates within the Division of Emergency Management's information management system (WebEOC) allowing emergency management agencies statewide access to the information.

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?

Direct purchase of maintenance and support for systems already purchased per State Purchasing.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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 | jlyma2 | 08/22/2024 13:57:16 PM |
| Division Approval | jfranc5 | 08/23/2024 09:41:53 AM |
| Department Approval | csnido1 | 08/23/2024 11:47:55 AM |
| Contract Manager Approval | csnido1 | 08/23/2024 11:48:03 AM |
| Budget Analyst Approval | mranki1 | 09/03/2024 10:26:14 AM |
| BOE Agenda Approval | mranki1 | 09/03/2024 10:26:20 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: **29747**

| | | | |
|---|--|--------------------|--|
| Agency Name: | DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE | Legal Entity Name: | MOETIVATIONS INCORPORATED |
| Agency Code: | 655 | Contractor Name: | MOETIVATIONS INCORPORATED |
| Appropriation Unit: | 4702-04 | Address: | 10106 WEST SAN JUAN WAY SUITE 215 |
| Is budget authority available?: | No | City/State/Zip: | LITTLETON, CO 80127 |
| If "No" please explain: Work program C71594 is on the October 10, 2024 IFC meeting to transfer saving from the vacant dispatch positions payroll category to the operating category to cover the costs. | | Contact/Phone: | MAUREEN DIECKMANN 303-495-0446 |

Vendor No.:
NV Business ID: **NV20243186642**

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

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

| | | | |
|---------------|--------|------------------------|-------------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % DPS Cost Allocation |

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2025**

Contract term: **242 days**

4. Type of contract: **Contract**

Contract description: **Dispatch Services**

5. Purpose of contract:

This is a new contract to provide emergency dispatching relief and assistance. This contract is contingent upon approval of IFC work program #C71594.

6. NEW CONTRACT

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

Other basis for payment: Dependent on staff hours per month.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Communications Bureau has dispatch centers in Carson City and Las Vegas. Both centers have a combined vacancy rate of 48%; Carson City - 79% vacant; Las Vegas - 33%. There are 30 positions filled (of 58 authorized), and of the 30 filled positions, 8 of them are in training and cannot contribute to the demands of the workload, essentially bringing our vacancy rate to 62% if you take the vacant positions and combine them with the non-productive (in training) positions.

Due to the nature of the job/conditions, it is imperative the work is performed to maintain the dispatching and facilitating/coordinating officer responses in routine and emergency situations, and answering phone calls from 911 public safety answering points and the motoring public for routine and emergency situations.

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

The work needed is specialized and training takes months when relief is needed now. This vendor has experienced staff that will help supplement the division's shortfall in staffing to ensure seamless emergency and routine services that our dispatch centers provide.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The division made every possible effort to secure multiple quotes and was only able to find this vendor who can provide these services. The State of Nevada Purchasing Division Administrator, has given RCCD authorization to proceed with a contract without formal competition in accordance with NAC 333.114.

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:

Kami Thompson, MAII Ph: 775-684-6259

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|-------------------------|----------|------------------------|
| Budget Account Approval | jkolenut | 09/04/2024 11:09:52 AM |
| Division Approval | thick2 | 09/04/2024 11:23:56 AM |
| Department Approval | kdefe1 | 09/05/2024 10:41:55 AM |

| | | |
|---------------------------|----------|------------------------|
| Contract Manager Approval | mcosenti | 09/05/2024 10:49:45 AM |
| Budget Analyst Approval | khawkin1 | 09/06/2024 15:52:25 PM |
| BOE Agenda Approval | dlenzner | 09/18/2024 14:05:47 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: 23286 | Amendment Number: 2 |
| Agency Name: DPS-TRAFFIC SAFETY | Legal Entity Name: AGATE SOFTWARE, INC. |
| Agency Code: 658 | Contractor Name: AGATE SOFTWARE, INC. |
| Appropriation Unit: 4688 - All Categories | Address: 2214 UNIVERSITY PARK DRIVE SUITE 102 |
| Is budget authority available?: Yes | City/State/Zip: OKEMOS, MI 48864-3980 |
| If "No" please explain: Not Applicable | Contact/Phone: Sergio Abrigo, Account Manager 517-336-2515 |
| | Vendor No.: T29025797 |
| | NV Business ID: NV20101743480 |

To what State Fiscal Year(s) will the contract be charged? **2021-2026**

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

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

Agency Reference #: 658

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**
 Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2024**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Maintain and Support**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing support, maintenance, and hosting of the grants management system. This amendment extends the termination date from October 31, 2024 to September 30, 2025 and increases the maximum amount from \$477,098.16 to \$651,198.16 to the continued need for these services.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|--|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$299,153.16 | \$299,153.16 | \$299,153.16 | Yes - Action |
| a. Amendment 1: | \$177,945.00 | \$177,945.00 | \$177,945.00 | Yes - Action |
| 2. Amount of current amendment (#2): | \$174,100.00 | \$174,100.00 | \$174,100.00 | Yes - Action |
| 3. New maximum contract amount: | \$651,198.16 | | | |
| and/or the termination date of the original contract has changed to: | 09/30/2025 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Public Safety - Office of Traffic Safety Division promotes reducing crashes and fatalities on NV roadways, by providing federal grant funds to NV traffic safety partners. Federal funding for this office has quadrupled in recent years. This has increased the workload, while limited staff and resources have remained unchanged. OTS currently has federal grant funds available to continue its web-based grant management system. This system has allowed for more effective and transparent grants management and has reduced paper, copying and postage costs.

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

This is an elaborate web-based system that is solely owned by Agate Software, INC that requires hosting, continued support and maintenance

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 #65DPS-S1144, 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: 04/01/2020 Anticipated re-bid date: 03/03/2025

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:

Office of Traffic Safety. Contractor services have been satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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 | bhernan2 | 06/07/2024 17:54:13 PM |
| Division Approval | bhernan2 | 06/07/2024 17:54:31 PM |
| Department Approval | kdefe1 | 07/29/2024 17:28:30 PM |
| Contract Manager Approval | mcosenti | 07/31/2024 17:21:24 PM |
| EITS Approval | ljean | 08/01/2024 08:26:00 AM |
| Budget Analyst Approval | khawkin1 | 08/02/2024 08:35:45 AM |
| BOE Agenda Approval | bmacke1 | 08/14/2024 13:37:49 PM |



STATE OF NEVADA
GOVERNOR’S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Amy Davey, Administrator, DPS
Michelle Farmer, Administrative Services Officer, DPS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DPS – TIN 517 – *DPS-OTS Intelligrants IGX Grant Management System Upgrade* – Update A – BA 4688

DATE: June 3, 2024

We have completed our review for the Department of Public Safety’s (DPS) – *DPS-OTS Intelligrants IGX Grant Management System Upgrade* – TIN 517, Update A.

The submitted TIN, for an estimated value of \$352,045.00 in the FY24/FY25 biennium and \$260,000.00 in the FY26/FY27 biennium (100% Federal Grant funding), is to extend the existing contract until the execution of the upgraded Intelligrants software contract.

The proposed extension will cover the final implementation, conversion, ongoing support, maintenance, and hosting of both systems to ensure data continuity. The DPS - Office of Traffic Safety Division (OTS) is dedicated to reducing crashes and fatalities on Nevada roadways by providing federal grant funds to state traffic safety partners. Since 2011, DPS-OTS has utilized the Intelligrants system provided by Agate Software. The current contract, which expires on October 31, 2024, necessitates an upgrade as the

existing version is scheduled to sunset and will no longer be supported.

The Intelligrants system supports all phases of the grants management cycle, including application, awarding, authorization, reporting, fiscal management, and grant closeout. This system has facilitated more effective and transparent grants management while reducing costs associated with paper, copying, and postage. Since its implementation, the system has handled 100 to 150 new projects annually, tracked approximately 1,000 grants in the current system database, and managed grants valued between \$45 and \$75 million.

In recent years, federal funding for DPS-OTS has quadrupled, significantly increasing the grant management workload without a corresponding increase in staff and resources. DPS-OTS seeks to renew the contract for an additional four years to ensure the continued support and maintenance of the Intelligrants system. The investment will include custom-developed software and a data conversion effort.

Ensuring the integrity, confidentiality, and availability of sensitive data is paramount. The system upgrade should incorporate adequate security measures to protect against potential threats and vulnerabilities, safeguarding the extensive database and ensuring that the federal grant funds are managed securely, protecting the state's traffic safety initiatives from cyber risks and maintaining the trust of Nevada's traffic safety partners.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29590**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4451-16**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **FISH CONTROL SOLUTIONS, LLC**
Contractor Name: **FISH CONTROL SOLUTIONS, LLC**
Address: **714 JOSLYN STREET**
City/State/Zip: **HELENA, MT 59601**
Contact/Phone: **BRIAN FINLAYSON 706/465-6135**
Vendor No.: **T29048668**
NV Business ID: **Pending**

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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 % | X Other funding | 100.00 % RUBY LAHONTAN CUTTHROAT TROUT HABITAT PROJECTS |

Agency Reference #: 25-07

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2027**

Contract term: **3 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Eradication Plan**

5. Purpose of contract:

This is a new contract to provide a preliminary project plan for the eradication of non-native salmonids and includes the coordination and execution of on-site implementation activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$103,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The development of an eradication plan for McDermitt Creek drainage as well as implementation is listed as an objective for the federally listed (threatened) Lahontan Cutthroat Trout.

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

The timeline required for completion as well as the complexity of the McDermitt Creek system require a skillset and allocation of time not available to state personnel. Chemical distribution for this project will need to be precisely formulated by experts in this field.

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

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

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

Fish Control Solutions, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2844, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/09/2024 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:

Other

Pending, vendor has successfully applied for a license.

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Pending, vendor has successfully applied for a license.

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

No b. If "NO", please explain.

Pending, vendor has successfully applied for a license.

19. Agency Field Contract Monitor:

Travis Hawks , Biologist 4 Ph: 775/688-1677

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | abarredo | 08/05/2024 08:50:59 AM |
| Division Approval | abarredo | 08/05/2024 08:51:04 AM |
| Department Approval | jneubau2 | 08/05/2024 08:58:07 AM |
| Contract Manager Approval | amedin4 | 08/05/2024 08:59:06 AM |
| Budget Analyst Approval | dspeed1 | 08/13/2024 13:42:02 PM |
| BOE Agenda Approval | vmilazz1 | 09/05/2024 18:01:01 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: **24412** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **KRNV, LLC**

Agency Code: **702** Contractor Name: **KRNV, LLC**

Appropriation Unit: **4462-10** Address: **1790 Vassar Street**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: Not Applicable Contact/Phone: **Ryan Coleman 775-861-1117**

Vendor No.: **T29034909A**

NV Business ID: **NV20151400598**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that 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 | 5.00 % | <input checked="" type="checkbox"/> Fees | 5.00 % Sportsmen Revenue |
| <input checked="" type="checkbox"/> Federal Funds | 90.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **72DOW-S1496 TB**

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 **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/13/2025**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Media Advertising**

5. Purpose of contract:

This is the first amendment to the original contract which provides wildlife photos, television, and digital media services. This amendment increases the maximum amount from \$500,000 to \$846,587 due to additional media campaigns to address Chronic Wasting Disease, boating safety and education, aquatic invasive species, and bear awareness.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$500,000.00 | \$500,000.00 | \$500,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$346,587.00 | \$346,587.00 | \$346,587.00 | Yes - Action |
| 3. New maximum contract amount: | \$846,587.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will assist NDOW in promoting boating safety and education, hunting and fishing license sales, and greater knowledge of Nevada's wildlife.

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

NDOW does not have the equipment or the trained personnel to compile this work.

9. Were quotes or proposals solicited? Yes

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

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

KRNV, LLC
The Abbi Agency
Robertson & Partners

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S1496, 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: 03/11/2021 Anticipated re-bid date: 03/11/2025

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:

NDOW, FY21 - current, work has always been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | nroble1 | 07/26/2024 16:34:55 PM |
| Division Approval | nroble1 | 07/26/2024 16:35:02 PM |
| Department Approval | jneubau2 | 08/24/2024 17:53:03 PM |
| Contract Manager Approval | abarredo | 09/06/2024 15:50:21 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29718**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4464-08**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **HELIWILD, LLC**
Contractor Name: **HELIWILD, LLC**
Address: **DBA HELICOPTER WILDLIFE SERVIC
501 WEST POWELL LANE SUITE 201
AUSTIN, TX 78753-5946**
City/State/Zip: **AUSTIN, TX 78753-5946**
Contact/Phone: **Mary Helen Renteria 979/203-6735**
Vendor No.: **T29043537**
NV Business ID: **NV20201907017**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **25-12 72DOW-S2853 JW**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2028**

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Aerial Capture**

5. Purpose of contract:

This is a new contract to provide ongoing aerial wildlife capture and transport services for big game animals in support of research projects.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

To more effectively manage our big game herds by better understanding herd distribution, seasonal movements, migration corridors, survival rates, pathogen exposure, and critical use areas. Big game captures are also conducted to collaborate on research projects with academia and universities to support graduate research and assist in collecting scientifically credible information for future use in conservation of critical big game habitat.

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

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter. We do have Department pilots and biologists conducting aerial big game surveys, but this contract would assist in the aerial capture of wildlife, which is an inherently dangerous activity. The Department has outsourced these activities for over 2 decades because of the risk to personnel and added liability to the state. We no longer have the in-house expertise or experience to safely conduct aerial netgun captures.

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):

Western Biological
Wildlife Capture dba Heliwild
Baker Aircraft

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S2853, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/13/2024 Anticipated re-bid date: 09/01/2028

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?

Yes If "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, FY21-current with the Nevada Department of Wildlife. 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:

Cody McKee, Wildlife Staff Specialist Ph: 775/688-1525

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | abarredo | 08/26/2024 12:15:05 PM |
| Division Approval | abarredo | 08/26/2024 12:15:08 PM |
| Department Approval | jneubau2 | 08/26/2024 13:17:30 PM |
| Contract Manager Approval | amedin4 | 08/26/2024 13:47:33 PM |
| Budget Analyst Approval | dspeed1 | 09/06/2024 14:40:46 PM |
| BOE Agenda Approval | vmilazz1 | 09/06/2024 15:15:42 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: **29437**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4467-13**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Nevada Division of Forestry
Contractor Name: **Nevada Division of Forestry**
Address: **901 South Stewart Street Suite 1001**
City/State/Zip: **Carson City , NV 89701**
Contact/Phone: Kacey KC 775/684-2500
Vendor No.:
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | | | |
|------------------------|----------------|----------|---------------|----------------|--|
| General Funds | 0.00 % | X | Fees | 20.00 % | Habitat Conservation, Upland Game Stamp, Duck Stamp |
| X Federal Funds | 70.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | X | Other funding | 10.00 % | Habitat Wildlife Trust Fund, Wildlife Heritage Trust Fund |

Agency Reference #: 24-94

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2028**

Contract term: **4 years**

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

Contract description: **Conservation Project**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing conservation projects of prescribed burning, fence building and repair, vegetation management, and purchase of native seed and nursery stock to preserve and maintain habitat.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$343,194.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Work for habitat restoration and conservation to protect wildlife habitat is necessary. Nevada Division of Forestry has been able to work with Nevada Department of Wildlife for many years now in providing efforts collaboratively among the agencies to accomplish this work.

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

Nevada Department of Wildlife does not have the equipment or manpower to perform these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes, FY15-current with the Nevada Department of Wildlife. Work was satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Amanda Gearhart, Wildlife Staff Specialist Ph: 775/688-1542

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | abarredo | 06/28/2024 13:08:55 PM |
| Division Approval | abarredo | 06/28/2024 13:08:58 PM |
| Department Approval | jneubau2 | 07/26/2024 08:27:53 AM |
| Contract Manager Approval | amedin4 | 08/14/2024 08:18:37 AM |
| Budget Analyst Approval | dspeed1 | 08/14/2024 14:25:52 PM |
| BOE Agenda Approval | vmilazz1 | 09/05/2024 17:17:16 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: 23781 | Amendment Number: 1 |
| Agency Name: DCNR - FORESTRY DIVISION | Legal Entity Name: PAC WEST HELICOPTERS, INC. |
| Agency Code: 706 | Contractor Name: PAC WEST HELICOPTERS, INC. |
| Appropriation Unit: 4196-10 | Address: 16607 CLEAR CREEK RD |
| Is budget authority available?: Yes | City/State/Zip: REDDING, CA 96001-5129 |
| If "No" please explain: Not Applicable | Contact/Phone: Roger M. Gagnon 530-241-2402 |
| | Vendor No.: T29033416 |
| | NV Business ID: NV20111359312 |

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

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

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

Agency Reference #: NDF-21-002

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**
 Anticipated BOE meeting date 07/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/08/2025**
 Contract term: **4 years and 113 days**

4. Type of contract: **Contract**
 Contract description: **Pac West**

5. Purpose of contract:
This is the first amendment to the original contract which provides ongoing helicopter repair services. This amendment extends the termination date from March 8, 2025 to June 30, 2025 and increases the maximum amount from \$500,000 to \$650,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------------------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$500,000.00 | \$500,000.00 | \$500,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$150,000.00 | \$150,000.00 | \$150,000.00 | Yes - Action |
| 3. New maximum contract amount: and/or the termination date of the original contract has changed to: | \$650,000.00 06/30/2025 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

NDF operates (1) one Bell 212S and two (2) UH-1H surplus military helicopters for state wild-land fire protection. These aircraft are considered emergency equipment for the protection of life and property. The FAA requires that all aircraft be under a maintenance program to ensure air worthiness.

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

NDF does not have a mechanic on staff that can provide the specialized skills necessary to service the Bell series helicopters and the military surplus UH-1H helicopters, be Bell medium helicopter overhaul trained, be an FAA certified repair station under Part 145, and have all the support tools and equipment to perform repairs and overhauls on the Bell series helicopter, non-engine repairs.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S1331, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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 | hedmonds | 06/03/2024 10:50:18 AM |
| Division Approval | hedmonds | 06/03/2024 10:50:54 AM |
| Department Approval | pmisch | 06/03/2024 11:00:36 AM |
| Contract Manager Approval | rmorse | 06/17/2024 10:12:47 AM |
| Budget Analyst Approval | rjacob3 | 07/25/2024 13:19:36 PM |
| BOE Agenda Approval | vmilazz1 | 07/26/2024 11:20:28 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29634**

| | |
|---|---|
| Agency Name: DCNR - ENVIRONMENTAL PROTECTION | Legal Entity Name: Stearns, Conrad and Schmidt, Consulting Engineers, Inc. |
| Agency Code: 709 | Contractor Name: Stearns, Conrad and Schmidt, Consulting Engineers, Inc. |
| Appropriation Unit: 3187-10 | Address: 3900 Kilroy Airport Way, Ste100 |
| Is budget authority available?: Yes | City/State/Zip: Long Beach, CA 90806 |
| If "No" please explain: Not Applicable | Contact/Phone: Michelle Leonard 626-792-9593 |
| | Vendor No.: Pending |
| | NV Business ID: NV19941109800 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X | Fees | 100.00 % Solid Waste Tire |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: DEP25-024

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **2 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Waste study**

5. Purpose of contract:

This is a new contract to provide a waste characterization study in fire regions across two seasons to gain a better understanding of the composition of the states municipal solid waste system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$299,300.00**

Payment for services will be made at the rate of \$0.00 per FY25-FY26

Other basis for payment: Monthly as invoiced by the contractor

II. JUSTIFICATION

7. What conditions require that this work be done?

Fulfilling programmatic research and development plans.

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

State employees do not have the equipment or staff time available.

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):

SCS
Cascadia
Tetrattech
Aptim

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S2827, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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 | dherrin1 | 08/13/2024 15:25:01 PM |
| Division Approval | asettel1 | 08/14/2024 13:21:11 PM |
| Department Approval | jkinde1 | 09/04/2024 10:52:59 AM |
| Contract Manager Approval | mgowe2 | 09/04/2024 10:54:00 AM |
| Budget Analyst Approval | rjacob3 | 09/04/2024 15:14:34 PM |
| BOE Agenda Approval | vmilazz1 | 09/05/2024 16:40:39 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: **27345**

Agency Name: **B&I - INDUSTRIAL RELATIONS DIV**
Agency Code: **742**
Appropriation Unit: **4682-09**

Is budget authority available?: **No**

If "No" please explain: This contract is contingent upon approval of work program # C71135, expected for October 2024 IFC.

Legal Entity Name: **Brycer, LLC**
Contractor Name: **Brycer, LLC**
Address: **4355 Weaver Parkway, Suite 330**
City/State/Zip: **Warrenville, IL 60555**

Contact/Phone: **Matthew Rice 630-413-9511**

Vendor No.: **T32013717**
NV Business ID: **NV20212047850**

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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 % | X | Fees | 100.00 % THIRD PARTY USER |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/21/2028**

Contract term: **3 years and 294 days**

4. Type of contract: **Contract**

Contract description: **Database**

5. Purpose of contract:

This is a new contract to provide ongoing database software to track conveyance, boiler, and pressure vessel code compliance. This contract is contingent upon approval of IFC work program #C71135.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,383,476.00**

Other basis for payment: \$17 per certificate generating report submittal for elevators, \$14 per certificate generating report for boilers.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NAC 455C third-party contractors that inspect conveyances, boilers, pressure vessels, and related equipment must submit their completed inspection reports directly to the State of Nevada. Records must be kept of all inspections, tests, modifications, deficiencies, notices, and certificates for a combined total of over 37,000 conveyances, boilers, pressure vessels, and related pieces of equipment.

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

The development of the required database at zero cost is not within the capabilities of our agency or other State agencies at this time.

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?

State Purchasing approved the division's request to use another governmental solicitation.

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 | ecerv1 | 08/08/2024 12:22:21 PM |
| Division Approval | ecerv1 | 08/08/2024 12:22:26 PM |
| Department Approval | ecerv1 | 08/08/2024 12:24:02 PM |
| Contract Manager Approval | ecerv1 | 08/08/2024 12:24:06 PM |
| EITS Approval | ljean | 08/12/2024 11:32:42 AM |
| Budget Analyst Approval | jhelto1 | 09/12/2024 10:30:20 AM |
| BOE Agenda Approval | stilley | 09/12/2024 10:32:50 AM |
| BOE Final Approval | Pending | |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Terry Reynolds, Director, B&I
Victoria Carreon, Administrator, B&I
Brennan Paterson, Chief Administrative Officer, B&I
Emily Cervi, Administrative Services Officer II, B&I
Grant Reynolds, IT Manager III, B&I
Sherry Bixler, Management Analyst I, B&I

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – B&I – TIN 779 – *The Compliance Engine - Update* – BA 4682

DATE: October 25, 2023

We have completed our review for the Department of Business and Industry (B&I), Industrial Relations Division's – *The Compliance Engine - Update* – TIN 779.

The submitted TIN, for an estimated value of \$9,787,802.56 in the FY24/FY25 biennium, \$9,787,802.56 in the FY26/FY27 biennium, and \$4,893,901.28 in FY28 (Zero cost to state, 100% funding from Brycer fee collection), is for the continued use of The Compliance Engine, a SaaS solution that is necessary for tracking data and compliance per NAC455C.

The Compliance Engine (Brycer, LLC) is a cloud-based database that ensures all elevators and related equipment are safe for use and that they are maintained and inspected within the required time frames. This solution monitors the status of equipment, issues installation permits, allows for the data entry and tracking of inspections, testing, and deficiency violations, in addition to sending notices and issuing certificates.

The agency considers the investment and final implementation to have an ongoing low security risk.

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



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Purchasing Use Only:

Approval #: **G231101**

REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION

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

| | | | |
|----------|--|--|--|
| 1 | Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | | <i>DBI/DIR Mechanical Compliance Section</i> |
| | <i>Contact Name and Title</i> | | <i>Phone Number</i> |
| | <i>Brennan Paterson, Chief Administrative Officer</i> | | <i>702-486-9160</i> |
| | <i>Sherry Bixler, Management Analyst I</i> | | <i>775-688-3757</i> |
| | <i>Victoria Carreon, Administrator</i> | | <i>702-486-9116</i> |
| | <i>vcarreon@dir.nv.gov</i> | | |

| | | |
|----------|----------------------------|--|
| 2 | Vendor Information: | |
| | Identify Vendor: | <i>Brycer, LLC</i> |
| | Contact Name: | <i>Bryan Schultz</i> |
| | Complete Address: | <i>4355 Weaver Parkway, Suite 330, Warrenville, IL 60555</i> |
| | Telephone Number: | <i>630-413-9316</i> |
| | Email Address: | <i>bschultz@mybrycer.com</i> |

| | | |
|----------|---|---|
| 3 | State/Entity that Released the Solicitation & Type of Solicitation. Must be Competitively Bid. | |
| | Type of Solicitation: | <i>Sealed Solicitation</i> |
| | Identify Original State/Entity: | <i>Virginia / Arlington County Fire Department Fire Prevention Office</i> |
| | Contact Name: | <i>Taylor McFarland, Project Officer</i> |
| | Telephone Number: | <i>703-228-4235</i> |
| | Email Address: | <i>tmefarland@arlingtonva.us</i> |

| | | | | | |
|----------|---|-------------|-------------------|-----------|-------------------|
| 4 | Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract. Note: Agency must include a copy of the originating jurisdictions contract page indicating start and term dates. | | | | |
| | Original Contract: | Start Date: | <i>06/21/2023</i> | End Date: | <i>06/21/2028</i> |
| | New Contract: | Start Date: | <i>11/30/2023</i> | End Date: | <i>06/21/2028</i> |

| | | |
|----------|---------------------------------------|-----------|
| 5 | Funding for this new contract: | |
| | State Appropriated: | <i>NA</i> |
| | Federal Funds: | <i>NA</i> |
| | Grant Funds: | <i>NA</i> |

Rec'd 11/07/23/autov

| | |
|------------------|--|
| Other (Explain): | <i>Fees collected from third party agencies.</i> |
|------------------|--|

| | |
|-----------------------------|----------|
| Purchasing Use Only: | |
| Approval #: | 623/101@ |

| | | |
|---|--|-----------------|
| 6 | Total estimated value of this service contract: | \$24,469,506.40 |
| | If this request contains an IT component that exceeds \$50,000, a TIN/CIN approval memo from EITS <u>must</u> be included with this submission. Purchasing does not have the authority to waive the TIN/CIN process. Requests received without the required approval will be returned to the agency. | |

| | | | | | |
|---|--|------|-------------------------------------|-----|--------------------------|
| 7 | Does the Scope of Work (SOW) in the originating jurisdictions contract meet/exceed agency's SOW? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). <u>A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.</u> | | | | |

| | | | | | |
|---|---|------|-------------------------------------|-----|--------------------------|
| 8 | Did the agency receive awarded vendors permission to contract? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | <u>Written approval from the awarded vendor on the vendor's letterhead, must accompany the agency's request/submission to the Purchasing Division.</u> Please review Question #9 below as information required in Questions #8 and #9 should be combined into one (1) memo. | | | | |

| | | | | | |
|---|--|------|-------------------------------------|-----|--------------------------|
| 9 | To ensure fair & reasonable pricing to the State, did the agency request a copy of the originating jurisdictions awarded vendors technical and cost proposals? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | <u>Copies of such must be included with submission to the Purchasing Division.</u> Additionally, agencies are advised to have the vendor include verbiage in their memo stating they agree to offer the State of Nevada same or similar pricing to that offered to the originating jurisdiction. | | | | |

| | | | | | |
|----|---|------|--------------------------|-----|-------------------------------------|
| 10 | Did the agency address any Federal Requirements associated with the contract? | Yes: | <input type="checkbox"/> | No: | <input checked="" type="checkbox"/> |
|----|---|------|--------------------------|-----|-------------------------------------|

| | | | | | |
|----|--|------|-------------------------------------|-----|--------------------------|
| 11 | Is this vendor registered in NevadaEPro? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro. | | | | |

| | | | | | |
|----|---|------|-------------------------------------|-----|--------------------------|
| 12 | Is this vendor registered with the Nevada Secretary of State's Office? | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
| | Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License. | | | | |

| | | | | | |
|----|---|------|--------------------------|-----|-------------------------------------|
| 13 | Is a Business Associate Addendum or other agency specific form(s) required? | Yes: | <input type="checkbox"/> | No: | <input checked="" type="checkbox"/> |
| | If so, please include copies with submission to the Purchasing Division. | | | | |

| | |
|-----------------------------|----------|
| Purchasing Use Only: | |
| Approval #: | G231161② |

By signing below, I know and understand the contents of this request 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.

Victoria Carreon

Signature of Agency Representative Initiating Request

Victoria Carreon, Administrator

10/25/2023

Print Name of Agency Representative Initiating Request

Date

[Signature]

Signature of Agency Head Authorizing Request

Terry S. Reynolds, Director

10/31/23

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at 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. | X |
|---|----------|

Approved by:

[Signature]

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: **29617**

| | |
|--|---|
| Agency Name: DEPARTMENT OF MOTOR VEHICLES | Legal Entity Name: DATAMATX INCORPORATED |
| Agency Code: 810 | Contractor Name: DATAMATX INCORPORATED |
| Appropriation Unit: 4731-04 | Address: 3146 NORTHEAST EXPY NE |
| Is budget authority available?: Yes | City/State/Zip: ATLANTA, GA 30341-5345 |
| If "No" please explain: Not Applicable | Contact/Phone: 770/936-5600 |
| | Vendor No.: T32002992 |
| | NV Business ID: NV20141480141 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | | |
|------------------------|---------------|----------|---------------|-----------------------------|
| General Funds | 0.00 % | X | Fees | 95.00 % REGISTRATION |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| X Highway Funds | 5.00 % | | Other funding | 0.00 % |

Agency Reference #: **81DMV-S2762HM**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Elect Mail/Track**

5. Purpose of contract:

This is a new contract to provide first-class mail and certified letters utilizing electronic means to track and mail letters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,437,476.70**

Other basis for payment: **As invoiced by vendor.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The high volume of certified and first-class mail for the Insurance Verification Program, Driver's License Review Program Datamailers of a more efficient way to process and send these mailings. Utilization of the services provided by this vendor will save DMV both time and money.

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

The vendor possesses the ability to track the process of the mail electronically, which the State Mail Services of DMV) does not have the equipment or software to conduct this service. The State Mail Services has confirmed that they cannot provide this service.

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

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

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

Kingdom Business Solutions
NV Presort & Mail Marketing
Sierra Nevada Media Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S2762HM, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/03/2024 Anticipated re-bid date: 05/01/2028

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:

Current vendor and services are satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | jpeat | 08/05/2024 14:29:44 PM |
| Division Approval | mhenderson | 08/05/2024 16:14:28 PM |
| Department Approval | mhenderson | 08/05/2024 16:16:35 PM |
| Contract Manager Approval | susanh29 | 08/05/2024 16:38:06 PM |
| EITS Approval | ljean | 08/06/2024 12:52:39 PM |
| Budget Analyst Approval | vyoungb | 08/13/2024 08:08:29 AM |
| BOE Agenda Approval | bmacke1 | 09/09/2024 18:06:27 PM |
| BOE Final Approval | Pending | |



STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Julie Butler, Director, DMV
Angela Smith, Administrator, Admin. Services, DMV
Suzie Pollard, Administrator, MVIT, DMV
Letty DeLeon, Program Officer III, DMV

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DMV – TIN 789 – *Electronic Mailing & Tracking Services* – Update B – BA 4741, 4731, 4745

DATE: February 22, 2024

We have completed our review for the Department of Motor Vehicles' (DMV) – *Electronic Mailing & Tracking Services* – TIN 789, Update B.

The submitted TIN, for an estimated value of \$1,725,582.60 in the FY24/FY25 biennium and \$3,714,316.55 in the FY26/FY27 biennium (95% State Fees, 5% Highway Fund), is to update funding information and to support a Request for Proposal (RFP) to process first class and certified letters utilizing electronic tracking.

The current contract is about to expire therefore a new contractor will be selected that is capable of capturing data; processing, printing, finishing, preparing, and tracking the mail; and depositing the documents into the United States Postal Service mail stream. DMV will administer the four-year

contract(s) resulting from the RFP. The contractor should allow integration and connectivity to Salesforce and MuleSoft, and other third-party partners, as the DMV evolves in their transformation efforts. The DMV intends for this process to be completed using an automated process that expedites delivery and reduces costs. The contractor shall collect the electronic data to be stored in their cloud servers through a secure interface. There are no anticipated changes to the state's IT infrastructure or enterprise services.

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.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29480**

| | |
|--|---|
| Agency Name: DEPARTMENT OF MOTOR VEHICLES | Legal Entity Name: OPSEC SECURITY INC |
| Agency Code: 810 | Contractor Name: OPSEC SECURITY INC |
| Appropriation Unit: 4740-04 | Address: PO BOX 10155 |
| Is budget authority available?: Yes | City/State/Zip: LANCASTER, PA 17605-0155 |
| If "No" please explain: Not Applicable | Contact/Phone: Greg Kinnear 717/293-4110 |
| | Vendor No.: T29035128A |
| | NV Business ID: E0203112014-8 |

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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 % |
| X Highway Funds | 100.00 % | 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 **08/2025**

Retroactive? **Yes**

If "Yes", please explain

The new contract is retroactive to 07/01/2024 due to the time-consuming nature of the negotiations and preparation of the Scope of Work. The alternative would be that the contract become effective upon approval of the Board of Examiners.

3. Termination Date: **06/30/2028**

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

4. Type of contract: **Contract**

Contract description: **Temp Tag Issue System**

5. Purpose of contract:

This is a new contract to provide for the issuance and tracking of temporary placards issued pursuant to Assembly Bill 532 section 1.6 of the 80th Legislative Session.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Payment for services will be made at the rate of \$1.75 per seal

Other basis for payment: Installments payable based on delivery of stickers and within thirty (30) days of the invoice date.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Motor Vehicles is required to supply sellers and lessors of vehicles temporary placards for use by the new owner to operate a vehicle until a permanent registration is obtained. The new placards will include security sticker and electronic transmission of data to allow access for law enforcement.

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 means to support an automated dealer placard issuance process.

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

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

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

Not Applicable

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

Approval #: 240305

Approval Date: 03/28/2024

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? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 contract takes over where the last OPSEC contract expired on 6/30/2024.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|------------|------------------------|
| Budget Account Approval | pgra1 | 07/10/2024 11:47:14 AM |
| Division Approval | bmusselm | 07/10/2024 14:44:01 PM |
| Department Approval | mhenderson | 07/11/2024 12:14:09 PM |
| Contract Manager Approval | susanh29 | 07/11/2024 17:12:22 PM |
| EITS Approval | ljean | 08/06/2024 08:06:30 AM |
| Budget Analyst Approval | vyoungb | 08/16/2024 15:52:46 PM |
| BOE Agenda Approval | bmacke1 | 09/10/2024 17:34:40 PM |
| BOE Final Approval | Pending | |



STATE OF NEVADA
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Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Tonya Laney, Director, DMV
Suzie Pollard, MVIT Administrator, DMV
Bethany Musselman, ASD Administrator, DMV
Louis Lanuza, Management Analyst, DMV

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DMV – TIN 1013 – *Temporary Tag Issuance System Dealer Placard-Sticker OpSec Securiy, Inc.* – BA 4740

DATE: August 1, 2024

We have completed our review for the Department of Motor Vehicles' (DMV) – *Temporary Tag Issuance System Dealer Placard-Sticker OpSec Securiy, Inc.* – TIN 1013.

The submitted TIN, for an estimated value of \$625,000.00 in the FY24/FY25 biennium and \$1,250,000.00 in the FY26/FY27 biennium (100% State Fees), is to provide the Secure ETag vehicle temporary tag system to the State of Nevada, DMV.

Currently, the State issues cardboard quality vehicle placards to dealers, who then provide them to vehicle purchasers. These placards lack advanced security features, and there is no system to track or report their

issuance. This process creates significant opportunities for fraud and does not provide law enforcement with necessary information during traffic stops, presenting a safety concern.

To address these issues, the Nevada DMV proposes implementing an automated system for printing temporary vehicle tags directly at licensed dealers, while recording the issuance in a state-owned database. This system will also be expandable to include state offices or approved vendors for temporary permits in the future. It will ensure quick and accurate validation of temporary tags and incorporate security features to detect counterfeiting or alterations.

The investment business case outlines several key benefits of this system. It will offer real-time information on all temporary tags issued, employ serialized security seals with strong visual features, and provide tools for field authentication by law enforcement. Additionally, a web interface will be available for authorized users, and the system will facilitate end-to-end tracking of tags and security seals. Integration with existing State DMV systems via API is planned, along with comprehensive customer service support during business hours.

The security seals will be designed to adhere to temporary tags printed on specialty weatherproof paper, which will be ordered and supplied directly to authorized users, such as auto dealers. These users will pay OpSec for the seals and the Secure ETag system, ensuring continued use of the vendor's services for placard issuance. This system will enhance real-time data availability for vehicles sold by Nevada dealers and improve law enforcement's ability to access necessary information during roadside stops, thereby increasing officer safety.

The system must adhere to State security standards for the transmission of personal information as specified in NRS 205.4742 and NRS 603A. All information technology services and systems developed or acquired by the agencies must include documented security specifications. These specifications should encompass a thorough analysis of security risks and the implementation of recommended controls, including access control systems and contingency plans.

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



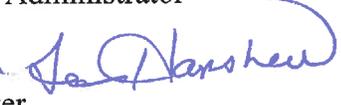
Tonya Laney
Director

Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4501

August 6, 2024

TO: Bethany Musselman, Administrator 
Administrative Services Division

THEN TO: Vince Young-Brown
Chief Assistant, Budget Administrator

FROM: Susan Hanshew 
Interim Contract Manager

RE: OPSEC SECURITY INC. – CETS #29480
Retroactive Memorandum

Attached is a retroactive contract between the Department of Motor Vehicles (DMV) and OpSec Security Inc. This is a new contract that took over for the OpSec Security Inc. contract (CETS #15064) that expired on June 30, 2024. The new contract is effective on July 1, 2024.

The initial reason for the delay is that the Contract Manager at the time the Solicitation Waiver was approved, and the remaining tasks that needed to be completed, left the position and I was appointed the Interim Contract Manager. I had to familiarize myself with this contract and the contracting process at the DMV.

Even though the contract is for \$2,500,000, this is a “No Cost” contract to the DMV and the State.

In addition, there were further delays due to the amount of time it took for the contract drafting process and preparation of the Scope of Work and insurance compliance of the new contract. I was also out of the office on a family emergency. These delays were unexpected.

Since the submission is within the agency deadline, we expect this to be heard at the September 10, 2024, Board of Examiners meeting.

Thank you for your assistance and consideration in this process.

Susan Hanshew, Interim Contract Manager
Nevada Department of Motor Vehicles
Administrative Services Division
555 Wright Way
Carson City, NV 89711
775-684-4504



RECEIVED

AUG 06 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION



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

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

| | |
|-----------------------------|---------|
| Purchasing Use Only: | |
| Approval#: | 240305@ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

| | | | | |
|-----------|---|-------------------------------------|---------------------|----------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below: | | | |
| | State Agency Name: | Nevada Department of Motor Vehicles | | |
| | | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | | Angelena Sampson | 775-684-4504 | angelenasampson@dmv.nv.gov |
| | | Angela Smith | 775-684-4627 | asmith@dmv.nv.gov |

| | | |
|-----------|----------------------------|---|
| 1b | Vendor Information: | |
| | Identify Vendor: | OpSec Security, Inc. |
| | Contact Name: | Greg Kinnear |
| | Complete Address: | 1857 Colonial Village Lane (PO BOX 10155) Lancaster, PA 17601 |
| | Telephone Number: | 720-838-3950 |
| | Email Address: | gkinnear@opsecsecurity.com |

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

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

| | | | | |
|-----------|------------------------|-------------|--------------|-------------------------|
| 1e | Term: | | | |
| | One (1) Time Purchase: | | | |
| | Contract: | Start Date: | July 1, 2024 | End Date: June 30, 2028 |

| | | |
|-----------|---------------------|------|
| 1f | Funding: | |
| | State Appropriated: | None |
| | Federal Funds: | None |
| | Grant Funds: | None |

Rec'd 03/20/24 / auto ✓ / Reimbursement

#240305 (2)

| | |
|------------------|---|
| Other (Explain): | <p><i>There is no fiscal impact to the State of Nevada. This contract is initiated by the Department of Motor Vehicles, Compliance Enforcement Division, for the benefit and protection of Nevada consumers in the retail sale or lease of motor vehicles and to make available to Nevada auto dealers a secure platform to allow them the ability to issue temporary placards as required by state law. All services and products offered by the vendor, OpSec Security Inc., are pass-through costs that will be paid directly by registered dealers who are validated through the DMV Compliance Enforcement Division's Occupational and Business Licensing process, thus permitting Nevada registered dealers to subscribe to OpSec security products described within the Scope of Work.</i></p> |
|------------------|---|

| | |
|----------------------|--|
| Purchasing Use Only: | |
| Approval #: | |

| | |
|----|--|
| 1g | <p>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$ 2,376,052.00 (\$1.75 x 339,436 seals x 4 years)</p> |
|----|--|

| | |
|---|---|
| 2 | <p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>The Nevada Department of Motor Vehicles (NVDMV) will continue the use of the vendor's SecureETag System, a web-based application utilized by the NVDMV and Nevada auto dealers to issue and track temporary placards in a secure real-time manner, and with the following items:</i></p> <p><i>It is important to note that the pricing described below are pass-through costs for which Nevada licensed auto dealers will be responsible to pay directly to the vendor.</i></p> <p><i>The price of each security seal is \$ 1.75 per seal until June 30, 2028 for a four year contract. The pricing includes costs of the seal, access to the web-based system application utilized by the Nevada DMV and dealers for tracking, and the maintenance of the system.</i></p> <p><i>Actual shipping charges may be passed onto dealers upon shipment of orders.</i></p> <p><i>OpSec Security, Inc. will continue to produce the security seal in a manner which will allow the security seals to be folded in packs of 25, thus suitable to fit standard UPS/FedEx/USPS shipping envelopes.</i></p> <p><i>OpSec Security, Inc. will maintain the system, report any down time to NVDMV, provide helpdesk support to the dealers and NVDMV as needed, and report any breach of data encountered.</i></p> |
|---|---|

| | |
|---|---|
| 3 | <p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>OpSec Security Inc. is currently the only vendor in the United States offering an integrated ETag security system that requires an authenticated "security seal" to be affixed to a computer-generated temporary placard that serves as a temporary vehicle tag and is required to be issued by Nevada auto dealers upon the sale or lease of a vehicle. The use of the "security seal", a uniquely serialized and tamper-proof product, has made Nevada temporary placards less vulnerable to fraud. A temporary placard without the visible "security seal" affixed is not valid for issuance or use on motor vehicles. SecureETag is the only system in use today that simultaneously provides a secure storage of the information and document utilized by law enforcement and all stakeholders within Nevada and other</i></p> |
|---|---|

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State users. NVDMV's law enforcement team is trained and highly proficient in utilizing this system for identifying and investigating the use of fraudulent temporary plates for the last ten years.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

This service or good cannot be competitively bid and this purchase is currently only economically available from a single source. The unique combination of the security seal and the associated real-time information tracking access through a secure system is an exclusive product offering by OpSec Security and therefore does not exist in the product offerings of other known competitors. All existing competitors who have a product remotely close to offer are limited to the sale of a software platform and services, logistical tracking, and recommend other sources for the physical security seals. Current logistical technologies in the market are not familiar with offering a product specific to tracking security seals on temporary placards for vehicles, stated they would need to first develop and implement a system through a trial basis, and therefore have no evidence of success in the exact utilization as Nevada DMV has with this OpSec Security Inc. product.

| | | | | | |
|--|--|------|-------------------------------------|-----|--------------------------|
| Were alternative services or commodities evaluated? Check One. | | Yes: | <input checked="" type="checkbox"/> | No: | <input type="checkbox"/> |
|--|--|------|-------------------------------------|-----|--------------------------|

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

The Compliance Enforcement Division performed due diligence in reaching out to nine known competitors of OpSec Security for information to utilize in the evaluation process that led to the conclusion described above. The following vendors were contacted and yielded the following results:

NetScout – no such product; offers network security and monitoring only; transportation tracking portfolio is limited to airline ticketing, mobile apps, rewards programs, train and rail, cruise ship and resort systems.

Laetus – based in the United Kingdom and will not provide information unless a set budget is provided

5 *CSC – attempted contact four separate occasions with long customer service hold times*

Progress Flowmon or Flowmon Network – no such product; provides an array of software applications that may be designed for tracking; offers no combination of physical security seals with a tracking system

SixMap – no such product; only offers enterprise network security/protection and monitoring

Sergeant Laboratories – no such product; only offers enterprise network security/protection and monitoring; current flagship products developed are focused in K-12 security diagnostics and monitoring platform

TripWireless Inc. – no such product; current services are limited to telecommunication network infrastructure and asset protection and recovery

Veridia Solutions – no such product; only offers enterprise staffing and technology solution services

2403050

| | |
|---|--|
| <p><i>Corsearch – no such product; copyright and trademark or brand protection services are limited to commercial products.</i></p> | |
| <p>b. <i>If not, why were alternatives not evaluated?</i></p> | |
| <p> </p> | |

| | |
|------------------------------------|----------|
| <p><i>Purchasing Use Only:</i></p> | |
| <p><i>Approval #:</i></p> | <p> </p> |

| | | | | | |
|--|-------------------|---------------------|---------------------------------|--|---|
| <p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</p> | | | | <p>Yes: <input checked="" type="checkbox"/></p> | <p>No: <input type="checkbox"/></p> |
| <p>a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i></p> | | | | | |
| <p><i>Term Start and End Dates</i></p> | | <p><i>Value</i></p> | <p><i>Short Description</i></p> | <p><i>Type of Procurement (RFP#, RFQ#, Waiver #)</i></p> | |
| 6 | <p>06/12/2014</p> | <p>06/30/2024</p> | <p>\$3,053,758.00</p> | <p>Temporary Tag Issuance System</p> | <p>RFP#3053</p> |
| | | | <p>\$</p> | | <p><i>*please note that this amount has been modified to \$0.00 cost to the State when it was determined as a pass-through cost</i></p> |
| | | | <p>\$</p> | | |
| | | | <p>\$</p> | | |
| | | | <p>\$</p> | | |

| | |
|--|--|
| <p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> | |
| 7 | <p><i>If the waiver request is denied, an application for a contract extension will be pursued due the existing contract expiring on June 30, 2024. If the service or good is competitively bid, the process will take between twelve to fourteen months to execute the contract, with no current known competition for the desired product, and the Nevada dealer industry will be negatively impacted by an additional six to twelve months to implement a completely new system, to train all 1,300+ registered dealers and their end users of such system, to integrate a new system to communicate with Nevada DMV's system in the middle of our own system transformation effort, train DMV end users including Compliance Enforcement officers for fraudulent plate tracking, and adapt to all transition processes involved, all while real time retail sale or lease transactions are ongoing. Nevada DMV is currently not sufficiently staffed for an additional undertaking. Since the vendor is the only one in the country providing real-time tracking of issuance of sealed temporary placards, using any other system will regress the fraud investigation process for temporary tags.</i></p> |

#240305@

| | |
|---|--|
| | What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable? |
| 8 | <i>Nevada DMV Compliance Enforcement Division has verified that there are no other vendors currently offering an integrated tracking system with their security seals at no additional charge. The implications of a changeover to a completely new system and product during this period alone, as described above, was evaluated to provide a high risk of negative impact to the State and its consumers.</i> |

| | | | | | |
|---|---|------|--|-----|-------------------------------------|
| | Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u> | Yes: | | No: | <input checked="" type="checkbox"/> |
| 9 | a. <i>If yes, please provide details regarding future obligations or needs.</i> | | | | |

| | |
|----------------------|------------|
| Purchasing Use Only: | |
| Approval #: | #240305(2) |

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

[Handwritten Signature]

Agency Representative Initiating Request

Angelena Sampson

Print Name of Agency Representative Initiating Request

3/18/2024

Date

[Handwritten Signature]

Signature of Agency Head Authorizing Request

Bethany Mosselman

Print Name of Agency Head Authorizing Request

3/20/2024

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

[Handwritten Signature]

Administrator, Purchasing Division or Designee

3/28/24

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: **29635**

| | |
|--|--|
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: FIRST CLASS VENDING, INC. DBA FIRST CLASS COFFEE SERVICE |
| Agency Code: 901 | Contractor Name: FIRST CLASS VENDING, INC. DBA FIRST CLASS COFFEE SERVICE |
| Appropriation Unit: 3253-00 | Address: 3990 W NAPLES DR |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89103-5529 |
| If "No" please explain: Not Applicable | Contact/Phone: Michelle Marsh 702/832-2609 |
| | Vendor No.: T29042488 |
| | NV Business ID: NV20181040694 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **RFP# 90DETR-S2874 Initials: JW - Ref# 3891-29-BEN**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2028**

Contract term: **4 years and 122 days**

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

Contract description: **S NV Vending**

5. Purpose of contract:

This is a new revenue contract to provide ongoing vending and micro market services for the blind and visually impaired operators located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: 39% commission on snack and beverage items. Commissions are based upon gross revenues received by the vendor for vending machine/micro market services. Commissions shall be paid to the contracting agency by the 20th of each month for the previous months revenue. A penalty of 15% of \$50.00 whichever is greater shall be applied after the 20th of each month for each late payment. Total revenue contract not to exceed \$1,000,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 426.630 through NRS 426.720 and the NAC 426.010 through NAC 426.400 in accordance with the Federal Randolph Sheppard Act Chapter 6A of Title 20, Business Enterprise of Nevada provides an operator and/or vendor to operate various vending locations in public locations across the State of Nevada.

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

State employees will be working with the vendor to implement NRS 426.630-426.720 and the Randolph Sheppard Act (Chapter 6A of Title 20).

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):

Accent Food Service, LLC
Bella Vita Catering
Brown Bag Meals, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP# 90DETR-S2874 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/31/2024 Anticipated re-bid date: 06/01/2028

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?

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

DETR-Rehab

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

No If "Yes", please provide details of the litigation 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 | sruch | 08/08/2024 11:50:13 AM |
| Division Approval | cedlefse | 08/08/2024 14:06:40 PM |
| Department Approval | cedlefse | 08/08/2024 14:06:43 PM |
| Contract Manager Approval | wcune1 | 08/08/2024 14:07:52 PM |
| Budget Analyst Approval | twollan1 | 08/13/2024 14:20:23 PM |
| BOE Agenda Approval | mranki1 | 08/14/2024 09:40:10 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: 28066 | Amendment Number: 1 | |
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: Mesa Energy Systems dba EMCOR | |
| Agency Code: 901 | Contractor Name: Mesa Energy Systems dba EMCOR | |
| Appropriation Unit: 3253-10 | Address: Services Mesa Energy, Inc. 2 Cromwell | |
| Is budget authority available?: Yes | City/State/Zip: Irvine, CA 92618-2011 | |
| If "No" please explain: Not Applicable | Contact/Phone: Jedy Lausen 702-597-0314 | |
| | Vendor No.: T27027115 | |
| | NV Business ID: NV20071267110 | |

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 % | X Other funding | 100.00 % Business Enterprise Set-Aside |

Agency Reference #: **3778-28-BEN**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2023**
 Anticipated BOE meeting date **09/2025**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2027**
 Contract term: **3 years and 356 days**

4. Type of contract: **Contract**
 Contract description: **Emcor**

5. Purpose of contract:
This is the first amendment to the original contract which provides ongoing heating, ventilation, and air conditioning maintenance, installation, and repair services at all Business Enterprise of Nevada locations at Hoover Dam. This amendment increases the maximum amount from \$95,000 to \$370,000 due to the replacement of additional air conditioning units.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$95,000.00 | \$95,000.00 | \$95,000.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$275,000.00 | \$275,000.00 | \$370,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$370,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for the maintenance, repair and service of air conditioning units at Hoover Dam and this service requires trained and experienced technicians.

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

State employees do not possess the required experience and training for these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost vendor

d. Last bid date: 06/29/2023 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:

This vendor has provided satisfactory services to multiple state agencies since June 2011.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sruch | 08/14/2024 11:05:03 AM |
| Division Approval | zhoeflin | 09/04/2024 15:48:13 PM |
| Department Approval | zhoeflin | 09/04/2024 15:48:30 PM |
| Contract Manager Approval | wcune1 | 09/05/2024 14:16:03 PM |
| Budget Analyst Approval | mranki1 | 09/10/2024 10:01:57 AM |
| BOE Agenda Approval | mranki1 | 09/10/2024 10:02:04 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: **29604**

| | |
|--|---|
| Agency Name: DETR - ADMINISTRATIVE SERVICES | Legal Entity Name: J & L |
| Agency Code: 908 | Contractor Name: J & L |
| Appropriation Unit: 3272-04 | Address: 12955 Thunderbolt Drive |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89511 |
| If "No" please explain: Not Applicable | Contact/Phone: Jessica Williams 775-379-8332 |
| | Vendor No.: T27022849A |
| | NV Business ID: NV20101116972 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

| | | | |
|---------------|--------|------------------------|---------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Cost Allocation |

Agency Reference #: **RFP#90DETR-S2831 PSM: JW Reference# 3883-29-OM**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SAO Janitorial**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services for the Administrative Office located in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$171,930.00**

Other basis for payment: As invoiced by vendor and approved for payment by the State. Total contract not to exceed: \$171,930.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department needs these services to keep the facility clean and meet state, federal and local health and safety codes.

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

State employees do not have the time, expertise or equipment to perform this work.

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

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

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

Enterprise Janitorial
McNeils's Cleaning
WOW Cleaning
J&L

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S2831, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/14/2024 Anticipated re-bid date: 02/28/2028

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?

Yes If "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 state agencies, including DETR, since December 2010.

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

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

Not Applicable

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

Other

NT7 Business License General Partnership

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jjense6 | 08/05/2024 11:30:28 AM |
| Division Approval | cedlefse | 08/05/2024 13:12:35 PM |
| Department Approval | cedlefse | 08/05/2024 13:12:40 PM |
| Contract Manager Approval | wcune1 | 08/05/2024 13:33:07 PM |
| Budget Analyst Approval | twollan1 | 08/13/2024 15:35:52 PM |
| BOE Agenda Approval | mranki1 | 08/14/2024 09:15:21 AM |
| BOE Final Approval | Pending | |

MASTER SERVICE AGREEMENT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|----------------------------------|-------------------------|--------------|---|
| 1. | | VARIOUS STATE AGENCIES | ACCELERATED BEHAVIOR SUPPORT LLC | OTHER: VARIOUS AGENCIES | \$4,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing applied behavioral analysis and behavioral supportive services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29697 | | |
| 2. | | VARIOUS STATE AGENCIES | AMERABILITY, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing assistive technology, disabilities support, educational tutoring and education support, employment support, home modification, job development, and pre-employment and supportive services for the blind and visually impaired. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29707 | | |
| 3. | | VARIOUS STATE AGENCIES | AMY'S EDEN SENIOR CARE, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing assisted living, behavioral supportive, disabilities support, group home, home health care, residential provider, respite care, senior care, and supportive living arrangements services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29708 | | |
| 4. | | VARIOUS STATE AGENCIES | CHANGING MINDS PSYCHIATRY, LLC | OTHER: VARIOUS AGENCIES | \$7,600,000 | |
| | Contract Description: | This is a new contract to provide ongoing behavioral support, case management, counseling, dietician-nutrition, marriage and family therapy, mental health, psychiatry, psychology, rehabilitation, social worker, and substance abuse counseling services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29574 | | |
| 5. | | VARIOUS STATE AGENCIES | CRE8IVITY SOLUTION SERVICES, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing case management, community work experience programs, educational tutoring and support, employment support, job development, pre-employment and rehabilitation services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29583 | | |
| 6. | | VARIOUS STATE AGENCIES | EZRA HOPE 4 HOMES LLC | OTHER: VARIOUS AGENCIES | \$3,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing community-based living arrangements services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29586 | | |

MASTER SERVICE AGREEMENT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|-------------------------|--------------|---|
| 7. | | VARIOUS STATE AGENCIES | FOUR HEARTS HEALTHCARE SOLUTIONS, LLC | OTHER: VARIOUS AGENCIES | \$5,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing case management, home health care, medical services, personal care, respite care, and senior care services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29575 | | |
| 8. | | VARIOUS STATE AGENCIES | GREEN TRAINING SERVICES, LLC | OTHER: VARIOUS AGENCIES | \$8,300,000 | |
| | Contract Description: | This is a new contract to provide ongoing counseling, customized employment, educational tutoring and education support, employment support, job development, and rehabilitations services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29709 | | |
| 9. | | VARIOUS STATE AGENCIES | HOLLY MCMICKEN DBA LUNAR13 | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing case management, disabilities support, and supportive living arrangement services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29684 | | |
| 10. | | VARIOUS STATE AGENCIES | JOSEPHINE FERRER AGUILAR DBA HAND-IN-HAND HEALTH CARE SERVICES | OTHER: VARIOUS AGENCIES | \$4,000,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides ongoing acute medical and mental health services. This amendment increases the maximum amount from \$6,000,000 to \$10,000,000 due to the increased need for these services. | | | | |
| | | Term of Contract: | 06/27/2022 - 06/30/2026 | Contract # 26297 | | |
| 11. | | VARIOUS STATE AGENCIES | JOBS FOR NEVADA'S GRADUATES, INC. | OTHER: VARIOUS AGENCIES | \$5,500,000 | |
| | Contract Description: | This is a new contract to provide ongoing case management, community work experience programs, job development, and pre-employment services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29711 | | |
| 12. | | VARIOUS STATE AGENCIES | KATHY MARIE LASALA DBA CERTIFIED ORIENTATION & MOBILITY SERVICES FOR THE BLIND | OTHER: VARIOUS AGENCIES | \$2,500,000 | |
| | Contract Description: | This is a new contract to provide ongoing pre-employment and rehabilitation services for the blind and visually impaired. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29587 | | |

MASTER SERVICE AGREEMENT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|-------------------------|--------------|---|
| 13. | | VARIOUS STATE AGENCIES | MORRISON STAFFING SERVICES, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing case management, customized employment, emergency shelter care, employment support, job development, pre-employment, and supportive living arrangement services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29581 | | |
| 14. | | VARIOUS STATE AGENCIES | NCLAB | OTHER: VARIOUS AGENCIES | \$8,500,000 | |
| | Contract Description: | This is a new contract to provide ongoing educational tutoring and education support, employment support, job development, and pre-employment services. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29712 | | |
| 15. | | VARIOUS STATE AGENCIES | OHANA SENIOR LIVING, LLC DBA OHANA SENIOR LIVING CARE 1 | OTHER: VARIOUS AGENCIES | \$2,100,000 | |
| | Contract Description: | This is a new contract to provide ongoing group home, mental health, and residential provider services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29582 | | |
| 16. | | VARIOUS STATE AGENCIES | RABLS, INC. DBA ACHIEVEMENT CENTER FOR THERAPY | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing applied behavioral analysis, assistive technology, autism treatment assistance program, behavioral support, early intervention, occupational therapy, pediatric, respite care, speech pathology, therapy, and counseling services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29579 | | |
| 17. | | VARIOUS STATE AGENCIES | SHIELDS FOUNDATION, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing autism treatment assistance program, behavioral support, employment support, job development, residential provider, social worker, and supportive living arrangement services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29572 | | |
| 18. | | VARIOUS STATE AGENCIES | THE EARLY START LEARNING CENTER, LLC | OTHER: VARIOUS AGENCIES | \$2,500,000 | |
| | Contract Description: | This is a new contract to provide ongoing applied behavioral analysis and early intervention services. | | | | |
| | | Term of Contract: | Upon Approval - 08/30/2028 | Contract # 29576 | | |

MASTER SERVICE AGREEMENT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|-------------------------------|-------------------------|--------------|---|
| 19. | | VARIOUS STATE AGENCIES | THE PARKEY GROUP, LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing behavioral support, case management, counseling, disabilities support, early intervention, educational tutoring and education support, employment support, job development, marriage and family therapy, mental health, pre-employment, and psychiatry services. | | | | |
| | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29696 | | | |
| 20. | | VARIOUS STATE AGENCIES | THE WHOLE CHILD LLC | OTHER: VARIOUS AGENCIES | \$10,000,000 | |
| | Contract Description: | This is a new contract to provide ongoing disabilities support and supportive living arrangement services. | | | | |
| | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29710 | | | |
| 21. | | VARIOUS STATE AGENCIES | UNLV MEDICINE DBA UNLV HEALTH | OTHER: VARIOUS AGENCIES | \$4,800,000 | |
| | Contract Description: | This is a new contract to provide ongoing audiology, case management, dietician-nutrition, general medicine, mental health, pediatric, psychiatry, psychology, and social worker services. | | | | |
| | Term of Contract: | Upon Approval - 09/30/2028 | Contract # 29698 | | | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29697**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Accelerated Behavior Support LLC |
| Agency Code: MSA | Contractor Name: Accelerated Behavior Support LLC |
| Appropriation Unit: 9999 - All Categories | Address: 829 Maybole Avenue |
| Is budget authority available?: Yes | City/State/Zip: Henderson, NV 89012 |
| If "No" please explain: Not Applicable | Contact/Phone: Lena Sankovich 702-773-8602 |
| | Vendor No.: PENDING |
| | NV Business ID: NV20243056275 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: S1737-RV 99SWC-VQ15579

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and behavioral supportive services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

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 | 08/27/2024 09:51:13 AM |
| Division Approval | ldeloach | 08/27/2024 09:51:19 AM |
| Department Approval | ldeloach | 08/27/2024 09:51:22 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:47:26 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 12:04:43 PM |
| BOE Agenda Approval | stilley | 09/04/2024 14:21:01 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: **29707**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Amerability, LLC |
| Agency Code: MSA | Contractor Name: Amerability, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 8423 East Valleyway Avenue |
| Is budget authority available?: Yes | City/State/Zip: Spokane Valley, WA 99212 |
| If "No" please explain: Not Applicable | Contact/Phone: Murray Elbourn 509-601-8447 |
| | Vendor No.: T29049073 |
| | NV Business ID: NV20243141750 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **S1737-RV 99SWC-VQ15594**

2. Contract start date:

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

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assistive technology, disabilities support, educational tutoring and education support, employment support, home modification, job development, and pre-employment 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 | 08/27/2024 09:58:13 AM |
| Division Approval | ldeloach | 08/27/2024 09:58:17 AM |
| Department Approval | ldeloach | 08/27/2024 09:58:19 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:47:49 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:17:03 PM |
| BOE Agenda Approval | stilley | 09/04/2024 16:44:15 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29708**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Amy's Eden Senior Care, LLC |
| Agency Code: MSA | Contractor Name: Amy's Eden Senior Care, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 800 South Meadows Parkway Suite 500 |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89521 |
| If "No" please explain: Not Applicable | Contact/Phone: Deena Hocker 775-884-3336 |
| | Vendor No.: T32016292 |
| | NV Business ID: NV20131095610 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: S1737-RV 99SWC-VQ15585

2. Contract start date:

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

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, behavioral supportive, disabilities support, group home, home health care, residential provider, respite care, senior care, and supportive living arrangements services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? **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 | 08/27/2024 10:03:55 AM |
| Division Approval | ldeloach | 08/27/2024 10:03:58 AM |
| Department Approval | ldeloach | 08/27/2024 10:04:02 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:49:00 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:15:36 PM |
| BOE Agenda Approval | stilley | 09/04/2024 16:26:10 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29574**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Changing Minds Psychiatry, LLC |
| Agency Code: MSA | Contractor Name: Changing Minds Psychiatry, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 911 N. Buffalo Drive Unit 206 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89130 |
| If "No" please explain: Not Applicable | Contact/Phone: Nicole Vaughn 702-405-8088 |
| | Vendor No.: T32005419 |
| | NV Business ID: NV20171010447 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **S1737-RV 99SWC-VQ15376**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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, case management, counseling, dietician-nutrition, marriage and family therapy, mental health, psychiatry, psychology, rehabilitation, social worker, and substance abuse counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,600,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | 08/05/2024 13:59:44 PM |
| Division Approval | ldeloach | 08/05/2024 13:59:47 PM |
| Department Approval | ldeloach | 08/05/2024 13:59:50 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:36:55 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 08:00:38 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:16:54 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29583**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Cre8ivity Solution Services, LLC |
| Agency Code: MSA | Contractor Name: Cre8ivity Solution Services, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 3440 E. Russell Road Suite 221 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89120 |
| If "No" please explain: Not Applicable | Contact/Phone: Trumaine Ross 702-583-0021 |
| | Vendor No.: T32016383 |
| | NV Business ID: NV20212069392 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **S1737-RV 99SWC-VQ15620**

2. Contract start date:

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

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 case management, community work experience programs, educational tutoring and support, employment support, job development, pre-employment and rehabilitation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

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 | 08/05/2024 13:54:49 PM |
| Division Approval | ldeloach | 08/05/2024 13:54:52 PM |
| Department Approval | ldeloach | 08/05/2024 13:54:55 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:40:24 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 08:52:33 AM |
| BOE Agenda Approval | stillely | 08/19/2024 17:09:56 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29586**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Ezra Hope 4 Homes LLC |
| Agency Code: MSA | Contractor Name: Ezra Hope 4 Homes LLC |
| Appropriation Unit: 9999 - All Categories | Address: 4009 Coburn Street |
| Is budget authority available?: Yes | City/State/Zip: North Las Vegas, NV 89032 |
| If "No" please explain: Not Applicable | Contact/Phone: Jazzmin Clark 702-945-1065 |
| | Vendor No.: T32016332 |
| | NV Business ID: NV20232926523 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15593**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 arrangements 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 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 | ldeloach | 08/05/2024 13:19:46 PM |
| Division Approval | ldeloach | 08/05/2024 13:19:50 PM |
| Department Approval | ldeloach | 08/05/2024 13:19:53 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:40:58 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 08:46:39 AM |
| BOE Agenda Approval | stilley | 08/20/2024 11:12:18 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: **29575**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Four Hearts Healthcare Solutions, LLC |
| Agency Code: MSA | Contractor Name: Four Hearts Healthcare Solutions, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 10120 S Eastern Avenue #207 |
| Is budget authority available?: Yes | City/State/Zip: Henderson, NV 89052 |
| If "No" please explain: Not Applicable | Contact/Phone: Laneika Walker 775-545-9434 |
| | Vendor No.: T32016032 |
| | NV Business ID: NV20212136052 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15359**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 case management, home health care, medical services, personal care, respite care, and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to 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 | ldeloach | 08/05/2024 13:23:26 PM |
| Division Approval | ldeloach | 08/05/2024 13:23:29 PM |
| Department Approval | ldeloach | 08/05/2024 13:23:33 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:37:36 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 07:38:44 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:18:04 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: **29709**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Green Training Services, LLC |
| Agency Code: MSA | Contractor Name: Green Training Services, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 7881 West Charleston Boulevard Suite 175 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89117 |
| If "No" please explain: Not Applicable | Contact/Phone: Alan Bolton 907-521-3286 |
| | Vendor No.: T29049212 |
| | NV Business ID: NV20232922221 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15668**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, customized employment, educational tutoring and education support, employment support, job development, and rehabilitations services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 08/27/2024 10:11:06 AM |
| Division Approval | ldeloach | 08/27/2024 10:11:10 AM |
| Department Approval | ldeloach | 08/27/2024 10:11:13 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:49:33 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:12:47 PM |
| BOE Agenda Approval | stille | 09/04/2024 16:13:23 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29684**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Holly McMicken |
| Agency Code: MSA | Contractor Name: Holly McMicken dba Lunar13 |
| Appropriation Unit: 9999 - All Categories | Address: 7211 Windstar Drive |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89523 |
| If "No" please explain: Not Applicable | Contact/Phone: Holly McMicken 775-770-0735 |
| | Vendor No.: T29049151 |
| | NV Business ID: NV20232993995 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ15584

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, disabilities support, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 08/27/2024 10:20:00 AM |
| Division Approval | ldeloach | 08/27/2024 10:20:03 AM |
| Department Approval | ldeloach | 08/27/2024 10:20:06 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:46:55 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:10:38 PM |
| BOE Agenda Approval | stilley | 09/04/2024 16:11:42 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: 26297 | Amendment Number: 1 |
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: JOSEPHINE FERRER AGUILAR DBA HAND-IN-HAND HEALTH CARE SERVICES |
| Agency Code: MSA | Contractor Name: JOSEPHINE FERRER AGUILAR DBA HAND-IN-HAND HEALTH CARE SERVICES |
| Appropriation Unit: 9999 - All Categories | Address: 12260 OCEAN VIEW DRIVE |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89441 |
| If "No" please explain: Not Applicable | Contact/Phone: Josephine Aguilar 775/636-1639 |
| | Vendor No.: T29017189 |
| | NV Business ID: NV20111188389 |
| To what State Fiscal Year(s) will the contract be charged? | 2022-2026 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/27/2022**

Anticipated BOE meeting date **05/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **4 years and 4 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 acute medical and mental health services. This amendment increases the maximum amount from \$6,000,000 to \$10,000,000 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: | \$6,000,000.00 | \$6,000,000.00 | \$6,000,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$4,000,000.00 | \$4,000,000.00 | \$4,000,000.00 | Yes - Action |
| 3. New maximum contract amount: | \$10,000,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?
Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?
No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 04/08/2024 13:36:04 PM |
| Division Approval | ldeloach | 04/08/2024 13:36:15 PM |
| Department Approval | ldeloach | 04/08/2024 13:36:26 PM |
| Contract Manager Approval | ascaffid | 07/12/2024 09:12:57 AM |
| Budget Analyst Approval | mbro28 | 08/07/2024 14:03:59 PM |
| BOE Agenda Approval | stilly | 08/19/2024 17:29:07 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: **29711**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Jobs For Nevada's Graduates, Inc. |
| Agency Code: MSA | Contractor Name: Jobs For Nevada's Graduates, Inc. |
| Appropriation Unit: 9999 - All Categories | Address: 4045 South Buffalo Drive Suite A101-128 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89147 |
| If "No" please explain: Not Applicable | Contact/Phone: Debbie Tarantino 725-696-3894 |
| | Vendor No.: T32002801 |
| | NV Business ID: NV20131697401 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15661**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, community work experience programs, job development, and pre-employment services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,500,000.00**

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:
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 | ldeloach | 08/27/2024 10:27:47 AM |
| Division Approval | ldeloach | 08/27/2024 10:27:50 AM |
| Department Approval | ldeloach | 08/27/2024 10:27:52 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:50:07 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:02:04 PM |
| BOE Agenda Approval | stilly | 09/04/2024 14:27:08 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29587**

| | | | |
|---------------------------------|--------------------------------------|--------------------|---|
| Agency Name: | MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: | Kathy Marie Lasala |
| Agency Code: | MSA | Contractor Name: | Kathy Marie Lasala dba Certified Orientation & Mobility Services for the Blind |
| Appropriation Unit: | 9999 - All Categories | Address: | 803 Carroll Drive |
| Is budget authority available?: | Yes | City/State/Zip: | Carson City, NV 89703 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Kathy Lasala 775-315-2833 |
| | | Vendor No.: | T29046095 |
| | | NV Business ID: | NV20222592057 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ14154

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 pre-employment and rehabilitation services for the blind and visually impaired.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 08/05/2024 13:28:39 PM |
| Division Approval | ldeloach | 08/05/2024 13:28:43 PM |
| Department Approval | ldeloach | 08/05/2024 13:28:46 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:41:31 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 08:37:48 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:13:39 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: **29581**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Morrison Staffing Services, LLC |
| Agency Code: MSA | Contractor Name: Morrison Staffing Services, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 4640 Montebello Avenue |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89110 |
| If "No" please explain: Not Applicable | Contact/Phone: LaSandra Morrison 702-972-6043 |
| | Vendor No.: PENDING |
| | NV Business ID: NV20232686807 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ14822

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 case management, customized employment, emergency shelter care, employment support, job development, pre-employment, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

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 | 08/05/2024 13:50:33 PM |
| Division Approval | ldeloach | 08/05/2024 13:50:38 PM |
| Department Approval | ldeloach | 08/05/2024 13:50:42 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:39:21 PM |
| Budget Analyst Approval | mbro28 | 08/08/2024 08:17:23 AM |
| BOE Agenda Approval | stille | 08/19/2024 17:25:26 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29712**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: NCLab |
| Agency Code: MSA | Contractor Name: NCLab |
| Appropriation Unit: 9999 - All Categories | Address: 450 Sinclair Street |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89501 |
| If "No" please explain: Not Applicable | Contact/Phone: Albrecht J Moore 775-600-7473 |
| | Vendor No.: PUR0005831 |
| | NV Business ID: NV20111538218 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15657**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing educational tutoring and education support, employment support, job development, and pre-employment services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

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 | ldeloach | 08/27/2024 10:34:47 AM |
| Division Approval | ldeloach | 08/27/2024 10:34:50 AM |
| Department Approval | ldeloach | 08/27/2024 10:34:53 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:45:53 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:07:53 PM |
| BOE Agenda Approval | stilley | 09/04/2024 16:10:24 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: **29582**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Ohana Senior Living, LLC |
| Agency Code: MSA | Contractor Name: Ohana Senior Living, LLC dba Ohana Senior Living Care 1 |
| Appropriation Unit: 9999 - All Categories | Address: 6825 White Sands Avenue |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89145 |
| If "No" please explain: Not Applicable | Contact/Phone: Mariafe Vital 702-332-8665 |
| | Vendor No.: T32013874 |
| | NV Business ID: NV20181246999 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ15518

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 group home, mental health, and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 08/05/2024 14:05:48 PM |
| Division Approval | ldeloach | 08/05/2024 14:05:52 PM |
| Department Approval | ldeloach | 08/05/2024 14:05:55 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:39:51 PM |
| Budget Analyst Approval | mbro28 | 08/12/2024 07:22:31 AM |
| BOE Agenda Approval | stillely | 08/19/2024 16:52:50 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29579**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: RABLS, INC. |
| Agency Code: MSA | Contractor Name: RABLS, INC. DBA Achievement Center for Therapy |
| Appropriation Unit: 9999 - All Categories | Address: 8670 W Cheyenne Avenue Ste 110 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89129 |
| If "No" please explain: Not Applicable | Contact/Phone: Irene Ortiz 725-202-1497 |
| | Vendor No.: T29048881 |
| | NV Business ID: NV20191271672 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15355**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 applied behavioral analysis, assistive technology, autism treatment assistance program, behavioral support, early intervention, occupational therapy, pediatric, respite care, speech pathology, therapy, and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | Ideloach | 08/05/2024 14:10:48 PM |
| Division Approval | Ideloach | 08/05/2024 14:10:51 PM |
| Department Approval | Ideloach | 08/05/2024 14:10:55 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:38:49 PM |
| Budget Analyst Approval | mbro28 | 08/08/2024 08:25:03 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:23:56 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29572**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: Shields Foundation, LLC |
| Agency Code: MSA | Contractor Name: Shields Foundation, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 4660 S. Eastern Avenue Suite 108A |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: Robert Plowden 7207469254 |
| | Vendor No.: T32015933 |
| | NV Business ID: NV20243099249 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ15382

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 autism treatment assistance program, behavioral support, employment support, job development, residential provider, social worker, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

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 | 08/05/2024 14:17:00 PM |
| Division Approval | ldeloach | 08/05/2024 14:17:03 PM |
| Department Approval | ldeloach | 08/05/2024 14:17:06 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:36:14 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 08:15:50 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:14:46 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29576**

| | | | |
|---------------------------------|--------------------------------------|--------------------|---|
| Agency Name: | MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: | The Early Start Learning Center, LLC |
| Agency Code: | MSA | Contractor Name: | The Early Start Learning Center, LLC |
| Appropriation Unit: | 9999 - All Categories | Address: | 10161 Park Run Drive Suite 150 |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 89145 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Miranda Griffith 702-208-9275 |
| | | Vendor No.: | PENDING |
| | | NV Business ID: | NV20201929265 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: S1737-RV 99SWC-VQ15355

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2028**

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 applied behavioral analysis and early intervention services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to 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 | ldeloach | 08/05/2024 14:21:30 PM |
| Division Approval | ldeloach | 08/05/2024 14:21:33 PM |
| Department Approval | ldeloach | 08/05/2024 14:21:36 PM |
| Contract Manager Approval | ascaffid | 08/05/2024 14:38:12 PM |
| Budget Analyst Approval | mbro28 | 08/09/2024 07:30:27 AM |
| BOE Agenda Approval | stilley | 08/19/2024 17:19:19 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29696**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: The Parkey Group, LLC |
| Agency Code: MSA | Contractor Name: The Parkey Group, LLC |
| Appropriation Unit: 9999 - All Categories | Address: 6625 W Sahara Avenue Suite 8 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89146 |
| If "No" please explain: Not Applicable | Contact/Phone: Rebecca Parkey 725-230-8526 |
| | Vendor No.: T32016489 |
| | NV Business ID: NV20201889170 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15652**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, case management, counseling, disabilities support, early intervention, educational tutoring and education support, employment support, job development, marriage and family therapy, mental health, pre-employment, and psychiatry 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 | 08/27/2024 10:40:45 AM |
| Division Approval | ldeloach | 08/27/2024 10:40:49 AM |
| Department Approval | ldeloach | 08/27/2024 10:40:52 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:50:34 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 13:47:57 PM |
| BOE Agenda Approval | stille | 09/04/2024 14:23:48 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: **29710**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: The Whole Child LLC |
| Agency Code: MSA | Contractor Name: The Whole Child LLC |
| Appropriation Unit: 9999 - All Categories | Address: 1661 Sawtooth Trail |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89523 |
| If "No" please explain: Not Applicable | Contact/Phone: Juanita Ndomb 321-698-5439 |
| | Vendor No.: PENDING |
| | NV Business ID: NV20222639057 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ15684**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support 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 | 08/27/2024 11:41:08 AM |
| Division Approval | ldeloach | 08/27/2024 11:41:12 AM |
| Department Approval | ldeloach | 08/27/2024 11:41:15 AM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:51:00 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 14:06:49 PM |
| BOE Agenda Approval | stilley | 09/04/2024 14:28:14 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29698**

| | |
|---|---|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: UNLV Medicine |
| Agency Code: MSA | Contractor Name: UNLV Medicine dba UNLV Health |
| Appropriation Unit: 9999 - All Categories | Address: 3016 West Charleston Boulevard |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: Evan Sade 702-780-2306 |
| | Vendor No.: T29039422 |
| | NV Business ID: NV20161355393 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Various Agencies |

Agency Reference #: **S1737-RV 99SWC-VQ11488**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing audiology, case management, dietician-nutrition, general medicine, mental health, pediatric, psychiatry, psychology, and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

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?

No b. If "No", please explain:

DBA

- 17. Not Applicable

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ldeloach | 08/27/2024 13:15:24 PM |
| Division Approval | ldeloach | 08/27/2024 13:15:29 PM |
| Department Approval | ldeloach | 08/27/2024 13:15:34 PM |
| Contract Manager Approval | ascaffid | 08/27/2024 13:51:29 PM |
| Budget Analyst Approval | mbro28 | 08/30/2024 13:52:50 PM |
| BOE Agenda Approval | stilley | 09/04/2024 14:25:42 PM |
| BOE Final Approval | Pending | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|------------------------|--|----------|---|
| 1. | 010 | GOVERNOR'S OFFICE - ATHLETIC COMMISSION | JACK VICTOR LAZZAROTTO | FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE 10% | \$30,000 | |
| | | Contract Description: This is a new contract to provide ongoing inspector services during weigh-ins and events. Term of Contract: 09/04/2024 - 07/31/2028 Contract # 29545 | | | | |
| 2. | 030 | ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE | WASHOE COUNTY | OTHER: REVENUE | \$50,944 | Exempt |
| | | Contract Description: This is a new revenue interlocal agreement to provide ongoing access to the Automated Victim Information and Notification System. Term of Contract: 07/01/2023 - 06/30/2025 Contract # 29423 | | | | |
| 3. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | CAPITAL GLASS | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$35,000 | |
| | | Contract Description: This is the first amendment to the original contract which provides ongoing repairs or replacement of windows to state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$40,000 to \$75,000 due to an increase of state-owned buildings in northern Nevada. Term of Contract: 07/26/2023 - 07/10/2027 Contract # 27944 | | | | |
| 4. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | CHEM-AQUA, INC. | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$76,383 | |
| | | Contract Description: This is a new contract to provide chemical water treatment for state-owned buildings in southern Nevada. Term of Contract: 09/01/2024 - 08/31/2028 Contract # 29203 | | | | |
| 5. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | CHEM-AQUA, INC. | OTHER: BUILDINGS AND GROUNDS RENT INCOME | \$45,580 | |
| | | Contract Description: This is a new contract to provide heating, ventilation, and air conditioning cooling tower cleaning for state-owned buildings located in southern Nevada. Term of Contract: 07/01/2024 - 06/30/2028 Contract # 29309 | | | | |

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 | DEL SOL LANDSCAPE CONSTRUCTION, INC. | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$31,400 | |
| | Contract Description: | This is a new contract to provide ongoing landscape services for the Washoe Building at the McCarran Center in Las Vegas. | | | | |
| | | Term of Contract: | 08/23/2024 - 04/30/2025 | Contract # 29464 | | |
| 7. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | DEL SOL LANDSCAPE CONSTRUCTION, INC. | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$16,056 | |
| | Contract Description: | This is the first amendment to the original contract which provides landscaping services for the Grant Sawyer Building. This amendment extends the termination date from August 31, 2024 to November 30, 2024 and increases the maximum amount from \$265,000 to \$281,056 due to the continued need for these services. | | | | |
| | | Term of Contract: | 09/08/2020 - 11/30/2024 | Contract # 23397 | | |
| 8. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | HIGH QUALITY CONCEPTS, INC. DBA BEST JANITORIAL SERVICES OF NV | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$55,850 | |
| | Contract Description: | This is a new contract to provide janitorial services for the Washoe Building located in Las Vegas. | | | | |
| | | Term of Contract: | 08/02/2024 - 10/31/2024 | Contract # 29333 | | |
| 9. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | OLCESE WASTE SERVICES | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$20,000 | |
| | Contract Description: | This is the second amendment to the original contract which provides on-call waste services for construction clean-up, storm damage, building and property purge, and disposal services for state-owned facilities in northern Nevada. This amendment increases the maximum amount from \$20,000 to \$40,000 due to an increase of office moves and construction. | | | | |
| | | Term of Contract: | 09/23/2022 - 11/30/2026 | Contract # 26814 | | |
| 10. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | PROFESSIONAL ASBESTOS REMOVAL CORPORATION | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$31,427 | |
| | Contract Description: | This is a new contract to provide asbestos mastic abatement on the third floor of the Blasdel Building located in Carson City. | | | | |
| | | Term of Contract: | 07/24/2024 - 01/31/2025 | Contract # 29507 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|---|--|----------|---|
| 11. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS | ALPIN COLLECTIVE, LLC DBA PUROCLEAN OF SOUTH RENO | OTHER: BUILDINGS AND GROUNDS RENTAL INCOME | \$60,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides emergency restoration and remediation services for state-owned buildings located in northern Nevada. This amendment increases the maximum amount from \$35,000 to \$95,000 due to the continued need for remediation and cleaning of buildings with long term water damage. | | | | |
| | Term of Contract: | 07/23/2022 - 06/30/2026 | Contract # 26488 | | | |
| 12. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC | KNIT | GENERAL | \$40,092 | Professional Service |
| | Contract Description: | This is the second amendment to the original contract which provides professional architectural/engineering services for the Rawson-Neal Psychiatric Hospital - Anti-Ligature Rehabilitation CIP Project: CIP Project No. 23-M02-02; SPWD Contract No. 115607. This amendment increases the maximum amount from \$389,925.00 to \$430,017.31 due to additional architectural and structural engineering services for a new courtyard pergola. | | | | |
| | Term of Contract: | 09/12/2023 - 06/30/2027 | Contract # 28004 | | | |
| 13. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC | PETTY & ASSOCIATES, INC. | GENERAL | \$56,800 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the Northern Nevada Child and Adolescent Services - Adolescent Treatment Center Rooftop Multi-Zone Unit Replacement CIP Project to include structural review services, load analysis, cost estimating, construction documents, bidding assistance, and submittal review for the removal of old rooftop units and the installation of a new multi-zone air handling unit: CIP Project No. 23-M02-03; SWPD Contract No. 116791. | | | | |
| | Term of Contract: | 08/23/2024 - 06/30/2027 | Contract # 29429 | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---|---------------------------|----------|---|
| 14. | 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 | \$28,000 | Professional Service |
| | Contract Description: | This is the first amendment to the original contract which provides professional architectural/engineering services for the Summit View Youth Center - Gymnasium Addition and Remodel CIP Project: CIP Project No. 23-C27; SPWD Contract No. 116127. This amendment increases the maximum amount from \$253,275 to \$281,275 due to the addition of furniture, fixtures, and equipment. | | | | |
| | | Term of Contract: | 01/09/2024 - 06/30/2027 | Contract # 28544 | | |
| 15. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC | HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD. | BONDS 56.6% FEDERAL 43.4% | \$35,000 | Professional Service |
| | Contract Description: | This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard Harry Reid Training Center - Washoe Training Center Building Addition CIP Project: CIP Project No. 21-C03; SPWD Contract No. 114249. This amendment increases the maximum amount from \$4,145,340 to \$4,180,340 due to the design revision of classroom and storage space. | | | | |
| | | Term of Contract: | 09/14/2021 - 06/30/2025 | Contract # 24739 | | |
| 16. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC | HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD. | BONDS | \$41,462 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architecture/engineering services for the Nevada Army National Guard Harry Reid Training Center - Ground Support Equipment Shop CIP Project to include architectural, civil, structural, mechanical engineering, and construction administration services for the design and construction of a 3,201 square-foot conditioned ground support equipment shop: CIP Project No. 23-C09; SPWD Contract No. 116553. | | | | |
| | | Term of Contract: | 07/30/2024 - 06/30/2027 | Contract # 29154 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|--|-----------------------|----------|---|
| 17. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC | JVC ASSOCIATES, INC. DBA JVC ARCHITECTS | GENERAL | \$32,800 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the Nevada State Railroad Museum, Boulder City - ADA Upgrades CIP project to include preliminary sketches, design drawings, cost estimating, construction documents, bidding services, and construction administration services for the installation of a detectable warning strip along the pavilion loading area, a pedestrian railroad track crossing, an Americans with Disabilities Act (ADA) accessible parking space, and upgrades to the existing single use restroom for ADA compliance: CIP Project No. 23-S02-05; SPWD Contract No. 116790. | | | | |
| | | Term of Contract: | 08/22/2024 - 06/30/2027 | Contract # 29416 | | |
| 18. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC | FRAME ARCHITECTURE, INC. | BONDS 53% FEDERAL 47% | \$46,105 | Professional Service |
| | Contract Description: | This is the second amendment to the original contract which provides professional architectural/engineering services for the Fort Churchill State Park - Park Facilities Maintenance & ADA Upgrades CIP Project: CIP Project No. 21-M45; SPWD Contract No. 115195. This amendment increases the maximum amount from \$39,955 to \$86,060 due to additional architectural, mechanical, electrical, and structural design to comply with the Build America Buy America Act. | | | | |
| | | Term of Contract: | 12/13/2022 - 06/30/2025 | Contract # 26998 | | |
| 19. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC | JENSEN ENGINEERING, A PROFESSIONAL CORPORATION | GENERAL 75% BONDS 25% | \$61,700 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the OCIO Data Center - Replace Emergency Generator CIP project to include site investigation, retention, design and modifications to the existing catwalk system with structural engineering, bidding support, construction documents, and construction administration services for the replacement of the existing pad mounted diesel generator with a new dual 500 kilowatt generator on existing concrete pad and connected to existing feeders, automatic transfer switch, and control wiring: CIP Project No. 23-M03-20; SPWD Contract No. 116591. | | | | |
| | | Term of Contract: | 08/06/2024 - 06/30/2027 | Contract # 29253 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|---------------------------|--------------------------|----------|---|
| 20. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC | PAUL CAVIN ARCHITECT, LLC | GENERAL | \$19,500 | Professional Service |
| | Contract Description: | This is the first amendment to the original contract which provides professional architectural/engineering services for the Silver Sage Building - Roofing & HVAC System Replacement CIP Project: CIP Project No. 23-C37-1; SPWD Contract No. 116255. This amendment increases the maximum amount from \$160,000 to \$179,500 due to additional design services for new interior lighting and controls. | | | | |
| | | Term of Contract: | 02/13/2024 - 06/30/2027 | Contract # 28734 | | |
| 21. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION | IN2IT ARCHITECTURE | OTHER: AGENCY FUNDED CIP | \$26,991 | Professional Service |
| | Contract Description: | This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - 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. This amendment increases the maximum amount from \$570,000.00 to \$596,991.48 due to reimbursement for the State Fire Marshall and Health Care Quality and Compliance fees. | | | | |
| | | Term of Contract: | 01/09/2024 - 06/30/2025 | Contract # 28543 | | |
| 22. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION | KNIT | OTHER: AGENCY FUNDED CIP | \$31,341 | Professional Service |
| | Contract Description: | This is the second amendment to the original contract which provides professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - Forensics Facility Renovation Building 3A: CIP Project No. 24-A009; SPWD Contract No. 116141. This amendment increases the maximum amount from \$840,212.00 to \$871,552.99 due to additional costs associated with the State Fire Marshall Application fee. | | | | |
| | | Term of Contract: | 01/09/2024 - 12/31/2026 | Contract # 28537 | | |
| 23. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION | TANEY ENGINEERING, LLC | OTHER: AGENCY FUNDED CIP | \$41,250 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural engineering services for the Southern Nevada Child and Adolescent Services - Security Fencing, Oasis Buildings CIP Project to include civil plans, schematic design, construction documents, bidding services, and an aerial topographic survey for the design and construction of a 6-foot-tall steel fence enclosing the Oasis program buildings 11,12,13, and 14, as well as pedestrian gates, keypad access control, and updated signage on the fence: CIP Project No. 24-A015; SPWD Contract No. 116513. | | | | |
| | | Term of Contract: | 07/31/2024 - 06/30/2025 | Contract # 29177 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|---|------------------------------------|----------|---|
| 24. | 083 | DEPARTMENT OF ADMINISTRATION - PURCHASING | RAYMOND HANDLING SOLUTIONS, INC. DBA RAYMOND WEST | OTHER: STATE PURCHASING FUND | \$85,888 | Professional Service |
| | Contract Description: | This is a new contract to provide services, equipment, and parts to uninstall warehouse racking from leased space and to reconfigure and install the racking in State-owned warehouses. | | | | |
| | | Term of Contract: | 08/13/2024 - 12/31/2024 | Contract # 29640 | | |
| 25. | 085 | DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION | THE DUBE GROUP, INC. | OTHER: PROPERTY/ CASUALTY PREMIUMS | \$47,050 | Professional Service |
| | Contract Description: | This is the first amendment to the original contract which provides professional architectural/engineering services that specialize in historic structures and adobe construction to repair severe damage caused during a historical winter storm that damaged the Fort Churchill buildings. This amendment extends the termination date from June 20, 2025 to June 30, 2026 and increases the maximum amount from \$115,638 to \$162,688 due to the continued need for these services. | | | | |
| | | Term of Contract: | 11/14/2023 - 06/30/2026 | Contract # 28356 | | |
| 26. | 130 | DEPARTMENT OF TAXATION | IMAGE ACCESS CORP | FEDERAL | \$33,500 | |
| | Contract Description: | This is the second amendment to the original contract which provides document scanning solution services. This amendment increases the maximum amount from \$1,081,500 to \$1,115,000 due to the addition of an export connector module necessary to interface existing scanning hardware with the new tax system. | | | | |
| | | Term of Contract: | 09/13/2022 - 10/30/2025 | Contract # 26682 | | |
| 27. | 180 | OFFICE OF THE CHIEF INFORMATION OFFICER - COMPUTER FACILITY | NEVADA YAMAS CONTROLS, INC. | OTHER: USER | \$78,538 | Sole Source |
| | Contract Description: | This is a new contract to provide ongoing maintenance and repair for the building controls system. | | | | |
| | | Term of Contract: | 09/01/2024 - 08/31/2028 | Contract # 29596 | | |
| 28. | 180 | OFFICE OF THE CHIEF INFORMATION OFFICER - NETWORK TRANSPORT SERVICES | NATIONAL WEATHER SERVICE, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION | FEE: REVENUE | \$28,960 | Exempt |
| | Contract Description: | This is a new revenue interlocal agreement to provide rack space at Cave Mountain, Prospect Hill, TV Hill, Winnemucca Mountain, and Brock Mountain. | | | | |
| | | Term of Contract: | 07/01/2024 - 06/30/2025 | Contract # 29431 | | |
| 29. | 240 | DEPARTMENT OF VETERANS SERVICES - OFFICE OF VETERANS SERVICES | JOHNSON CONTROLS FIRE PROTECTION LIMITED PARTNERSHIP | GENERAL 48% FEDERAL 52% | \$12,808 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17915 which provides security and fire protection services. This service agreement provides regular preventative maintenance and inspection of fire protection services at the Southern Nevada Veterans Memorial Cemetery. | | | | |
| | | Term of Contract: | 08/12/2024 - 06/30/2028 | Contract # 29567 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|-----------------------------------|---|----------|---|
| 30. | 240 | DEPARTMENT OF VETERANS SERVICES - OFFICE OF VETERANS SERVICES | LABEEG BUILDING SERVICES | GENERAL 48% FEDERAL 52% | \$20,880 | |
| | Contract Description: | This is a new contract to provide ongoing janitorial services for the Northern Nevada Veterans Memorial Cemetery. Term of Contract: 07/22/2024 - 07/30/2028 Contract # 29491 | | | | |
| 31. | 240 | DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT | RENTOKIL NORTH AMERICA INC. | OTHER: PRIVATE/COUNTY 35% FEDERAL 65% | \$20,280 | |
| | Contract Description: | This is a new contract to provide ongoing pest control services at the Southern Nevada State Veterans Home. Term of Contract: 08/01/2024 - 07/31/2028 Contract # 29542 | | | | |
| 32. | 240 | DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME ACCOUNT | GREAT WESTERN INSTALLATIONS, INC. | FEDERAL | \$14,258 | |
| | Contract Description: | This is a new contract to provide equipment and installation at the outdoor visitation area. Term of Contract: 09/03/2024 - 12/31/2024 Contract # 29675 | | | | |
| 33. | 270 | CANNABIS COMPLIANCE BOARD - MARIJUANA REGULATION AND CONTROL ACCOUNT | SMARTPLAY INTERNATIONAL INC | FEE: LICENSURE | \$12,900 | |
| | Contract Description: | This is a new contract to provide services to assist in awarding cannabis related licenses. Term of Contract: 08/02/2024 - 06/30/2025 Contract # 28088 | | | | |
| 34. | 300 | DEPARTMENT OF EDUCATION - LITERACY PROGRAMS | WESTED | GENERAL | \$39,000 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide writing and editing support to complete the Nevada State Literacy Plan. Term of Contract: 08/28/2024 - 12/31/2024 Contract # 29700 | | | | |
| 35. | 315 | STATE PUBLIC CHARTER SCHOOL AUTHORITY | LINDY ART, LLC | FEDERAL | \$18,061 | |
| | Contract Description: | This is a new contract to provide student and family mental health assemblies at four State sponsored charter schools. Term of Contract: 07/31/2024 - 09/29/2024 Contract # 29532 | | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---------------------------------------|-----------------------------|----------|---|
| 36. | 332 | DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - ARCHIVES AND PUBLIC RECORDS | ATLAS SYSTEMS, INC. | FEDERAL | \$35,999 | |
| | Contract Description: | This is a new contract to provide the Nevada State Archives, Nevada Historical Society, Nevada State Museum, and the Stewart Indian School Museum Cultural Center the implementation of a platform for the online public discovery of select archival material. | | | | |
| | | Term of Contract: | 08/19/2024 - 05/31/2026 | Contract # 29380 | | |
| 37. | 332 | DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY | EBSCO INFORMATION SERVICES, LLC | GENERAL | \$65,000 | |
| | Contract Description: | This is a new contract to provide a language learning platform for public libraries. | | | | |
| | | Term of Contract: | 08/13/2024 - 08/12/2025 | Contract # 29360 | | |
| 38. | 400 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - ADMINISTRATION | NEVADA PUBLIC HEALTH FOUNDATION, INC. | OTHER: HEALTHY NEVADA FUNDS | \$12,815 | |
| | 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 event and conference planning services to support the Nevada Office of Minority Health and Equity with its advisory committee meeting, convening of regional partner organizations, and training. | | | | |
| | | Term of Contract: | 08/01/2024 - 10/01/2024 | Contract # 29570 | | |
| 39. | 400 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT | NEVADA PUBLIC HEALTH FOUNDATION, INC. | OTHER: HEALTHY NEVADA FUNDS | \$10,859 | |
| | 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 event and conference planning services to support the Caring for Caregivers Event which will educate Nevadans on self-care and wellness and will include resources and information on programs and services to address the needs of Nevadans. | | | | |
| | | Term of Contract: | 08/01/2024 - 08/31/2024 | Contract # 29547 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|---------------------------------------|-----------------------------|----------|---|
| 40. | 400 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT | NEVADA PUBLIC HEALTH FOUNDATION, INC. | OTHER: HEALTHY NEVADA FUNDS | \$55,000 | |
| | 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 growth and support of the social work workforce by identifying eligible social work students who are interested in public service and offering scholarship stipends to qualifying students. | | | | |
| | Term of Contract: | 07/23/2024 - 06/30/2025 | Contract # 29483 | | | |
| 41. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER | LOFTIN EQUIPMENT CO INC | GENERAL 50.2% FEDERAL 49.8% | \$15,688 | |
| | Contract Description: | This is the first amendment to the original contract which provides generator inspection, maintenance, and repair services. This amendment increases the maximum amount from \$19,480 to \$35,168 due to additional maintenance and repair services for aging generators. | | | | |
| | Term of Contract: | 01/01/2022 - 12/31/2025 | Contract # 25158 | | | |
| 42. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN | KPS/3 | FEDERAL | \$32,500 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing promotional materials for the Long-Term Care Ombudsman Program. | | | | |
| | Term of Contract: | 08/07/2024 - 12/31/2024 | Contract # 29488 | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--|--|---------------------------------|----------------|----------|---|
| 43. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT | SOCIAL ENTREPRENEURS, INC. | FEDERAL | \$48,510 | |
| | <p>Contract Description: This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides services to establish and analyze data and deploy information on use of best practices to the Behavioral Health Planning and Advisory Council.</p> <p>Term of Contract: 08/20/2024 - 03/31/2025 Contract # 29244</p> | | | | | |
| 44. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT | NEVADA BROADCASTERS ASSOCIATION | FEDERAL | \$15,000 | |
| | <p>Contract Description: This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides noncommercial sustaining announcements. This service agreement provides radio and television public service advertisements to support the outreach campaign for the Nevada Women, Infant, and Children Farmers Market Nutrition Service Program.</p> <p>Term of Contract: 08/09/2024 - 09/30/2024 Contract # 29295</p> | | | | | |
| 45. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD AND ADOLESCENT HEALTH SERVICES | NEVADA BROADCASTERS ASSOCIATION | FEDERAL | \$60,000 | |
| | <p>Contract Description: This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides noncommercial sustaining announcements. This service agreement provides radio and television public service advertisements to support the outreach campaign for Safe Sleep.</p> <p>Term of Contract: 10/01/2024 - 09/30/2025 Contract # 29461</p> | | | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--|--|---------------------------------|----------------|----------|---|
| 46. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD AND ADOLESCENT HEALTH SERVICES | NEVADA BROADCASTERS ASSOCIATION | FEDERAL | \$60,000 | |
| | <p>Contract Description: This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides non-commercial sustaining announcements. This service agreement provides a broadcast media outreach campaign for the Sober Moms' website.</p> <p>Term of Contract: 10/01/2024 - 09/30/2025 Contract # 29512</p> | | | | | |
| 47. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD AND ADOLESCENT HEALTH SERVICES | SOCIAL ENTREPRENEURS, INC. | FEDERAL | \$64,992 | Exempt |
| | <p>Contract Description: This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides coordination of statewide quarterly meetings and organization and management of the Diapering Resources Committee.</p> <p>Term of Contract: 09/03/2024 - 10/30/2026 Contract # 29457</p> | | | | | |
| 48. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS | HUMBOLDT COUNTY | GENERAL | \$80,549 | Exempt |
| | <p>Contract Description: This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session, according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified.</p> <p>Term of Contract: 07/01/2024 - 06/30/2026 Contract # 29398</p> | | | | | |
| 49. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS | LANDER COUNTY | GENERAL | \$27,678 | Exempt |
| | <p>Contract Description: This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified.</p> <p>Term of Contract: 07/01/2024 - 06/30/2026 Contract # 29443</p> | | | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|-------------------------|----------|---|
| 50. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS | STOREY COUNTY | GENERAL | \$19,898 | Exempt |
| | Contract Description: | This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session, according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified. | | | | |
| | | Term of Contract: | 07/01/2024 - 06/30/2026 | Contract # 29400 | | |
| 51. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER | JCN COURIER SERVICE, INC. | GENERAL | \$30,960 | |
| | Contract Description: | This is a new contract to provide ongoing courier services for regular or urgent same-day delivery of pharmaceuticals. | | | | |
| | | Term of Contract: | 08/01/2024 - 07/31/2028 | Contract # 29504 | | |
| 52. | 431 | OFFICE OF THE MILITARY | ALL-AMERICAN FENCE CO. INC DBA ALL STAR FENCE COMPANY | GENERAL | \$14,410 | |
| | Contract Description: | This is a new contract to provide installation, repair, and maintenance of fencing at the Field Maintenance Shop in Las Vegas. | | | | |
| | | Term of Contract: | 08/21/2024 - 07/14/2026 | Contract # 29589 | | |
| 53. | 431 | OFFICE OF THE MILITARY | ANYTIME PLUMBING, INC. DBA ABES PLUMBING AIR REPAIR FAST WATER | GENERAL 50% FEDERAL 50% | \$11,200 | |
| | Contract Description: | This is a new contract to provide ongoing installation, repair, or maintenance needs on a seismic gas shut-off valve at the North Las Vegas Readiness Center and the Henderson Armory. | | | | |
| | | Term of Contract: | 08/12/2024 - 08/01/2026 | Contract # 29540 | | |
| 54. | 431 | OFFICE OF THE MILITARY | BROADBENT & ASSOCIATES, INC. | FEDERAL | \$14,488 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for a detailed report of material testing on asbestos and lead at the Washoe Readiness Building. | | | | |
| | | Term of Contract: | 08/30/2024 - 07/01/2025 | Contract # 29534 | | |
| 55. | 431 | OFFICE OF THE MILITARY | CALLIDUS ELECTRIC, LLC | GENERAL | \$16,500 | |
| | Contract Description: | This is a new contract to provide installation of an illuminated exit sign at the Clark County Armory. | | | | |
| | | Term of Contract: | 08/21/2024 - 08/15/2026 | Contract # 29605 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|-------------------------|----------|---|
| 56. | 431 | OFFICE OF THE MILITARY | MARRCOR, INC. DBA OFFICE FURNITURE USA | GENERAL 50% FEDERAL 50% | \$24,844 | |
| | Contract Description: | This is a new contract to provide office moving services for offices located in southern Nevada. | | | | |
| | | Term of Contract: | 07/24/2024 - 07/31/2027 | Contract # 29450 | | |
| 57. | 431 | OFFICE OF THE MILITARY | MDK, LLC DBA WESTERN ENVIRONMENTAL TESTING LAB | FEDERAL | \$82,545 | |
| | Contract Description: | This is a new contract to provide ongoing analysis and/or collection of environmental samples, consultation, analysis reports, collection of records, and quality assurance and quality control reports. | | | | |
| | | Term of Contract: | 08/21/2024 - 09/30/2028 | Contract # 29533 | | |
| 58. | 431 | OFFICE OF THE MILITARY | NEVADA COUNTERTOP SUPPLY, LLC | GENERAL 50% FEDERAL 50% | \$13,900 | |
| | Contract Description: | This is a new contract to provide countertop replacements for bathrooms and locker rooms at the Las Vegas Readiness Center. | | | | |
| | | Term of Contract: | 07/29/2024 - 07/31/2026 | Contract # 29514 | | |
| 59. | 431 | OFFICE OF THE MILITARY | RITE HITE CO, LLC C/O ARBON EQUIPMENT CORPORATION | FEDERAL | \$24,915 | |
| | Contract Description: | This is a new contract to provide installation, repair, or maintenance needs on end of dock leveler replacements at the United States Property & Fiscal Office and the Emergency Operations Center buildings located in Carson City. | | | | |
| | | Term of Contract: | 07/24/2024 - 07/14/2026 | Contract # 29451 | | |
| 60. | 431 | OFFICE OF THE MILITARY | ROE PAINTING, INC. | GENERAL 50% FEDERAL 50% | \$12,318 | |
| | Contract Description: | This is a new contract to provide ongoing painting services for exterior doors, awnings, and rain drains in Carlin. | | | | |
| | | Term of Contract: | 08/12/2024 - 08/01/2026 | Contract # 29539 | | |
| 61. | 431 | OFFICE OF THE MILITARY | WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER | FEDERAL | \$45,800 | Professional Service |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for design plans for an electronic gate replacement at the Anthony Cometa Complex in Las Vegas. | | | | |
| | | Term of Contract: | 08/30/2024 - 07/01/2026 | Contract # 29537 | | |
| 62. | 440 | DEPARTMENT OF CORRECTIONS - PRISON DAIRY | RESOURCE CONCEPTS, INC. | OTHER: FARM SALES | \$73,300 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing coordination services with the Nevada Division of Environmental Protection to determine Nevada Pollutant Discharge Elimination System permit requirements, identify data needed for the site specific nutrient balances, collect soil samples, evaluate soil data, and review permits. | | | | |
| | | Term of Contract: | 07/18/2024 - 06/30/2028 | Contract # 29110 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|---|----------|---|
| 63. | 440 | DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT | RELX, INC. DBA LEXISNEXIS | OTHER: INMATE WELFARE ACCOUNT | \$53,512 | Sole Source |
| | Contract Description: | This is a new contract to provide ongoing access to legal materials and references for inmate law libraries. | | | | |
| | | Term of Contract: | 05/01/2024 - 12/31/2024 | Contract # 29277 | | |
| 64. | 500 | COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS | AP PRODUCTIONS, LLC DBA THREE STICKS PRODUCTIONS | GENERAL | \$11,300 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-17898, which provides consulting, marketing, and education services. This service agreement provides documentation of field visits of reclaimed mining sites. | | | | |
| | | Term of Contract: | 07/22/2024 - 06/30/2025 | Contract # 29453 | | |
| 65. | 550 | DEPARTMENT OF AGRICULTURE - CONSUMER EQUITABILITY | ACCELERATED TECHNOLOGY LABORATORIES, LLC | FEE: DEVICE TESTING 59% OTHER: PETROLEUM INSPECTION TAX 21% TRANSFER FROM DMV 20% | \$18,267 | |
| | Contract Description: | This is the second amendment to the original contract which provides ongoing services to the laboratory information management system in the Petroleum Technology laboratory. This amendment extends the termination date from January 31, 2025 to January 31, 2028 and increases the maximum amount from \$30,876 to \$49,143 due to the continued need for these services. | | | | |
| | | Term of Contract: | 01/29/2021 - 01/31/2028 | Contract # 23844 | | |
| 66. | 650 | DEPARTMENT OF PUBLIC SAFETY - FORFEITURES - LAW ENFORCEMENT | EFFECTIVE FITNESS COMBATIVES, LLC | OTHER: FORFEITURES | \$11,200 | |
| | Contract Description: | This is a new contract to elevate the standard of training in combatives, defensive tactics, and use of force situations within law enforcement agencies. | | | | |
| | | Term of Contract: | 07/31/2024 - 12/31/2024 | Contract # 29549 | | |
| 67. | 651 | DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION | LEXIPOL, LLC | FEDERAL | \$41,250 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-16700 which provides public safety training and simulation equipment and training. This service agreement provides mental and behavioral health resources and peer and chaplain support through app-based services. | | | | |
| | | Term of Contract: | 08/02/2024 - 07/31/2025 | Contract # 29546 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|----------------------------------|--------------------------------------|----------|---|
| 68. | 653 | DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION | CARAHSOFT TECHNOLOGY CORPORATION | FEDERAL | \$13,943 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV23-13299 which provides cloud services. This service agreement provides equipment used for digital device forensics and data extraction. | | | | |
| | Term of Contract: | 08/01/2024 - 07/31/2025 | Contract # 29556 | | | |
| 69. | 653 | DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION | CARAHSOFT TECHNOLOGY CORPORATION | FEDERAL | \$51,078 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides use of the Flashpoint Intelligence Platform to enhance information collection, threat-based analysis, and finished intelligence production from internet open sources. | | | | |
| | Term of Contract: | 08/01/2024 - 07/31/2025 | Contract # 29555 | | | |
| 70. | 653 | DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION | QUEST MEDIA & SUPPLIES INC | FEDERAL | \$16,900 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV18-419 which provides cloud services. This service agreement provides use of the IntelNexus database management system to operate the Nevada Threat Analysis Center criminal intelligence database. | | | | |
| | Term of Contract: | 08/01/2024 - 07/31/2025 | Contract # 29553 | | | |
| 71. | 655 | DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY | MISSION CRITICAL PARTNERS, LLC | FEE: CIVIL APPLICANT/ NAME AND BRADY | \$98,520 | |
| | Contract Description: | This is a new contract to provide analysis of the fee structure for the Brady Point of Contact Firearms Program, Civil Fingerprint Program, and the Civil Name Check Program. | | | | |
| | Term of Contract: | 08/30/2024 - 06/30/2025 | Contract # 29678 | | | |
| 72. | 656 | DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL | TYLER TECHNOLOGIES, INC. | FEE: PLAN REVIEW | \$59,479 | |
| | Contract Description: | This is a new service agreement under statewide contract #99SWC-NV22-12006 which provides citizen engagement platforms. This service agreement provides fire prevention mobile software. | | | | |
| | Term of Contract: | 08/13/2024 - 09/14/2026 | Contract # 29519 | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--------------------------------------|------------------------------------|----------|---|
| 73. | 702 | DEPARTMENT OF WILDLIFE - DATA AND TECHNOLOGY SERVICES | AMPLEX CORPORATION | FEE: SPORTSMEN REVENUE | \$22,775 | Sole Source |
| | Contract Description: | This is the fourth amendment to the original contract which provides processing services for the Federal Electronic Duck Stamp Program. This amendment increases the maximum amount from \$824,702 to \$847,477 due to a fulfillment price increase. | | | | |
| | Term of Contract: | 12/14/2021 - 09/30/2025 | Contract # 24748 | | | |
| 74. | 702 | DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION | CRITICAL MENTION, INC. | FEE: SPORTSMEN REVENUE | \$19,400 | |
| | Contract Description: | This is a new contract which will provide media monitoring services. | | | | |
| | Term of Contract: | 09/01/2024 - 08/31/2028 | Contract # 29625 | | | |
| 75. | 702 | DEPARTMENT OF WILDLIFE - HABITAT | NORTHEAST ELKO CONSERVATION DISTRICT | FEE: HABITAT CONSERVATION | \$38,444 | Exempt |
| | Contract Description: | This is the second amendment to the original interlocal agreement which provides invasive weed abatement, soil health amendments, conifer removal, meadow, and wetland enhancements. This amendment increases the maximum amount from \$151,842 to \$190,286 due to the addition of the Soil Health project and the Spring Development and Friendly Fence project. | | | | |
| | Term of Contract: | 04/13/2021 - 04/30/2025 | Contract # 23915 | | | |
| 76. | 702 | DEPARTMENT OF WILDLIFE - HABITAT | RTDS INC | OTHER: TROUT STAMP 25% FEDERAL 75% | \$20,000 | |
| | Contract Description: | This is the first amendment to the original contract which provides commercial driver's license training. This amendment extends the termination date from September 30, 2024 to September 30, 2026 and increases the maximum amount from \$16,000 to \$36,000 due to the continued need for these services. | | | | |
| | Term of Contract: | 09/29/2023 - 09/30/2026 | Contract # 27191 | | | |
| 77. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | ASSOCIATED CHAPELS, LLC | OTHER: REVENUE | \$43,000 | |
| | Contract Description: | This is a new revenue contract to allow wedding ceremonies at Valley of Fire State Park. | | | | |
| | Term of Contract: | 08/16/2024 - 09/30/2026 | Contract # 29626 | | | |
| 78. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | ADRENALINE ATV TOURS, LLC | OTHER: REVENUE | \$30,000 | |
| | Contract Description: | This is a new revenue contract to provide all-terrain vehicle tours at Valley of Fire State Park. | | | | |
| | Term of Contract: | 07/30/2024 - 08/31/2026 | Contract # 29496 | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|---|--|--|--------------------|----------|---|
| 79. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | CACTUS CANYON EVENTS, LLC | OTHER: REVENUE | \$17,000 | |
| | Contract Description: This is a new revenue contract to allow wedding ceremonies at Valley of Fire State Park. Term of Contract: 08/27/2024 - 09/30/2026 Contract # 29704 | | | | | |
| 80. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | ELOPE IN LAS VEGAS, LLC | OTHER: REVENUE | \$12,000 | |
| | Contract Description: This is a new revenue contract to provide wedding ceremonies at Valley of Fire State Park. Term of Contract: 07/30/2024 - 08/31/2026 Contract # 29493 | | | | | |
| 81. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | CITY OF FERNLEY | FEE: LICENSE PLATE | \$25,000 | Exempt |
| | Contract Description: This is a new interlocal agreement to provide moving services of a historic school at Fort Churchill State Park. Term of Contract: 07/23/2024 - 12/31/2024 Contract # 29190 | | | | | |
| 82. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LAS VEGAS WEDDING BUREAU, LLC DBA VEGAS WEDDINGS | OTHER: REVENUE | \$14,000 | |
| | Contract Description: This is a new revenue contract to provide wedding ceremonies at Valley of Fire State Park. Term of Contract: 07/30/2024 - 08/31/2026 Contract # 29495 | | | | | |
| 83. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LOVE HIKES, LLC | OTHER: REVENUE | \$23,000 | |
| | Contract Description: This is a new revenue contract to allow sightseeing and hiking tours at Valley of Fire State Park. Term of Contract: 08/30/2024 - 08/31/2026 Contract # 29688 | | | | | |
| 84. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LUMOS & ASSOCIATES, INC. | FEDERAL | \$56,965 | Professional Service |
| | Contract Description: This is a new contract to provide engineering design for a recreational vehicle dump station at Washoe Lake State Park. Term of Contract: 07/18/2024 - 09/30/2026 Contract # 29426 | | | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|-------------------------------------|------------------|----------|---|
| 85. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LVW, LLC | OTHER: REVENUE | \$22,000 | |
| | Contract Description: | This is a new revenue contract to allow weddings ceremonies at Valley of Fire State Park. | | | | |
| | | Term of Contract: | 08/26/2024 - 09/30/2026 | Contract # 29703 | | |
| 86. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LOVE STORY WEDDINGS AND EVENTS, LLC | OTHER: REVENUE | \$18,000 | |
| | Contract Description: | This is a new revenue contract to allow wedding ceremonies at Valley of Fire State Park. | | | | |
| | | Term of Contract: | 08/16/2024 - 09/30/2026 | Contract # 29622 | | |
| 87. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | LUMOS & ASSOCIATES, INC. | FEDERAL | \$72,535 | Professional Service |
| | Contract Description: | This is a new contract to provide engineering design for a recreational vehicle dump station at Rye Patch Recreation Area. | | | | |
| | | Term of Contract: | 07/18/2024 - 09/30/2026 | Contract # 29455 | | |
| 88. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | MTAYLOR, INC. | OTHER: REVENUE | \$26,000 | |
| | Contract Description: | This is a new revenue contract to allow wedding ceremonies at Valley of Fire State Park. | | | | |
| | | Term of Contract: | 08/16/2024 - 09/30/2026 | Contract # 29621 | | |
| 89. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | MAVERICK HELICOPTERS, INC. | OTHER: REVENUE | \$20,000 | |
| | Contract Description: | This is a new revenue contract to provide helicopter wedding ceremonies and group events at Valley of Fire State Park. | | | | |
| | | Term of Contract: | 08/06/2024 - 08/31/2026 | Contract # 29602 | | |
| 90. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | PERSHING COUNTY SHERIFFS OFFICE | OTHER: REVENUE | \$35,000 | |
| | Contract Description: | This is a new interlocal agreement to provide Law Enforcement assistance with Burning Man 2024. | | | | |
| | | Term of Contract: | 08/24/2024 - 09/15/2024 | Contract # 29521 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|--|----------------------------|----------|---|
| 91. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | THE OLYMPIC CLUB | OTHER: REVENUE | \$10,000 | |
| | Contract Description: | This is a new revenue contract to provide relay races at Lake Tahoe Region State Parks. | | | | |
| | | Term of Contract: | 07/23/2024 - 08/01/2025 | Contract # 29509 | | |
| 92. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | TAHOE MULTISPORT LIMITED-LIABILITY COMPANY | OTHER: REVENUE | \$10,000 | |
| | Contract Description: | This is the first amendment to the original revenue contract which allows tours and guided expeditions at Lake Tahoe Region State Parks. This amendment increases the maximum amount from \$10,000 to \$40,000 due to the increase of usage. | | | | |
| | | Term of Contract: | 07/23/2024 - 04/30/2025 | Contract # 29508 | | |
| 93. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | TAHOE MULTISPORT LLC | OTHER: REVENUE | \$30,000 | |
| | Contract Description: | This is the first amendment to the original revenue contract which provides tours and guided expeditions at Lake Tahoe Region State Parks. This amendment increases the maximum amount from \$10,000 to \$40,000 due to the increase of usage. | | | | |
| | | Term of Contract: | 07/23/2024 - 04/30/2025 | Contract # 29508 | | |
| 94. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS | TAHOE TONY, LLC | OTHER: REVENUE | \$40,000 | |
| | Contract Description: | This is a new revenue contract to provide guided kayak tours at Lake Tahoe State Parks. | | | | |
| | | Term of Contract: | 08/12/2024 - 05/31/2025 | Contract # 29631 | | |
| 95. | 704 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - PARKS GIFT AND GRANTS ACCOUNT - NON-EXEC | TAHOE FENCE CO., INC. | OTHER: GIFTS AND DONATIONS | \$31,960 | |
| | Contract Description: | This is a new contract to provide fence installation at Sand Harbor State Park. | | | | |
| | | Term of Contract: | 08/26/2024 - 03/01/2025 | Contract # 29679 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|-------------------------|--------------------------|----------|---|
| 96. | 704 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC | KEN MORGAN | OTHER: UTILITY SURCHARGE | \$42,240 | |
| | Contract Description: | This is a new contract to provide replacement of the drinking water well and tank telemetry system located at Rye Patch Reservoir. | | | | |
| | | Term of Contract: | 08/26/2024 - 12/31/2024 | Contract # 29566 | | |
| 97. | 704 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC | TRIUMPH ELECTRIC | OTHER: UTILITY SURCHARGE | \$65,025 | |
| | Contract Description: | This is a new contract to provide a standby generator at Sand Harbor State Park. | | | | |
| | | Term of Contract: | 08/26/2024 - 06/30/2025 | Contract # 29648 | | |
| 98. | 707 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE - NON-EXEC | JP FENCE, LLC | BONDS | \$27,987 | |
| | Contract Description: | This is a new contract to provide fence installation at Cave Rock State Park. | | | | |
| | | Term of Contract: | 07/22/2024 - 12/31/2024 | Contract # 29395 | | |
| 99. | 709 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY | SONOMA TECHNOLOGY, INC | FEDERAL | \$38,000 | |
| | Contract Description: | This is a new contract to provide electronic site information management system software to manage the states Air Monitoring Program. | | | | |
| | | Term of Contract: | 08/12/2024 - 06/30/2026 | Contract # 29150 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--|--|---------------------------|---|----------|---|
| 100. | 709 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION | RMUS, LLC | FEE: HAZARDOUS WASTE FUND 22.5% FEDERAL 77.5% | \$17,042 | |
| | Contract Description: This is a new service agreement under statewide contract 99SWV-NV24-21572 which provides unmanned and remotely operated vehicle systems and related services. This service agreement includes a drone, related accessory, a three-year service plan, and one year training academy for two staff members. | | | | | |
| | Term of Contract: | | 08/14/2024 - 03/24/2027 | Contract # 29548 | | |
| 101. | 709 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION | WALKER RIVER PAIUTE TRIBE | OTHER: HAZARDOUS WASTE REIMBURSEMENT | \$50,000 | Exempt |
| | Contract Description: This is a new interlocal agreement to provide technical support and monitoring services for the interpretation of reports, studies or related decisions and filed activities at the Anaconda Copper Mine Site for the Walker River Paiute Tribe. | | | | | |
| | Term of Contract: | | 08/22/2024 - 06/30/2028 | Contract # 29629 | | |
| 102. | 740 | DEPARTMENT OF BUSINESS AND INDUSTRY - PRIVATE ACTIVITY BONDS | COLLEEN PLATT | FEE: APPLICATION AND ADMINISTRATIVE | \$45,000 | Professional Service |
| | Contract Description: This is a new contract to provide bond issuer counsel services. | | | | | |
| | Term of Contract: | | 08/30/2024 - 06/30/2026 | Contract # 29565 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|--|-------------------------------------|--|----------|---|
| 103. | 742 | DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT | CENTRALSQUARE TECHNOLOGIES, LLC | OTHER: WORKERS' COMPENSATION AND SAFETY FUND | \$14,528 | |
| | Contract Description: | This is the first amendment to the original contract which provides cloud-based software, maintenance, and support services to manage the licensing and permitting for asbestos abatement and photovoltaic system programs. This amendment extends the termination date from August 31, 2024 to August 31, 2025 and increases the maximum amount from \$13,591.56 to \$28,419.69 due to the continued need for these services. | | | | |
| | Term of Contract: | 08/31/2023 - 08/31/2025 | Contract # 27968 | | | |
| 104. | 753 | DEPARTMENT OF BUSINESS AND INDUSTRY - ATTORNEY FOR INJURED WORKERS | NV JFG SYSTEMS, LLC | OTHER: WORKERS' COMPENSATION AND SAFETY FUND | \$64,575 | |
| | Contract Description: | This is a new contract to provide information technology hardware and software network maintenance. | | | | |
| | Term of Contract: | 08/06/2024 - 06/30/2026 | Contract # 29323 | | | |
| 105. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION | ALPINE LOCK, LLC DBA ICON LOCKSMITH | FEDERAL | \$20,000 | |
| | Contract Description: | This is a new contract to provide ongoing locksmith services to all northern Nevada offices. | | | | |
| | Term of Contract: | 10/01/2024 - 09/30/2028 | Contract # 29489 | | | |
| 106. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION | NV LOCKSMITH, LLC | FEDERAL | \$20,000 | |
| | Contract Description: | This is a new contract to provide ongoing locksmith services to all southern Nevada offices. | | | | |
| | Term of Contract: | 10/01/2024 - 09/30/2028 | Contract # 29486 | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--|--|--|----------------|----------|---|
| 107. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO THE UNIVERSITY OF NEVADA, RENO | FEDERAL | \$14,248 | Exempt |
| | Contract Description: This is a new interlocal agreement to provide and distribute a wage survey to agriculture employers in the state. Term of Contract: 08/16/2024 - 05/30/2025 Contract # 29340 | | | | | |
| 108. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND | ACCO ENGINEERED SYSTEMS | FEDERAL | \$82,946 | |
| | Contract Description: This is a new contract to provide the replacement of the boiler at the director's office in Carson City. Term of Contract: 08/16/2024 - 12/31/2025 Contract # 29478 | | | | | |
| 109. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND | K PRO PAINTING, LLC | FEDERAL | \$18,470 | |
| | Contract Description: This is a new contract to provide interior painting services for the administration office in Carson City. Term of Contract: 08/29/2024 - 12/31/2025 Contract # 29660 | | | | | |
| 110. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND | MESA ENERGY SYSTEMS DBA EMCOR | FEDERAL | \$22,612 | |
| | Contract Description: This is the second amendment to the original which provides replacement of a heating, ventilation, and air-conditioning unit on the roof of the Fallon office. This amendment extends the termination date from June 30, 2025 to December 31, 2025 and increase the maximum amount from \$19,438.67 to \$42,050.67 due the addition of the installation of a second unit. Term of Contract: 05/21/2024 - 12/31/2025 Contract # 29165 | | | | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|---------------------------|------------------------|----------|---|
| 111. | 908 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION | ACCO ENGINEERED SYSTEMS | OTHER: COST ALLOCATION | \$49,750 | |
| | Contract Description: | This is a new contract to provide heating, ventilation, and air-conditioning preventative maintenance service and emergency services. | | | | |
| | | Term of Contract: | 08/16/2024 - 06/30/2026 | Contract # 29552 | | |
| 112. | B009 | LICENSING BOARDS AND COMMISSIONS - FUNERAL AND CEMETERY SERVICES | NUMBERS, INC. | FEE: LICENSURE | \$19,680 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing bookkeeping and payroll services. | | | | |
| | | Term of Contract: | 10/01/2024 - 09/30/2026 | Contract # 29445 | | |
| 113. | B015 | LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS | CASEY PAVING, LLC | FEE: LICENSURE | \$10,475 | |
| | Contract Description: | This is a new contract to provide paving and striping services for the parking lot at the Reno location. | | | | |
| | | Term of Contract: | 07/29/2024 - 10/31/2024 | Contract # 29349 | | |
| 114. | B015 | LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS | HALSTEAD LAW OFFICES, LLC | FEE: LICENSURE | \$47,632 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing hearing officer services. | | | | |
| | | Term of Contract: | 08/19/2024 - 06/30/2025 | Contract # 29346 | | |
| 115. | B019 | LICENSING BOARDS AND COMMISSIONS - DISPENSING OPTICIANS | SNELL & WILMER LLP | FEE: LICENSURE | \$76,800 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing legal services. | | | | |
| | | Term of Contract: | 09/04/2024 - 06/30/2025 | Contract # 29536 | | |
| 116. | B024 | LICENSING BOARDS AND COMMISSIONS - PODIATRY | CARRARA GROUP, LLC | FEE: LICENSURE | \$40,000 | |
| | Contract Description: | This is a new contract to provide government affairs services. | | | | |
| | | Term of Contract: | 06/01/2024 - 12/31/2025 | Contract # 28896 | | |
| 117. | B024 | LICENSING BOARDS AND COMMISSIONS - PODIATRY | FENNEMORE CRAIG, P. C. | FEE: LICENSURE | \$20,000 | Professional Service |
| | Contract Description: | This is a new contract to provide legal services. | | | | |
| | | Term of Contract: | 07/18/2024 - 06/30/2025 | Contract # 28905 | | |

INFORMATION CONTRACT SUMMARY

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|-----------------------|---|---------------------------------------|----------------|----------|---|
| 118. | B026 | LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE | WATKINS JACKSON, CPAS, LLC | FEE: LICENSURE | \$34,000 | Professional Service |
| | Contract Description: | This is a new contract to provide ongoing audit services. | | | | |
| | Term of Contract: | 08/01/2024 - 07/31/2026 | Contract # 29406 | | | |
| 119. | B029 | LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS | FLYNN GIUDICI GOVERNMENT AFFAIRS, LLC | FEE: LICENSURE | \$49,000 | |
| | Contract Description: | This is a new contract to provide lobbyist/consultant services. | | | | |
| | Term of Contract: | 08/19/2024 - 12/31/2025 | Contract # 29487 | | | |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29545**

Agency Name: **GOVERNOR'S OFFICE**
Agency Code: **010**
Appropriation Unit: **3952-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **JACK VICTOR LAZZAROTTO**
Contractor Name: **JACK VICTOR LAZZAROTTO**
Address: **8942 BRACKEN CLIFF CT**
City/State/Zip: **LAS VEGAS, NV 89129-3647**
Contact/Phone: Jack Lazzarotto 702/580-4395
Vendor No.: T81007716
NV Business ID: NV20111796985

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|---|
| General Funds | 0.00 % | X | Fees | 90.00 % ATHLETIC COMMISSION GATE FEES |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X | Other funding | 10.00 % TICKET SURCHARGE (AMATEUR PROGRAM) |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/04/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2028**
Contract term: **3 years and 331 days**

4. Type of contract: **Contract**
Contract description: **Specialty Services**

5. Purpose of contract:
This is a new contract to provide ongoing Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**
Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

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):

Leon Morehead
Michael Martino
Charvez Foger
Jack Lazzarotto
Efren Mendoza
Ted Gibson

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Specialty Services - Inspector Unarmed Combat - Nevada State Athletic Commission. 2020 - 6/30/2024. Performance Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Aldo Galvan, Chief Inspector Ph: 702-327-5947

Matthew Valenzuela, Chief Assistant Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mlynn | 08/05/2024 19:05:22 PM |
| Division Approval | nmann | 08/28/2024 13:01:52 PM |
| Department Approval | nmann | 08/28/2024 13:02:18 PM |
| Contract Manager Approval | ssands | 08/28/2024 13:20:50 PM |
| Budget Analyst Approval | rgiffor1 | 09/04/2024 14:10:43 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: **29423**

Agency Name: **ATTORNEY GENERAL'S OFFICE**

Agency Code: **030**

Appropriation Unit: **1042-00**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: COUNTY OF WASHOE

Contractor Name: **COUNTY OF WASHOE**

Address: **WASHOE COUNTY SHERIFF'S OFFICE**

911 PARR BOULEVARD

City/State/Zip: **RENO, NV 89512-1000**

Contact/Phone: BETH LANGAN 775-328-2834

Vendor No.: T40283400R

NV Business ID: GOVERNMENT 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.

| | | | | |
|---------------|--------|----------|---------------|-------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % REVENUE |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 08/2024

Retroactive? **Yes**

If "Yes", please explain

We are requesting this contract to be retroactive to July 1, 2023, due to the Appriss Insights contract being approved late in June and the delayed turnaround time from the Washoe County Sheriff's Office.

3. Termination Date: **06/30/2025**

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **VINE Systems**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing access to the Automated Victim Information and Notification System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,944.20**

Other basis for payment: \$25,095.65 FY24; \$25,848.55 FY25

II. JUSTIFICATION

7. What conditions require that this work be done?

The VINE system is utilized by several counties and public safety entities. The agencies that use this system will share the cost for the operation of this system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not needed for work on this contract.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 Interlocal

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 | jhoba2 | 06/24/2024 16:34:32 PM |
| Division Approval | jhoba2 | 06/24/2024 16:34:38 PM |
| Department Approval | jhoba2 | 06/24/2024 16:34:41 PM |
| Contract Manager Approval | tlyon1 | 06/25/2024 09:13:13 AM |
| Budget Analyst Approval | vmilazz1 | 07/19/2024 14:56:22 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: Budd Milazzo
Governor's Finance Office

From: Tanya Lyons, Administrative Services Officer I

Date: June 24, 2024

Subject: Retroactive Contract Approval for CETS #29423 WASHOE
COUNTY SHERIFF'S OFFICE

We are requesting this contract to be retroactive to July 1, 2023, due to the Appriss Insights contract being approved late in June and the delayed turn-around time from the Washoe County Sheriff's Office.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 27944 | Amendment Number: 1 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: CAPITAL GLASS, INC. |
| Agency Code: 082 | Contractor Name: CAPITAL GLASS, INC. |
| Appropriation Unit: 1349-12 | Address: 2951 N. DEER RUN RD., STE. 1 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89701-1467 |
| If "No" please explain: Not Applicable | Contact/Phone: Justin Krische 775/883-6401 |
| | Vendor No.: T80316580 |
| | NV Business ID: NV19671000768 |
| 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 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/26/2023**

Anticipated BOE meeting date: **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/10/2027**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **Glass Repair**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing repairs or replacement of windows to state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$40,000 to \$75,000 due to continued need for Americans with Disabilities Act compliance, replacement glass, door adjustments and repairs.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$40,000.00 | \$40,000.00 | \$40,000.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$35,000.00 | \$35,000.00 | \$75,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$75,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds has various state-owned properties that require repairs and/or replacement of glass doors and windows on an as needed basis. Agency purchasing additional buildings with a large amount of glass windows and doors.

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? 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 one of many glass, windows, and door repair companies and per SAM 0338.0 each vendor will be contacted to submit bids on upcoming projects.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Vendor is currently under contract until 8/31/2023 with Buildings and Grounds. Agency is satisfied with the vendors performance.

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 | 07/22/2024 10:57:18 AM |
| Division Approval | nmann | 08/08/2024 18:10:15 PM |
| Department Approval | nmann | 08/08/2024 18:11:20 PM |
| Contract Manager Approval | ssands | 08/09/2024 08:55:02 AM |
| Budget Analyst Approval | klay0 | 08/19/2024 17:04:52 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: **29203**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: CHEM-AQUA, INC. |
| Agency Code: 082 | Contractor Name: CHEM-AQUA, INC. |
| Appropriation Unit: 1349-12 | Address: 23261 Network Pl. |
| Is budget authority available?: Yes | City/State/Zip: Chicago, IL 60673 |
| If "No" please explain: Not Applicable | Contact/Phone: Dave Burton 702-985-3271 |
| | Vendor No.: T29023740A |
| | NV Business ID: NV19991172643 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Water Treatment**

5. Purpose of contract:

This is a new contract to provide chemical water treatment for several state-owned buildings in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,383.26**

Other basis for payment: Contract price \$71,383.26, Extra services \$5,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Chemical water treatment services is needed to prevent biological growth, corrosion, contamination, and scale to the HVAC equipment's.

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 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):

CWF
Chem Aqua
IWC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Chem-Aqua provided 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:

Chem Aqua has been a vendor to various agencies since 2010 and the agency is satisfied with their 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:
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:

Terra Cooke-Gatzmer, HVACR Specialists III Ph: 702-481-4286

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|--------|------------------------|
| Budget Account Approval | slon5 | 05/17/2024 10:06:55 AM |
| Division Approval | nmann | 06/06/2024 23:52:15 PM |
| Department Approval | ssands | 06/07/2024 09:04:28 AM |
| Contract Manager Approval | ssands | 07/12/2024 16:02:26 PM |
| Budget Analyst Approval | klay0 | 08/23/2024 09:43:36 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: **29309**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: Chem-Aqua, Inc. |
| Agency Code: 082 | Contractor Name: Chem-Aqua, Inc. |
| Appropriation Unit: 1349-12 | Address: 23261 Network Pl. |
| Is budget authority available?: Yes | City/State/Zip: Chicago, IL 60673 |
| If "No" please explain: Not Applicable | Contact/Phone: Dave Burton, Area Manager 702-985-3271 |
| | Vendor No.: T29023740A |
| | NV Business ID: NV19991172643 |

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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 % | X Other funding | 100.00 % Buildings and Grounds Rent Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **Yes**

If "Yes", please explain

No retro memo required. There was a mix-up with the CETS summary and the contract when it was submitted, but it was submitted prior to the start date. Submitted 6/7/24.

3. Termination Date: **06/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **cooling towers**

5. Purpose of contract:

This is a new contract which provides heating, ventilation, and air conditioning cooling tower cleaning for several state-owned buildings in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,580.06**

Other basis for payment: Buildings are Decatur DMV \$1,549.14; Sahara DMV \$1,669.14; Henderson DMV \$1,339.14; Campos \$ 1,999.14; Grant Sawyer \$3,289.14. Each building's cost will increase 2% from year 2-4. Extra Services, if any, estimated a\$5,000 over term of contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC cooling tower cleanings are needed to prevent damage due to corrosion. This will prolong the life of the system and run efficiently.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Chem Aqua
IWC
CWF

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Chem Aqua only vendor to submit a bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | 05/23/2024 09:43:31 AM |
| Division Approval | nmann | 06/06/2024 23:31:21 PM |
| Department Approval | ssands | 07/11/2024 13:32:23 PM |
| Contract Manager Approval | ssands | 07/12/2024 07:48:19 AM |
| Budget Analyst Approval | klay0 | 07/22/2024 14:41:18 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29464**

| | | | |
|---|--|------------------------|---|
| Agency Name: | ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: | DEL SOL LANDSCAPE CONSTRUCTION, INC. |
| Agency Code: | 082 | Contractor Name: | DEL SOL LANDSCAPE CONSTRUCTION, INC. |
| Appropriation Unit: | 1349-12 | Address: | 2509 E. RENO AVE. |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89120-1015 |
| If "No" please explain: | Not Applicable | | |
| To what State Fiscal Year(s) will the contract be charged? | 2025 | | |
| What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. | | | |
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/23/2024**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2025**

Contract term: **250 days**

4. Type of contract: **Contract**

Contract description: **Landscape Services**

5. Purpose of contract:

This is a new contract to provide ongoing landscaping services for the Washoe Building at the McCarran Center in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This new contract will provide Landscape services for State properties needing to be maintained and serviced 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:

Buildings and Grounds does not have the manpower to facilitate 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):

Par3 Landscape
Tierra Scapes
Del Sol Landscape
Bright View

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Del Sol Landscape provided 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:

Del Sol Landscape Construction has been a vendor to various agencies since 2017 and the agency is satisfied with their 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:

Ryan Reigle, Facility Supervisor III Ph: 702-486-4305

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|-------|------------------------|
| Budget Account Approval | slon5 | 07/08/2024 19:07:09 PM |
| Division Approval | jkidd | 07/09/2024 12:33:48 PM |
| Department Approval | jkidd | 07/09/2024 12:33:51 PM |
| Contract Manager Approval | bhow1 | 07/09/2024 14:00:42 PM |
| Budget Analyst Approval | klay0 | 08/23/2024 16:30:03 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23397** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **DEL SOL LANDSCAPE CONSTRUCTION, INC.**

Agency Code: **082** Contractor Name: **DEL SOL LANDSCAPE CONSTRUCTION, INC.**

Appropriation Unit: **1349-12** Address: **2509 E. RENO AVE.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89120-1015**

If "No" please explain: **Not Applicable** Contact/Phone: **702-263-6597**

To what State Fiscal Year(s) will the contract be charged? **2021-2025** Vendor No.: **T32004270**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20051136561**

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

Agency Reference #: **RFP #08DOA-S1087**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2020**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **4 years and 84 days**

4. Type of contract: **Contract**

Contract description: **Landscaping**

5. Purpose of contract:
This is the first amendment to the original contract which provides landscaping services for the Grant Sawyer Building. This amendment extends the termination date from August 31, 2024 to November 30, 2024 and increases the maximum amount from \$265,000 to \$281,056 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: | \$265,000.00 | \$265,000.00 | \$265,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$16,056.00 | \$16,056.00 | \$16,056.00 | Yes - Info |
| 3. New maximum contract amount: and/or the termination date of the original contract has changed to: | \$281,056.00 11/30/2024 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?
Landscaping services are needed to maintain the building

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a job that requires specialized equipment and training.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S1087, 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: 03/03/2020 Anticipated re-bid date: 04/01/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Buildings and Grounds Las Vegas. 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 | 06/03/2024 16:21:26 PM |
| Division Approval | nmann | 06/06/2024 23:06:50 PM |
| Department Approval | ssands | 06/07/2024 08:22:54 AM |
| Contract Manager Approval | ssands | 08/05/2024 15:42:46 PM |
| Budget Analyst Approval | klay0 | 08/23/2024 16:55:01 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29333**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: High Quality Concepts, Inc. dba Best Janitorial Services of NV

Contractor Name: **High Quality Concepts, Inc. dba Best Janitorial Services of NV**

Address: **2545 Chandler Avenue, Suite #7**

City/State/Zip: **Las Vegas, NV 89120**

Contact/Phone: 702-736-4785

Vendor No.: T29044601

NV Business ID: NV20011238130

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/02/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2024**

Contract term: **90 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services for the Washoe Building in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,850.00**

Payment for services will be made at the rate of \$9,170.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide janitorial services for Washoe Building for 5 months, this is a short-term contract while RFP process is completed.

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 to facilitate 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):

Floor Care Pros
Jackpot Carpet care
Best Janitorial

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | 06/03/2024 15:39:52 PM |
| Division Approval | jkidd | 06/28/2024 14:38:32 PM |
| Department Approval | jkidd | 06/28/2024 14:38:35 PM |
| Contract Manager Approval | ssands | 06/28/2024 14:42:09 PM |
| Budget Analyst Approval | klay0 | 08/02/2024 10:23:39 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: **26814** Amendment Number: **2**
 Legal Entity Name: **OLCESE WASTE SERVICES**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **OLCESE WASTE SERVICES**
 Agency Code: **082** Address: **DBA FERNANDES DISPOSAL**
 Appropriation Unit: **1349-12** **125 INDUSTRIAL PKWY**
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY , NV 89706**
 If "No" please explain: **Not Applicable** Contact/Phone: **RICK LAKE 775/882-1647**
 Vendor No.: **T32012014**
 NV Business ID: **NV20181841074**
 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 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2022**
 Anticipated BOE meeting date **09/2024**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2026**
 Contract term: **4 years and 69 days**

4. Type of contract: **Contract**
 Contract description: **Waste Management**

5. Purpose of contract:
This is the second amendment to the original contract which provides on-call waste services for construction clean-up, storm damage, building and property purge, and disposal services for state owned facilities in northern Nevada. This amendment increases the maximum amount from \$20,000 to \$40,000 due to the continued need from office moves and construction.

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 |
| a. Amendment 1: | \$12,000.00 | \$20,000.00 | \$20,000.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$20,000.00 | \$20,000.00 | \$40,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$40,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?
Buildings and Grounds is required to keep state-owned properties in a clean and safe environment for employees and visitors.

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 to supply 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?

d. Last bid date: 08/23/2022 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 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 | 06/10/2024 12:27:04 PM |
| Division Approval | jkidd | 06/25/2024 14:25:42 PM |
| Department Approval | jkidd | 06/25/2024 14:26:06 PM |
| Contract Manager Approval | ssands | 06/25/2024 14:44:26 PM |
| Budget Analyst Approval | klay0 | 08/14/2024 17:22:31 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: **29507**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: Professional Asbestos Removal Corporation |
| Agency Code: 082 | Contractor Name: PARC Enviromental |
| Appropriation Unit: 1349-14 | Address: PO Box 10077 |
| Is budget authority available?: Yes | City/State/Zip: Fresno, CA 93745-0077 |
| If "No" please explain: Not Applicable | Contact/Phone: Grant Griego 559-939-4775 |
| | Vendor No.: T29049193 |
| | NV Business ID: NV19921035946 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % BUILDINGS AND GROUNDS RENTAL INCOME |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/24/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2025**

Contract term: **191 days**

4. Type of contract: **Contract**

Contract description: **Abestos Abatement**

5. Purpose of contract:

This is a new contract for asbestos mastic abatement on the 3rd floor of the Blasdel Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,427.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Asbestos mastic abatement on 3rd floor of Blasdel Building.

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.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

All Eagle
Advanced Installations
PARC Environmental

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

dba

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | slon5 | 07/17/2024 14:24:18 PM |
| Division Approval | nmann | 07/19/2024 11:53:26 AM |
| Department Approval | ssands | 07/19/2024 11:59:58 AM |
| Contract Manager Approval | ssands | 07/19/2024 12:00:04 PM |
| Budget Analyst Approval | vmilazz1 | 07/24/2024 12:55:48 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: **26488** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **ALPIN COLLECTIVE, LLC DBA PuroClean of South Reno**

Agency Code: **082** Contractor Name: **PUROCLEAN OF SOUTH RENO**

Appropriation Unit: **1349-12** Address: **1550 GLENDALE AVENUE**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **775-446-4646**

Vendor No.: **T32012399**

NV Business ID: **NV20201848039**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Buildings and Grounds Rental Income |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2022**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **REMEDIATION RESTORE**

5. Purpose of contract:

This is the first amendment to the original contract which provides emergency restoration/remediation services for state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$35,000 to \$95,000 due to the continued need for remediation and cleaning of buildings with long term water damage.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$35,000.00 | \$35,000.00 | \$35,000.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$60,000.00 | \$60,000.00 | \$95,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$95,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings have not been used for almost 3 years due to COVID, now that they are being occupied again, we are seeing several water-damaged properties, mold, mildew, etc. that are losing the integrity of their structures

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, expertise, or the material and equipment 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?

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 06/01/2022 Anticipated re-bid date: 06/01/2026

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

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 | dcarlo4 | 06/14/2024 19:06:22 PM |
| Division Approval | nmann | 08/05/2024 14:09:23 PM |
| Department Approval | nmann | 08/05/2024 14:10:29 PM |
| Contract Manager Approval | ssands | 08/05/2024 15:19:59 PM |
| Budget Analyst Approval | klay0 | 08/06/2024 17:37:54 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: **28004** Amendment Number: **2**
 Legal Entity Name: **KNIT**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **KNIT**
 Agency Code: **082** Address: **7250 PEAK DR., STE. 216**
 Appropriation Unit: **1535-55** City/State/Zip: **LAS VEGAS, NV 89128-9029**
 Is budget authority available?: **Yes** Contact/Phone: **702-363-2222**
 If "No" please explain: **Not Applicable** Vendor No.: **T29033716**
 NV Business ID: **NV19851015692**
 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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 115607

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2023**
 Anticipated BOE meeting date 07/NV
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**
 Contract term: **3 years and 292 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 Rawson-Neal Psychiatric Hospital - Anti-Ligature Rehabilitation: CIP Project No. 23-M02-02; SPWD Contract No. 115607. This amendment increases the maximum amount from \$389,925 to \$430,017.31 due to the additional architectural and structural engineering services for the new courtyard pergola.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$375,000.00 | \$375,000.00 | \$375,000.00 | Yes - Action |
| a. Amendment 1: | \$14,925.00 | \$14,925.00 | \$14,925.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$40,092.31 | \$40,092.31 | \$55,017.31 | Yes - Info |
| 3. New maximum contract amount: | \$430,017.31 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?
2023 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 (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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 07/03/2024 16:36:49 PM |
| Division Approval | nmann | 07/03/2024 16:37:44 PM |
| Department Approval | nmann | 07/03/2024 16:38:31 PM |
| Contract Manager Approval | lwildes | 07/05/2024 08:14:33 AM |
| Budget Analyst Approval | bmacke1 | 07/26/2024 17:39:45 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: **29429**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: PETTY & ASSOCIATES, INC. |
| Agency Code: 082 | Contractor Name: PETTY & ASSOCIATES, INC. |
| Appropriation Unit: 1535-55 | Address: 760 MARGRAVE DR., STE. 100 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-359-5777 |
| | Vendor No.: T80580350 |
| | NV Business ID: NV19841014622 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116791

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/23/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 311 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 Child and Adolescent Services - Adolescent Treatment Center Rooftop Multi-Zone Unit Replacement CIP Project to include structural review services, load analysis, cost estimating, construction documents, bidding assistance, and submittal review for the removal of old rooftop units and the installation of a new multi-zone air handling unit: CIP Project No. 23-M02-03; SWPD Contract No. 116791.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,800.00**

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:

Courtney Leitner, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 07/10/2024 16:24:29 PM |
| Division Approval | nmann | 07/10/2024 16:24:32 PM |
| Department Approval | nmann | 07/10/2024 16:24:34 PM |
| Contract Manager Approval | lwildes | 07/11/2024 07:03:40 AM |
| Budget Analyst Approval | klay0 | 08/23/2024 08:04:08 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: 28544 | Amendment Number: 1 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: R. BRANDON SPRAGUE, ARCHITECT P.C. DBA APTUS ARCHITECTURE |
| Agency Code: 082 | Contractor Name: R. BRANDON SPRAGUE, ARCHITECT P.C. DBA APTUS ARCHITECTURE |
| Appropriation Unit: 1535-54 | Address: 241 W. CHARLESTON BLVD., STE. 145 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89102 |
| 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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116127

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 172 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 Summit View Youth Center - Gymnasium Addition and Remodel CIP Project: CIP Project No. 23-C27; SPWD Contract No. 116127. This amendment increases the maximum amount from \$253,275 to \$281,275 due to the addition of furniture, fixtures, and equipment.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$253,275.00 | \$253,275.00 | \$253,275.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$28,000.00 | \$28,000.00 | \$28,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$281,275.00 | | | |

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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 06/19/2024 10:13:30 AM |
| Division Approval | nmann | 06/19/2024 10:14:08 AM |
| Department Approval | nmann | 06/19/2024 10:14:51 AM |
| Contract Manager Approval | lwildes | 06/20/2024 07:31:21 AM |
| Budget Analyst Approval | klay0 | 07/31/2024 09:27:28 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 24739 | Amendment Number: 4 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD. |
| Agency Code: 082 | Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD. |
| Appropriation Unit: 1577-46 | Address: 5485 RENO CORPORATE DR., STE. 100 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511-2262 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-332-6640 |
| | Vendor No.: T80984709 |
| | NV Business ID: NV19941047730 |

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|----------------|----------------|----------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 43.40 % | X Bonds | 56.60 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |
| Agency Reference #: | 114249 | | |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2021**
 Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**
 Contract term: **3 years and 290 days**

4. Type of contract: **Contract**
 Contract description: **Arch / Eng**

5. Purpose of contract:
This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard Harry Reid Training Center - Washoe Training Center Building Addition CIP Project: CIP Project No. 21-C03; SPWD Contract No. 114249. This amendment increases the maximum amount from \$4,145,340 to \$4,180,340 due to requested design revision of classroom and storage space.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|----------------|----------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$4,019,740.00 | \$4,019,740.00 | \$4,019,740.00 | Yes - Action |
| a. Amendment 1: | \$44,200.00 | \$44,200.00 | \$44,200.00 | Yes - Info |
| b. Amendment 2: | \$59,000.00 | \$59,000.00 | \$103,200.00 | Yes - Action |
| c. Amendment 3: | \$22,400.00 | \$22,400.00 | \$22,400.00 | Yes - Info |
| 2. Amount of current amendment (#4): | \$35,000.00 | \$35,000.00 | \$57,400.00 | Yes - Info |
| 3. New maximum contract amount: | \$4,180,340.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

8. Explain why State employees in your agency or other State agencies are not able to do this work:

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: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|-------------------------|-------|------------------------|
| Budget Account Approval | nmann | 07/03/2024 11:19:46 AM |
| Division Approval | nmann | 07/03/2024 11:22:56 AM |
| Department Approval | nmann | 07/03/2024 11:23:59 AM |

Contract Manager Approval
Budget Analyst Approval

lwildes
klay0

07/03/2024 12:04:17 PM
08/13/2024 17:12:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29154**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: HERSHENOW & KLIPPENSTEIN H&K ARCHITECTS, INC. |
| Agency Code: 082 | Contractor Name: HERSHENOW & KLIPPENSTEIN H&K ARCHITECTS, INC. |
| Appropriation Unit: 1577-69 | Address: 5485 RENO CORPORATE DR., STE. 100 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511-2262 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-332-6640 |
| | Vendor No.: T80984709 |
| | NV Business ID: NV19941047730 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116553

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 335 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architecture/engineering services for the Nevada Army National Guard Harry Reid Training Center - Ground Support Equipment Shop CIP Project to include architectural, civil, structural, mechanical engineering, and construction administration services for the design and construction of a 3,201 square-foot conditioned ground support equipment shop, which will include 320 square feet of heated interior space for maintenance: CIP Project No. 23-C09; SPWD Contract No. 116553.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,462.00**

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:

Marc Burgass, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 06/17/2024 14:23:08 PM |
| Division Approval | nmann | 06/17/2024 14:23:11 PM |
| Department Approval | nmann | 06/17/2024 14:23:14 PM |
| Contract Manager Approval | lwildes | 06/18/2024 10:26:20 AM |
| Budget Analyst Approval | klay0 | 07/30/2024 17:39:26 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29416**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: JVC ASSOCIATES, INC. DBA JVC ARCHITECTS |
| Agency Code: 082 | Contractor Name: JVC ASSOCIATES, INC. DBA JVC ARCHITECTS |
| Appropriation Unit: 1585-76 | Address: 5385 CAMERON ST., STE. 15 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-6257 |
| If "No" please explain: Not Applicable | Contact/Phone: 702-871-3416 |
| | Vendor No.: T27007825 |
| | NV Business ID: NV19931066659 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116790

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/22/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 312 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 Railroad Museum, Boulder City - ADA Upgrades CIP project to include preliminary sketches, design drawings, cost estimating, construction documents, bidding services, and construction administration services for the installation of a detectable warning strip along the pavilion loading area, a pedestrian railroad track crossing, an Americans with Disabilities Act (ADA) accessible parking space, and upgrades to the existing single use restroom for ADA compliance: CIP Project No. 23-S02-05; SPWD Contract No. 116790.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,800.00**

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:

Mike Rife, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 07/09/2024 17:03:31 PM |
| Division Approval | nmann | 07/09/2024 17:03:33 PM |
| Department Approval | nmann | 07/09/2024 17:03:36 PM |
| Contract Manager Approval | lwildes | 08/08/2024 10:06:29 AM |
| Budget Analyst Approval | klay0 | 08/22/2024 13:43:07 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: 26998 | Amendment Number: 2 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: FRAME ARCHITECTURE, INC. |
| Agency Code: 082 | Contractor Name: FRAME ARCHITECTURE, INC. |
| Appropriation Unit: 1591-44 | Address: 4090 S. MCCARRAN BLVD., STE. E |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-7529 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-827-9977 |
| | Vendor No.: T29014981 |
| | NV Business ID: NV20031302154 |

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 % |
| X Federal Funds | 47.00 % | X Bonds | 53.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 115195

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2022**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **2 years and 199 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 Fort Churchill State Park - Park Facilities Maintenance & ADA Upgrades CIP Project: CIP Project No. 21-M45; SPWD Contract No. 115195. This amendment increases the maximum amount from \$39,955 to \$86,060 due to additional architectural, mechanical, electrical, and structural design to comply with the Build America Buy America Act.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | |
|---|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$31,455.00 | \$31,455.00 | \$31,455.00 | Yes - Info |
| a. Amendment 1: | \$8,500.00 | \$8,500.00 | \$39,955.00 | No |
| 2. Amount of current amendment (#2): | \$46,105.00 | \$54,605.00 | \$86,060.00 | Yes - Info |
| 3. New maximum contract amount: | \$86,060.00 | | | |

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 (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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 06/19/2024 10:49:42 AM |
| Division Approval | nmann | 06/19/2024 10:50:29 AM |
| Department Approval | nmann | 06/19/2024 10:51:17 AM |
| Contract Manager Approval | lwildes | 07/31/2024 12:14:31 PM |
| Budget Analyst Approval | klay0 | 07/31/2024 13:28:28 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29253**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: JENSEN ENGINEERING, INC. |
| Agency Code: 082 | Contractor Name: JENSEN ENGINEERING, INC. |
| Appropriation Unit: 1594-37 | Address: 9655 GATEWAY DR., STE. A |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89521-2968 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-852-2288 |
| | Vendor No.: T27007578 |
| | NV Business ID: NV19921070456 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 | 75.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | <input checked="" type="checkbox"/> Bonds | 25.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116591

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **2 years and 328 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 OCIO Data Center - Replace Emergency Generator CIP project to include site investigation, retention, design and modifications to the existing catwalk system with structural engineering as required, bidding support, construction documents, and construction administration services for the replacement of the existing pad mounted diesel generator with a new dual 500 kilowatt generator on existing concrete pad and connected to existing feeders, automatic transfer switch, and control wiring: CIP Project No. 23-M03-20; SPWD Contract No. 116591.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,700.00**

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:

Jason Aviles, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 06/19/2024 11:16:16 AM |
| Division Approval | nmann | 06/19/2024 11:16:19 AM |
| Department Approval | nmann | 06/19/2024 11:16:20 AM |
| Contract Manager Approval | lwildes | 06/20/2024 07:44:53 AM |
| Budget Analyst Approval | klay0 | 08/06/2024 16:46:06 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: 28734 | Amendment Number: 1 |
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: PAUL CAVIN ARCHITECT, LLC |
| Agency Code: 082 | Contractor Name: PAUL CAVIN ARCHITECT, LLC |
| Appropriation Unit: 1594-36 | Address: 1575 DELUCCHI LN., STE. 120 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-6581 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-284-7083 |
| | Vendor No.: T29033842 |
| | NV Business ID: NV20131182382 |

To what State Fiscal Year(s) will the contract be charged? **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 | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 116255

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 137 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 Silver Sage Building - Roofing & HVAC System Replacement CIP Project: CIP Project No. 23-C37-1; SPWD Contract No. 116255. This amendment increases the maximum amount from \$160,000 to \$179,500 due to additional needed design services for the new interior lighting and controls.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$160,000.00 | \$160,000.00 | \$160,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$19,500.00 | \$19,500.00 | \$19,500.00 | Yes - Info |
| 3. New maximum contract amount: | \$179,500.00 | | | |

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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 07/03/2024 14:53:06 PM |
| Division Approval | nmann | 07/03/2024 14:54:01 PM |
| Department Approval | nmann | 07/03/2024 14:54:38 PM |
| Contract Manager Approval | lwildes | 07/05/2024 08:26:38 AM |
| Budget Analyst Approval | klay0 | 08/15/2024 11:20:54 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: **28543** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **IN2IT ARCHITECTURE**

Agency Code: **082** Contractor Name: **IN2IT ARCHITECTURE**

Appropriation Unit: **All Appropriations** Address: **5135 S. DURANGO DR. #103**

Is budget authority available?: **No** City/State/Zip: **LAS VEGAS, NV 89113**

Contact/Phone: **702-852-2252**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 95, Deferred Maintenance.

Vendor No.: **T29045148**
NV Business ID: **NV20131112567**

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 % | X Other funding | 100.00 % Agency Funded CIP |

Agency Reference #: **116117**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **1 year and 172 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Nevada Adult Mental Health Services - 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. This amendment increases the maximum amount from \$570,000.00 to \$596,991.48 due to reimbursement for the State Fire Marshall and Health Care Quality and Compliance fees.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$570,000.00 | \$570,000.00 | \$570,000.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$26,991.48 | \$26,991.48 | \$26,991.48 | Yes - Info |
| 3. New maximum contract amount: | \$596,991.48 | | | |

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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

nmann

07/10/2024 15:22:45 PM

| | | |
|---------------------------|---------|------------------------|
| Division Approval | nmann | 07/10/2024 15:23:35 PM |
| Department Approval | nmann | 07/10/2024 15:24:11 PM |
| Contract Manager Approval | lwildes | 07/10/2024 15:28:53 PM |
| Budget Analyst Approval | bmacke1 | 07/26/2024 17:37:19 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

| | | | | | | | | | | | | | | | | | | | |
|---|---------------|------------------------|-----------------|--------------------------|--|--|---------------|--------|-------|--------|--|--|---------------|--------|------------------------|-----------------|--------------------------|--|--|
| <p>1. Contract Number: 28537</p> <p>Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION</p> <p>Agency Code: 082</p> <p>Appropriation Unit: All Appropriations</p> <p>Is budget authority available?: No</p> <p>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 66, ARPA - 3A FORENSIC RENOVATION</p> <p>To what State Fiscal Year(s) will the contract be charged? 2024-2027</p> <p>What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">General Funds</td> <td style="width: 10%;">0.00 %</td> <td style="width: 30%;">Fees</td> <td style="width: 10%;">0.00 %</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Federal Funds</td> <td>0.00 %</td> <td>Bonds</td> <td>0.00 %</td> <td></td> <td></td> </tr> <tr> <td>Highway Funds</td> <td>0.00 %</td> <td>X Other funding</td> <td>100.00 %</td> <td colspan="2">Agency Funded CIP</td> </tr> </table> <p>Agency Reference #: 116141</p> | General Funds | 0.00 % | Fees | 0.00 % | | | Federal Funds | 0.00 % | Bonds | 0.00 % | | | Highway Funds | 0.00 % | X Other funding | 100.00 % | Agency Funded CIP | | <p>Amendment Number: 2</p> <p>Legal Entity Name: KNIT</p> <p>Contractor Name: KNIT</p> <p>Address: 7250 PEAK DR., STE. 216</p> <p>City/State/Zip: LAS VEGAS, NV 89128-9029</p> <p>Contact/Phone: 702-363-2222</p> <p>Vendor No.: T29033716</p> <p>NV Business ID: NV19851015692</p> |
| General Funds | 0.00 % | Fees | 0.00 % | | | | | | | | | | | | | | | | |
| Federal Funds | 0.00 % | Bonds | 0.00 % | | | | | | | | | | | | | | | | |
| Highway Funds | 0.00 % | X Other funding | 100.00 % | Agency Funded CIP | | | | | | | | | | | | | | | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2026**

Contract term: **2 years and 357 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 Southern Nevada Adult Mental Health Services - Forensics Facility Renovation Building 3A: CIP Project No. 24-A009; SPWD Contract No. 116141. This amendment increases the maximum amount from \$840,212.00 to \$871,552.99 due to additional costs associated with the State Fire Marshall Application fee.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$798,500.00 | \$798,500.00 | \$798,500.00 | Yes - Action |
| a. Amendment 1: | \$41,712.00 | \$41,712.00 | \$41,712.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$31,340.99 | \$31,340.99 | \$73,052.99 | Yes - Info |
| 3. New maximum contract amount: | \$871,552.99 | | | |

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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

nmann

07/03/2024 15:19:48 PM

| | | |
|---------------------------|---------|------------------------|
| Division Approval | nmann | 07/03/2024 15:20:35 PM |
| Department Approval | nmann | 07/03/2024 15:21:46 PM |
| Contract Manager Approval | lwildes | 07/05/2024 08:20:05 AM |
| Budget Analyst Approval | bmacke1 | 07/26/2024 17:46:28 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29177**

| | | | |
|---|--|--------------------|--------------------------------------|
| Agency Name: | ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: | TANEY ENGINEERING, LLC |
| Agency Code: | 082 | Contractor Name: | TANEY ENGINEERING, LLC |
| Appropriation Unit: | All Appropriations | Address: | 6030 S. JONES BLVD., STE. 100 |
| Is budget authority available?: | No | City/State/Zip | LAS VEGAS, NV 89118-2659 |
| If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3646, expenditure category 95, Deferred Maintenance. | | Contact/Phone: | 702-362-8844 |

Vendor No.: T32006658
NV Business ID: NV20232732519

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Agency Funded CIP |

Agency Reference #: 116513

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/31/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **334 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 Child and Adolescent Services - Security Fencing, Oasis Buildings CIP Project to include civil plans, schematic design, construction documents, bidding services, and an aerial topographic survey for the design and construction of a 6-foot-tall steel fence enclosing the Oasis program buildings 11,12,13, and 14, as well as pedestrian gates, keypad access control, and updated signage on the fence: CIP Project No. 24-A015; SPWD Contract No. 116513.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,250.00**

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 Child and Adolescent 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:

Jason Crosby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | nmann | 06/12/2024 15:40:38 PM |
| Division Approval | nmann | 06/12/2024 15:40:41 PM |
| Department Approval | nmann | 06/12/2024 15:40:44 PM |
| Contract Manager Approval | lwildes | 07/31/2024 09:36:10 AM |
| Budget Analyst Approval | klay0 | 07/31/2024 10:24:37 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: **29640**

| | |
|---|---|
| Agency Name: ADMIN - PURCHASING DIVISION | Legal Entity Name: RAYMOND HANDLING SOLUTIONS, INC. |
| Agency Code: 083 | Contractor Name: RAYMOND HANDLING SOLUTIONS, INC. dba RAYMOND WEST |
| Appropriation Unit: 1358-08 | Address: INC |
| Is budget authority available?: Yes | 9939 Norwalk Blvd |
| If "No" please explain: Not Applicable | SANTA FE SPRINGS, CA 90670 |
| | Contact/Phone: John Gonzales 702-651-1064 |
| | Vendor No.: PUR0002046 |
| | NV Business ID: NV20021233142 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---------------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % State Purchasing Fund |

Agency Reference #: **SW240802 GKD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **140 days**

4. Type of contract: **Contract**

Contract description: **Warehouse Racking**

5. Purpose of contract:

This is a new contract to provide services, equipment, and parts to uninstall warehouse racking from leased space and then reconfigure and install the racking in State-owned warehouses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,888.00**

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 State is moving out of leased warehouse space and into space owned by the State. The racking installed in the lease space is the property of the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is one-time, specialized work that can only be done by qualified individuals.

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?

See solicitation waiver 240802

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 installed the racking in the leased space for Division of Emergency Management in 2022. Verified with DEM.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gates, Judith, null Ph: null

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jvictor | 08/12/2024 10:41:13 AM |
| Division Approval | nmann | 08/12/2024 12:07:58 PM |
| Department Approval | nmann | 08/12/2024 12:08:02 PM |
| Contract Manager Approval | ldeloach | 08/12/2024 13:13:35 PM |
| Budget Analyst Approval | mbro28 | 08/13/2024 09:24:45 AM |



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

| | |
|-----------------------------|---------|
| Purchasing Use Only: | |
| Approval#: | 246802@ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

| | | | |
|-----------|--|--|-----------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | <i>Nevad State Purchasing Division of the Department of Administration</i> | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | <i>Judy Gates</i> | <i>775-531-3314</i> | <i>j.gates@admin.nv.gov</i> |

| | | |
|----------------|---|--|
| 1b | Vendor Information: | |
| | Vendor Name: | <i>Raymond West Intralogistics Solutions d/b/a/ Raymond West</i> |
| | Contact Name: | <i>John Gonzales</i> |
| | Complete Address: City, State, and Zip Code | <i>9939 Norwalk Blvd Santa Fe Springs, CA 90670</i> |
| | Telephone Number: | <i>702-651-1064 x5011</i> |
| Email Address: | <i>John.Gonzales@raymondwest.com</i> | |

| | | |
|-----------|---|----------|
| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | |
| | Professional Service Exemption: | X |

| | | | | |
|-----------|--|------|----------|-----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? Check One: | Yes: | X | No: |
| | If 'No' Enter Amendment Number: | # | | |
| | Enter CETS Number: | # | | |

| | | | | |
|-----------|-----------------------------------|-------------|-----------------|-----------------------------|
| 1e | Term: | | | |
| | One (1) Time Purchase? Check One: | Yes: | No: | |
| | Contract: | Start Date: | <i>Upon BOE</i> | End Date: <i>12/31/2024</i> |

| | | |
|-----------|---------------------|-------------------|
| 1f | Funding: | |
| | State Appropriated: | |
| | Federal Funds: | <i>ARPA Funds</i> |
| | Grant Funds: | |
| | Other (Explain): | |

| | |
|----------------------|------------|
| Purchasing Use Only: | |
| Approval #: | 240802 (C) |

| | |
|----|--|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | \$85,888.00 |

| | |
|---|---|
| 2 | Provide a description of work/services to be performed or services with goods to be purchased: |
| | <i>Vendor will (1) remove existing racking system located at 7050 Lindell Rd, returning the leased warehouse space to its original condition, (2) install a portion of the racking system components in at the new Purchasing warehouse on Placid St and (3) install a portion of the racking components at the new Agriculture warehouse on Placid St, all in Las Vegas.</i> |

| | |
|---|---|
| 3 | What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? |
| | <i>In April 2022, Raymond West was contracted by the Division of Emergency Management on emergency basis to provide and install the racking currently installed at 7050 Lindell Rd. As the provider of the existing materials, Raymond West has the ability remove, reconfigure, and reuse the existing materials in the new locations in a way that no other vendor can.</i> |

| | |
|---|--|
| 4 | Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: |
| | <i>Any other vendor would either be unwilling to reuse the existing materials or would require additional testing and design steps that would increase the length and cost of the project. Additionally, because the State is on a short timeline to vacate the existing space and move to the new locations, the time necessary for formal solicitation would prevent the project from proceeding successfully.</i> |

| | | | |
|---|--|-------------------|----|
| 5 | Were alternative services or commodities evaluated? | Check One: | |
| | | Yes | No |
| | | X | |
| | a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility. | | |
| | b. <i>If not</i> , why were alternatives not evaluated? <i>As described in questions 3 and 4, Raymond West is uniquely positioned to provide these services in a prompt and economic manner.</i> | | |

Purchasing Use Only:

Approval #: JH08020

| | | | | | | |
|---|--|-----------|--------------|-------------------|--|--------|
| | Has the agency purchased these services/services with goods in the past? Check One: | | | | Yes | No |
| | <p><i>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></i></p> | | | | X | |
| 6 | a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</i> | | | | | |
| | Term | | Value | Short Description | Provide Type of Procurement RFP#, RFQ#, Waiver # | CETS # |
| | Start Date | End Date | | | | |
| | 4/12/2022 | 8/31/2022 | \$300,000.00 | Warehouse Racking | Emergency Purchase | 26055 |
| | | | \$ | | | |
| | | | \$ | | | |
| | | \$ | | | | |

| | | | | | | |
|---|---|--|--|--|--|--|
| 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 State would be unable to remove the racking from the leased space at 7050 Lindell Rd prior to the expiration of the lease, potentially incurring additional close out fees from the lessor. The State would also then have to contract separately for racking equipment in the new warehouses, at a significantly higher cost because we would be unable to reuse the existing materials.</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>Given Raymond West's previous work installing this system, there is no opportunity to seek other competition. Given the nature of the labor intensive work involved, State Purchasing has reviewed the costs associated and feels they are appropriate based on our previous contracting experience.</i></p> | | | | | |

| | | | | | | |
|---|---|--|--|--|-----|----|
| | Will this purchase obligate the State to this vendor for future purchases? Check One: | | | | Yes | No |
| | <p><i>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></p> | | | | | X |
| 9 | a. <i>If yes, please provide details regarding future obligations or needs.</i> | | | | | |
| | <p><i>As we are moving the racking from a leased spaced to State owned space, it is unlikely we will require additional reconfiguration services.</i></p> | | | | | |

| | |
|-----------------------------|---------|
| Purchasing Use Only: | |
| Approval #: | 240802@ |

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.

Judy Gates
 Signature of Agency Representative Initiating Request

JUDY GATES
 Print Name of Agency Representative Initiating Request

8/5/24
 Date

Melissa A. Starr
 Signature of Agency Head Authorizing Request

Melissa A. Starr For Gideon Davis
 Print Name of Agency Head Authorizing Request

8/5/24
 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.

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: [Signature]
 Administrator, Purchasing Division or Designee

8/5/24
 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: **28356** Amendment Number: **1**

Agency Name: **ADMIN - RISK MANAGEMENT DIVISION** Legal Entity Name: **Dube Group Architecture**

Agency Code: **085** Contractor Name: **Dube Group Architecture**

Appropriation Unit: **1352-14** Address: **458 Court Street**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89501-1709**

If "No" please explain: **Not Applicable** Contact/Phone: **775-323-1001**

To what State Fiscal Year(s) will the contract be charged? **2024-2026** Vendor No.: **T81026981**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV19991421705**

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Property/ Casualty Premiums Claim # 2023-PROP-0382 |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/20/2025**

Contract term: **2 years and 228 days**

4. Type of contract: **Contract**

Contract description: **Architecture**

5. Purpose of contract:

This is the first amendment to the original contract which provides an architecture company that specializes in historic structures and adobe construction to repair severe damage caused during an historical winter storm that damaged the Fort Churchill buildings. This amendment extends the termination date from June 20, 2025, to June 30, 2026, due to the continued need for these services. This amendment increases the maximum amount from \$115,638 to \$162,688 due to increased project scope for the adobe consultant.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|--|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$115,638.00 | \$115,638.00 | \$115,638.00 | Yes - Action |
| 2. Amount of current amendment (#1): | \$47,050.00 | \$47,050.00 | \$47,050.00 | Yes - Info |
| 3. New maximum contract amount: | \$162,688.00 | | | |
| and/or the termination date of the original contract has changed to: | 06/30/2026 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Fort Churchill is a historical site and needs to be repaired.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

not qualified

9. Were quotes or proposals solicited? 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:
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 | dcarlso4 | 08/09/2024 17:32:10 PM |
| Division Approval | nmann | 08/13/2024 14:25:26 PM |
| Department Approval | nmann | 08/13/2024 14:26:32 PM |
| Contract Manager Approval | ssands | 08/15/2024 10:00:23 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: **26682** Amendment Number: **2**

Agency Name: **DEPARTMENT OF TAXATION** Legal Entity Name: **IMAGE ACCESS CORP.**

Agency Code: **130** Contractor Name: **IMAGE ACCESS CORP.**

Appropriation Unit: **2361-13** Address: **22 PARIS AVE., STE. 210**

Is budget authority available?: **Yes** City/State/Zip: **ROCKLEIGH, NJ 07647-2600**

If "No" please explain: Not Applicable Contact/Phone: **Cory J. Watson 201/342-7878**

Vendor No.: **PUR0005478A**

NV Business ID: **NV20151699236**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2022**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/30/2025**

Contract term: **3 years and 48 days**

4. Type of contract: **Contract**

Contract description: **Document Imaging**

5. Purpose of contract:

This is the second amendment to the original contract which provides document scanning solution services. This amendment increases the maximum amount from \$1,081,500 to \$1,115,000 due to the addition of an export connector module that is necessary to interface the existing scanning hardware with the new tax system.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|----------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$551,500.00 | \$551,500.00 | \$551,500.00 | Yes - Action |
| a. Amendment 1: | \$530,000.00 | \$530,000.00 | \$530,000.00 | Yes - Action |
| 2. Amount of current amendment (#2): | \$33,500.00 | \$33,500.00 | \$33,500.00 | Yes - Info |
| 3. New maximum contract amount: | \$1,115,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Currently, the documents are batched and scanned at the end of each process to store electronically. Taxation is seeking a contract that will provide workflow, scanning, storage, retrieval, conversion, and maintenance services for software and equipment to all areas within Taxation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees and agencies do not have the specialized skills and training required to create a document imaging solution.

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 #13DAT-S2031, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? 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:

NV DMV 2015 - Current
NV DETR 2012 - Current
NV Taxation 2012 - Current

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | bvale1 | 08/16/2024 16:42:46 PM |
| Division Approval | bvale1 | 08/16/2024 16:43:08 PM |
| Department Approval | bvale1 | 08/16/2024 16:43:16 PM |
| Contract Manager Approval | bvale1 | 08/22/2024 06:37:27 AM |

EITS Approval
Budget Analyst Approval

ljean
klay0

08/22/2024 14:52:51 PM
08/23/2024 17:23:25 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Shellie Hughes, Director, TAX
Adriane Roberts-Larson, Deputy Executive Director, TAX
Joe Bernardy, Deputy Executive Director, Information Technology, TAX
Joy Grimmer, Administrative Services Officer IV, TAX

CC: Tim Galluzi, 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 – TAX – TIN 142 – *UTS Modernization-Project MYNT* – BA 2361

DATE: April 28, 2022

We have completed our review for the Department of Taxations' (TAX) – *UTS Modernization-Project MYNT* – TIN 142.

The submitted TIN, for an estimated value of \$2,943,463.00 in the FY22/FY23 biennium and \$42,014,559.78 in the FY24/FY25 biennium (100% General Fund), is to replace TAX's Unified Tax System (UTS) with a COTS solution.

The UTS that is currently in use consists of TAS (Tax Administrative System), Online Tax, Stream-lined Sales Tax, Revenue Premier, Silverflume Portal Web Services, the Marijuana Portal, and KOVIS (a document imaging solution). TAS was built using legacy software and programming languages that are approaching obsolescence.

An RFP will be released to assess potential solutions for Project MYNT (Modernize Your Nevada Tax). The project will have five major phases: needs assessment, develop RFP and vendor selection, detailed

requirement analysis, phases of implementation, and training & maintenance, and is expected to span five years.

The solution will include a change or addition to the current server environment and EITS supported Server Hosting is expected to increase. Solution VM servers will reside at the EITS Data Center. TAX should coordinate with the EITS Compute team to ensure the selected solution is compatible with the EITS environment. 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 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: **29596**

| | |
|--|---|
| Agency Name: ADMIN - ENTERPRISE IT SERVICES | Legal Entity Name: NEVADA YAMAS CONTROLS INC |
| Agency Code: 180 | Contractor Name: NEVADA YAMAS CONTROLS INC |
| Appropriation Unit: 1385-07 | Address: 1380 GREG ST STE 224 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431-6071 |
| If "No" please explain: Not Applicable | Contact/Phone: KIRBY KELLER 775/359/9628 |
| | Vendor No.: T29032379A |
| | NV Business ID: NV20121569583 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2029 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % User fees |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair for the Building Controls System at the computer facility in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,538.00**

Payment for services will be made at the rate of \$19,634.50 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The building controls system controls the building heating, ventilation, and air conditioning (HVAC) The mainframe computer system, related components, and computer servers will not function without the proper temperature and humidity. The State is responsible for repairs to the computers if the damage is caused by the environment in the computer room.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained for this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 240801

Approval Date: 08/05/2024

c. Why was this contractor chosen in preference to other?

This vendor has been providing ongoing and continued maintenance and support for a system already purchased/installed and in use by the State. The vendor is the only provider in Northern Nevada for Schneider Electric automation systems.

d. Last bid date: 08/03/2022 Anticipated re-bid date: 09/01/2028

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:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

John Hannah, Facility Supervisor 3 Ph: 775-684-4343

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mmellow | 08/19/2024 16:25:01 PM |
| Division Approval | smontie1 | 08/20/2024 07:56:30 AM |
| Department Approval | ddodge | 08/20/2024 08:07:19 AM |
| Contract Manager Approval | thudder | 08/20/2024 14:52:47 PM |
| Budget Analyst Approval | mranki1 | 08/27/2024 13:37:28 PM |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
 Phone: 775-684-0170 | Fax: 775-684-0188

| | |
|-----------------------------|----------|
| Purchasing Use Only: | |
| Approval#: | 240801 @ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

| | | | |
|----|--|---------------------|--------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: <i>Office of the Chief Information Officer</i> | | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | <i>John Hannah – Facility Supervisor 3</i> | <i>775-720-5593</i> | <i>jhannah@it.nv.gov</i> |

| | | |
|----|---|--|
| 1b | Vendor Information: | |
| | Vendor Name: | <i>Nevada Yamas Controls</i> |
| | Contact Name: | <i>Kirby Keller</i> |
| | Complete Address: City, State, and Zip Code | <i>1380 Greg St. Suite 224 Sparks, NV. 89431</i> |
| | Telephone Number: | <i>775-359-9825 x402</i> |
| | Email Address: | <i>kkeller@nevadayamas.com</i> |

| | | |
|----|---|-------------------------------------|
| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | <input checked="" type="checkbox"/> |
| | Professional Service Exemption: | <input type="checkbox"/> |

| | | | | |
|----|--|------|-------------------------------------|-----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? Check One: | Yes: | <input checked="" type="checkbox"/> | No: |
| | If 'No' Enter Amendment Number: | # | | |
| | Enter CETS Number: | # | | |

| | | | | |
|----|-----------------------------------|-------------|--------------------------|-----------------|
| 1e | Term: | | | |
| | One (1) Time Purchase? Check One: | Yes: | <input type="checkbox"/> | No: |
| | Contract: | Start Date: | <i>09/01/24</i> | End Date: |
| | | | | <i>08/31/28</i> |

| | | |
|----|---------------------|-----------------------|
| 1f | Funding: | |
| | State Appropriated: | |
| | Federal Funds: | |
| | Grant Funds: | |
| | Other (Explain): | <i>100% user fees</i> |

Purchasing Use Only:

Approval #:

240801@

| | |
|----|---|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | \$78,538.00 |

| | |
|---|---|
| 2 | Provide a description of work/services to be performed or services with goods to be purchased: |
| | <i>Maintenance and upkeep of our building controls system, this includes the control system software/hardware, and the communications systems between the control system and building equipment</i> |

| | |
|---|---|
| 3 | What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? |
| | <i>The software/hardware for our building controls is proprietary to Schneider Electric.</i> |

| | |
|---|---|
| 4 | Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: |
| | <i>Nevada Yamas Controls is the sole service provider of Schneider Electric software and hardware in Northern Nevada.</i> |

| Were alternative services or commodities evaluated? | | Check One: | |
|---|---|------------|----|
| | | Yes | No |
| 5 | a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i> | | X |
| | b. <i>If not, why were alternatives not evaluated?</i> | | |
| | <i>The software/hardware for our building controls is proprietary to Schneider Electric. In order for an alternative to be viable we would have to purchase new controls equipment and software. When we are ready to do so we will address alternatives.</i> | | |

| | |
|----------------------|---------|
| Purchasing Use Only: | |
| Approval #: | 2408010 |

| | | | | | | | |
|---|---|-----------------|--------------|--------------------------|---|---------------|-------|
| 6 | Has the agency purchased these services/services with goods in the past? Check One: <i>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></i> | | | | Yes | No | |
| | | | | | X | | |
| | a. <i>If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each:</u></i> | | | | | | |
| | <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> | | | | | |
| | | 09/01/22 | 8/31/2024 | \$33,573.33 | Service Contract | SAM 236 | 26680 |
| | 9/26/2016 | 9/30/2020 | \$82,286 | Amendment #2 | SAM 236 | | |
| | 9/26/2016 | 9/30/2018 | \$52,676 | Amendment #1 | SAM 236 | 18135 | |
| | 9/26/2016 | 9/30/2018 | \$27,823 | Service Contract | SAM 236 | 18135 | |

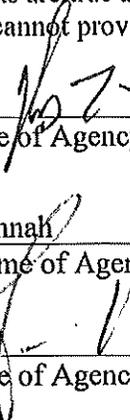
| | |
|---|---|
| 7 | What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid? |
| | <i>Loss of service for the building controls system, which controls the building HVAC systems. The HVAC systems are vital to maintain the environmental conditions required for operation of the Data Center. Loss of HVAC could result in loss of the computer equipment and communications equipment critical to the operation of several state agencies. Added cost of replacing controls hardware and software.</i> |

| | |
|---|---|
| 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? |
| | <i>Contacted Schneider Electric to verify that this vendor is the only vendor certified to work on the EcoStruxure building controls equipment.</i> |

| | | | | | | |
|---|---|--|--|--|-----|----|
| 9 | Will this purchase obligate the State to this vendor for future purchases? Check One: | | | | Yes | No |
| | <i>NOTE: Before selecting your answer, please review information included on Page 2, <u>Section 9 of the instructions.</u></i> | | | | X | |
| | a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The software/hardware for our building controls is proprietary to Schneider Electric and we need to use an authorized service provider. Currently, Nevada Yamas is the only northern Nevada authorized service provider and we will use their services while current building controls are proprietary to Schneider Electric.</i> | | | | | |

| | |
|-----------------------------|---------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 2408010 |

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.



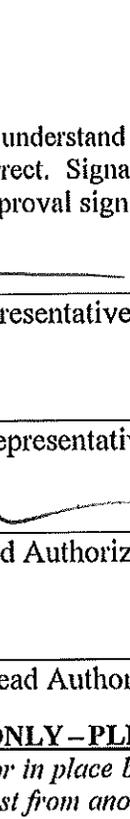
 Signature of Agency Representative Initiating Request

John Hannah

 Print Name of Agency Representative Initiating Request

7/31/24

 Date



 Signature of Agency Head Authorizing Request

Sean Montierth

 Print Name of Agency Head Authorizing Request

7/31/24

 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

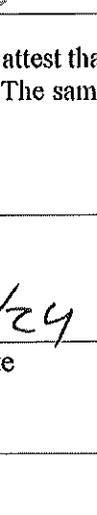
 Date

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.

| | |
|--|--------------------------|
| NOTE: <i>If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i> | <input type="checkbox"/> |
|--|--------------------------|

Approved by:



 Administrator, Purchasing Division or Designee

8/9/24

 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: **29431**

| | |
|--|---|
| Agency Name: ADMIN - ENTERPRISE IT SERVICES | Legal Entity Name: NOAA NATIONAL WEATHER SERVICE |
| Agency Code: 180 | Contractor Name: NOAA NATIONAL WEATHER SERVICE |
| Appropriation Unit: 1388-00 | Address: 5200 AUTH RD RM 800 WWB |
| Is budget authority available?: Yes | City/State/Zip: CAMP SPRINGS, MD 20746 |
| If "No" please explain: Not Applicable | Contact/Phone: Adrian Hamilton 301/763-8000 |
| | Vendor No.: T29019246 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|-------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % Revenue |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 07/2024

Retroactive? **Yes**

If "Yes", please explain

[Empty text box for explanation]

3. Termination Date: **06/30/2025**

Contract term: **364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract is to provide rack space on Cave Mountain, Prospect Hill, TV Hill, Winnemucca Mountain and Brock Mountain.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,960.50**

Payment for services will be made at the rate of \$7,240.15 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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 | mmellow | 06/27/2024 08:13:48 AM |
| Division Approval | ddodge | 07/05/2024 13:16:18 PM |
| Department Approval | ddodge | 07/05/2024 13:16:20 PM |
| Contract Manager Approval | thudder | 07/08/2024 10:11:53 AM |
| Budget Analyst Approval | mranki1 | 07/17/2024 13:31:37 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29567**

| | |
|---|--|
| Agency Name: DEPARTMENT OF VETERANS SERVICES | Legal Entity Name: JOHNSON CONTROLS INC |
| Agency Code: 240 | Contractor Name: JOHNSON CONTROLS INC |
| Appropriation Unit: 2560-15 | Address: PO BOX 2012 MS A 33 |
| Is budget authority available?: Yes | City/State/Zip: MILWAUKEE, WI 53201-2012 |
| If "No" please explain: Not Applicable | Contact/Phone: Melissa Tolentino 414/524-6664 |
| | Vendor No.: T10346500E |
| | NV Business ID: NV20011155948 |

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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.

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 48.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 52.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **Fire Protection**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWC-NV23-17915 which provides security and fire protection services. This service agreement provides regular preventative maintenance and inspection of fire protection services at the Southern Nevada Veterans Memorial Cemetery.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,808.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Fire protection services are required to adhere to city, county, state, and federal regulations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State utilizes mandatory security and fire protection services statewide contracts to ensure vendor meets all regulatory requirements.

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 Master Service Agreement provided through state purchasing 99SWC-NV23-17915 and mandatory for use by state agencies.

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:

LP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jtheil1 | 07/29/2024 08:51:38 AM |
| Division Approval | jtheil1 | 07/29/2024 08:51:44 AM |
| Department Approval | jtheil1 | 07/29/2024 08:51:47 AM |
| Contract Manager Approval | jclodfel | 07/29/2024 09:08:52 AM |
| Budget Analyst Approval | spowel3 | 08/12/2024 10:32:06 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29491**

| | |
|---|--|
| Agency Name: DEPARTMENT OF VETERANS SERVICES | Legal Entity Name: LABEEG BUILDING SERVICES |
| Agency Code: 240 | Contractor Name: LABEEG BUILDING SERVICES |
| Appropriation Unit: 2560-14 | Address: 225 KEYSTONE AVE |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89503-5128 |
| If "No" please explain: Not Applicable | Contact/Phone: Seth LaVoy 775/348-4805 |
| | Vendor No.: T27029360 |
| | NV Business ID: NV20071295199 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that 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 | 48.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 52.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2024**
 Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/30/2028**
 Contract term: **4 years and 9 days**

4. Type of contract: **Contract**
 Contract description: **Labeeg Janitorial**

5. Purpose of contract:
This is a new contract to provide ongoing janitorial services for the Northern Nevada Veterans Memorial Cemetery.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$20,880.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
The administration buildings and restrooms need cleaning to ensure a safe working environment for the staff as well as a safe place for the clients to conduct their business.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The Cemetery staff are tasked with maintaining the cemetery grounds and are unable to clean the Administration buildings as well. There are no other State agencies that 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):
**Maid-Pro
 Labeeg Building Services
 Molly Maid**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 05/31/2024 Anticipated re-bid date: 05/31/2028

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: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jtheil1 | 07/12/2024 13:47:19 PM |
| Division Approval | jtheil1 | 07/12/2024 13:47:21 PM |
| Department Approval | jtheil1 | 07/12/2024 13:47:23 PM |
| Contract Manager Approval | jclodfel | 07/17/2024 14:43:33 PM |
| Budget Analyst Approval | spowel3 | 07/22/2024 16:42:40 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: **29542**

Agency Name: **DEPARTMENT OF VETERANS SERVICES**
Agency Code: **240**
Appropriation Unit: **2561-07**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Rentokil North America Inc.**
Contractor Name: **Rentokil North America Inc.**
Address: **1856 Pama Ln Ste. B**
City/State/Zip: **Las Vegas, NV 89119**
Contact/Phone: **Sean Mills 702-469-3856**
Vendor No.: **PUR0005242**
NV Business ID: **NV20101438952**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|----------------|------------------------|-------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 65.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 35.00 % Private/County |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**
Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rentokil**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services at the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,280.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Veterans Administration Standard 51.200(4.3)(h)(4); CFR 483.70(h)(1) - To maintain an effective pest control program so that the facility is free of pests and rodents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Pest control must be performed by a licensed pest control company/business.

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):

Rentokil
Truly Nolen
Orkin

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 06/26/2024 Anticipated re-bid date: 04/30/2028

- 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Rentokil is the new business entity for Terminix who has been the ongoing pest control vendor for Southern Home.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | jtheil1 | 07/25/2024 11:30:12 AM |
| Division Approval | jtheil1 | 07/25/2024 11:30:16 AM |
| Department Approval | jtheil1 | 07/25/2024 11:30:21 AM |
| Contract Manager Approval | jclodfel | 07/25/2024 17:04:59 PM |
| Budget Analyst Approval | spowel3 | 07/29/2024 13:17:03 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29675**

| | |
|---|---|
| Agency Name: DEPARTMENT OF VETERANS SERVICES | Legal Entity Name: Great Western Installations, Inc. |
| Agency Code: 240 | Contractor Name: Great Western Installations, Inc. |
| Appropriation Unit: 2569-13 | Address: 6605 Grand Montecito Pkwy Suite 100 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89149 |
| If "No" please explain: Not Applicable | Contact/Phone: Igor Krezo 702-372-0664 |
| | Vendor No.: T29049036 |
| | NV Business ID: NV20181071007 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/03/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **119 days**

4. Type of contract: **Contract**

Contract description: **Outdoor Musical Inst**

5. Purpose of contract:

This is a new contract to provide equipment and installation at the outdoor visitation area at the Northern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,258.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is part of our overall outdoor visitation project at the home. This will provide an enhanced outdoor experience for all residents and their families living at the Northern Nevada State Veterans Home.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Very specific interactive equipment for residents and requires trained specialized installation.

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):

Willy Goat
Great Western Installations
Outdoor Workout Supply

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor who responded in state and could provide proper equipment and installation.

d. Last bid date: 05/01/2024 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 | jtheil1 | 08/21/2024 10:19:23 AM |
| Division Approval | jtheil1 | 08/21/2024 10:19:26 AM |
| Department Approval | jtheil1 | 08/21/2024 10:19:29 AM |
| Contract Manager Approval | jclodfel | 08/23/2024 11:14:08 AM |
| Budget Analyst Approval | vmilazz1 | 09/03/2024 20:10:42 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: **28088**

| | |
|---|---|
| Agency Name: CANNABIS COMPLIANCE BOARD | Legal Entity Name: SMARTPLAY INTERNATIONAL INC |
| Agency Code: 270 | Contractor Name: SMARTPLAY INTERNATIONAL INC |
| Appropriation Unit: 4207-04 | Address: 1550 BRIDGEBORO RD |
| Is budget authority available?: Yes | City/State/Zip: EDGEWATER PARK, NJ 08010 |
| If "No" please explain: Not Applicable | Contact/Phone: Darrell Smith 609-880-1680 |
| | Vendor No.: T29045709 |
| | NV Business ID: NV20243157084 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|------------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % License Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/02/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **332 days**

4. Type of contract: **Contract**

Contract description: **SmartPlay**

5. Purpose of contract:

This is a new contract to provide a raffle event which will assist in awarding cannabis related licenses in the State of Nevada. This job will require rental of an Origin Desktop Raffle system and a SmartPlay technician to conduct the draw.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,900.00**

Payment for services will be made at the rate of \$6,450.00 per Installment

Other basis for payment: The contractor will invoice the Cannabis Compliance Board in installments, based on completed deliverables.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Cannabis Compliance Board wants to ensure anonymity in the licensees application selection process. This contract will conduct a random data raffle event which will assist in awarding cannabis-related licenses in the State of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently, there are no resources available within Nevada State Agencies that are capable of providing a random data raffle system that will ensure anonymity of the application selection process.

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):

SmartPlay
Gordon-Darby, Inc
Glob-Tel
Comscire

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen, as they were previously under contract with the Cannabis Compliance Board and they completed satisfactory work. Other vendors solicited did not respond to proposal requests.

d. Last bid date: 08/01/2023 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? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

C26791 - Cannabis Compliance Board 09/2022 - 06/2023

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Gilbert, Steve, Chief of Administration Ph: null

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | hsaunde1 | 06/04/2024 17:09:17 PM |
| Division Approval | hsaunde1 | 06/04/2024 17:09:20 PM |
| Department Approval | hsaunde1 | 06/04/2024 17:09:29 PM |
| Contract Manager Approval | nroger2 | 07/11/2024 15:57:47 PM |
| EITS Approval | ljean | 07/16/2024 08:23:53 AM |
| Budget Analyst Approval | rgiffor1 | 08/01/2024 09:10:46 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: **29700**

| | |
|---|--|
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: WestEd |
| Agency Code: 300 | Contractor Name: WestEd |
| Appropriation Unit: 2713-13 | Address: PO BOX 889001 |
| Is budget authority available?: Yes | City/State/Zip: Los Angeles, CA 90088-9001 |
| If "No" please explain: Not Applicable | Contact/Phone: Lauren Wrotniak 562-799-5132 |
| | Vendor No.: T81012500B |
| | NV Business ID: Governmental Agency |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/28/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **125 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NSLP Publication**

5. Purpose of contract:

This is a new interlocal agreement to provide writing and editing support to complete the Nevada State Literacy Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,000.00**

Other basis for payment: As Invoiced by Vendor and accepted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

NDE will contract with WestEd to provide writing and editing support to complete the Nevada State Literacy Plan (NSLP). This will involve integrating drafted sections, adding new sections, ensuring consistency, and performing quality assurance to produce a final, publication-ready document.

Responsibilities: Integration of Drafted Sections: -Collect and review all drafted sections of the NSLP provided by various contributors.-Integrate these sections into a single document, ensuring logical flow and coherence.

Addition of New Sections:-Write the introduction, resources, and references sections of the plan.-Ensure these sections align with the overall objectives and tone of the NSLP.

Editing for Consistency:-Review the entire document for duplication of content and remove any repetitive sections. -Edit the document to ensure it reads as a cohesive narrative with a unified voice and style.

Final Editing: -Conduct thorough editing for grammar, punctuation, and clarity. -Ensure all sections transition smoothly and the document maintains a professional tone throughout.

Quality Assurance:
Perform a comprehensive quality assurance check to ensure the document is free of errors and meets all specified requirements

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Education does not the staff and experience to complete this project.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the WestEd.

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:

Active #29118, 29096, 27876, 25910, 26596, 27768, 28951, 27227

Expired #26782, 22528,21098,22450, 19593,25287, 28118, 25282, 25992, 27692, 27692, 23389, 13407, 27212

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 | smill22 | 08/23/2024 11:26:17 AM |
| Division Approval | carno1 | 08/23/2024 11:41:21 AM |
| Department Approval | carno1 | 08/23/2024 11:41:24 AM |
| Contract Manager Approval | yalliso1 | 08/23/2024 11:46:57 AM |
| Budget Analyst Approval | vfajota | 08/28/2024 11:21:05 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: **29532**

| | |
|---|--|
| Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY | Legal Entity Name: Lindy Art LLC |
| Agency Code: 315 | Contractor Name: Lindy Art LLC |
| Appropriation Unit: 2711-22 | Address: 106 W. 31st Street, Suite 204 |
| Is budget authority available?: Yes | City/State/Zip: Garden City, ID 83714 |
| If "No" please explain: Not Applicable | Contact/Phone: Lindy English 208-713-5169 |
| | Vendor No.: T29049109 |
| | NV Business ID: NV20243168227 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/31/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/29/2024**

Contract term: **60 days**

4. Type of contract: **Contract**

Contract description: **Mental Health Assem**

5. Purpose of contract:

This is a new contract to provide two mental health assemblies, one for families and one for students, per school at four State sponsored charter schools in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,061.00**

Payment for services will be made at the rate of \$4,000.00 per School (4)

Other basis for payment: Reimbursement of actual travel costs not to exceed \$2,061

II. JUSTIFICATION

7. What conditions require that this work be done?

The Project AWARE (Advancing Wellness and Resiliency in Education) program supports the development of a sustainable infrastructure for school-based mental health programs and services, and to develop collaborative partnerships with the State Education Agency (SEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Schools participating in the Project AWARE grant implement mental and behavioral health promotion, awareness, prevention, intervention, and resilience activities to ensure that students have access and are connected to appropriate and effective behavioral health services in collaborative partnerships with all students, families, staff, community, and state shareholders. The Tier One student assemblies and parent workshops directly support the goals of Project AWARE program and align with State Public Charter Schools and Nevada Department of Education's goals and objectives.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This vendor specializes in trauma-informed education and evidence-based tools to conduct assemblies for families and students. There are no State employees or other State agencies that perform this service.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mobile Ed Productions
 RITE Trainings

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost for the same service as other proposals.

d. Last bid date: 06/27/2024 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 | shoh1 | 07/30/2024 14:22:02 PM |
| Division Approval | shoh1 | 07/30/2024 14:22:08 PM |
| Department Approval | jbauer | 07/31/2024 10:48:49 AM |
| Contract Manager Approval | jbauer | 07/31/2024 10:49:02 AM |
| Budget Analyst Approval | mranki1 | 07/31/2024 13:37:59 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29380**

| | |
|--|--|
| Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS | Legal Entity Name: Atlas Systems Inc. |
| Agency Code: 332 | Contractor Name: Atlas Systems Inc. |
| Appropriation Unit: 1052-22 | Address: 5712 Cleveland Street, Ste 200 |
| Is budget authority available?: Yes | City/State/Zip: Viginia Beach, VA 23462 |
| If "No" please explain: Not Applicable | Contact/Phone: 800-567-7401 |
| | Vendor No.: T32016052 |
| | NV Business ID: NV20243183781 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/19/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2026**

Contract term: **1 year and 285 days**

4. Type of contract: **Contract**

Contract description: **ArchivesSpace**

5. Purpose of contract:

This is a new contract to provide the Nevada State Archives, Nevada Historical Society, Nevada State Museum, and the Stewart Indian School Museum Cultural Center the implementation of a multi-institutional instance of ArchivesSpace that will serve as a platform for the online public discovery of select archival material held by these agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Archives received a National Endowment of the Humanities grant to pilot a collaborative project to make Nevada archival materials more discoverable to the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized technical skills and systems are required.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Atlas Systems Inc.
Atlas Space
Lyrasis

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Atlas Systems was selected because it is the most established open-source archival collection management system available.

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 | jkidd | 06/26/2024 16:47:12 PM |
| Division Approval | jkidd | 06/27/2024 12:43:45 PM |
| Department Approval | jkidd | 06/27/2024 12:43:48 PM |
| Contract Manager Approval | ssands | 08/19/2024 08:53:12 AM |
| Budget Analyst Approval | rgiffor1 | 08/19/2024 14:25:19 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: **29360**

| | |
|--|---|
| Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS | Legal Entity Name: EBSCO INFORMATION SERVICES, LLC |
| Agency Code: 332 | Contractor Name: EBSCO INFORMATION SERVICES, LLC |
| Appropriation Unit: 2891-25 | Address: 10 ESTES STREET |
| Is budget authority available?: Yes | City/State/Zip: IPSWICH, MA 01938 |
| If "No" please explain: Not Applicable | Contact/Phone: Kevin Leffew 978-414-0448 |
| | Vendor No.: PUR0004258B |
| | NV Business ID: NV20232709157 |

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **08DOA-S2727 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/12/2025**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Language Learning**

5. Purpose of contract:

This is a new contract to provide a language learning platform for public libraries.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,000.00**

Other basis for payment: **As Invoiced by the Contractor and approved by the State**

II. JUSTIFICATION

7. What conditions require that this work be done?

The product selected will be made available to public libraries throughout the state of Nevada. Statewide access serves to ensure equity of electronic information resources for all residents, regardless of where they live in Nevada, while leveraging the purchasing power of Nevada libraries, institutions, and other entities to license complementary products.

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 create a learning language platform.

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):

EBSCO Information Services
Transparent Language Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S2727, 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: 04/02/2024 Anticipated re-bid date: 01/01/2028

- 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:

NSLA, services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | jvictor | 06/04/2024 11:16:07 AM |
| Division Approval | nmann | 07/22/2024 15:46:20 PM |
| Department Approval | ssands | 07/22/2024 15:49:19 PM |
| Contract Manager Approval | ssands | 07/22/2024 15:49:38 PM |
| EITS Approval | ljean | 07/24/2024 08:11:29 AM |
| Budget Analyst Approval | jhelto1 | 08/09/2024 11:11:29 AM |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

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M E M O R A N D U M

TO: Mike Strom, Administrator, NSLAPR
Jason Benshoof, Chief Data Officer, OCIO
Jennifer Victor, Budget Analyst, NSLAPR

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo –NSLAPR – TIN 834 – *Language Learning Platform for NV Public Libraries* – BA 2891

DATE: March 11, 2024

We have completed our review for the Nevada State Library, Archives and Public Records (NSLAPR) – *Language Learning Platform for NV Public Libraries* – TIN 834.

The submitted TIN, for an estimated value of \$150,000.00 in the FY24/FY25 biennium (100% General Fund), is to support an RFP for procurement of a language learning software platform.

NSLAPR procures statewide databases on behalf of 21 Public Libraries, 17 Public School Districts, eligible state licensed private and charter schools, all NSHE academic libraries, tribal libraries, and one library consortium using federal Library Services and Technology Act funds.

The language learning platform supports education and lifelong learning. A Statewide contract ensures equitable access to information for all Nevadans; it also leverages the purchasing power of the state to

obtain the highest quality online content for the best possible prices. Solution implementation will be handled by the database vendor. A vendor-supplied implementation plan and team will be required to will work with each participating library system to set up and customize product access. NSLAPR staff will serve as the point of contact between Nevada libraries and the vendor implementation team.

Implementing a cloud service within the state library system requires adherence to stringent security protocols to safeguard sensitive user data and ensure compliance with relevant regulatory requirements. The chosen service must employ robust encryption methods for data at rest and in transit, alongside multi-factor authentication mechanisms to enhance access security. It is also critical that the service undergoes regular security audits and vulnerability assessments to preemptively identify and mitigate potential threats. The service provider must also demonstrate a commitment to data privacy laws, ensuring that user data is processed and stored with the utmost confidentiality and integrity. By adhering to these security principles, the state library system can provide a secure and reliable language learning platform to its users, fostering educational growth while upholding their trust and privacy.

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.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29570**

| | |
|---|---|
| Agency Name: DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE Agency Code: 400 Appropriation Unit: 3150-10 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: NEVADA PUBLIC HEALTH FOUNDATION, INC. Contractor Name: NEVADA PUBLIC HEALTH FOUNDATION, INC. Address: 3476 Executive Pointe Way Suite 10 City/State/Zip: Carson City, NV 89706 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? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Healthy Nevada Funds (HNF) Tobacco Settlement |

Agency Reference #: SA 10013

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**
 Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/01/2024**

Contract term: **61 days**

4. Type of contract: **Contract**

Contract description: **Event Planning**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides event and conference planning services to support the Nevada Office of Minority Health and Equity with its advisory committee meeting, convening of regional partner organizations, and training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,815.25**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The division requires assistance coordinating event logistics, engaging vendors and finalizing assets and outreach for this community building effort to support Nevadans.

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 capacity to complete 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?

This vendor was selected by Purchasing as a part of a multi-award solicitation, 99SWC-S2340, to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

- 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:

The vendor is currently under contract with various DHHS agencies. 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 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 | chadwic1 | 07/31/2024 06:04:55 AM |
| Division Approval | chadwic1 | 07/31/2024 06:05:00 AM |
| Department Approval | chadwic1 | 07/31/2024 06:05:04 AM |
| Contract Manager Approval | jstoffs1 | 08/01/2024 14:29:18 PM |
| Budget Analyst Approval | pokeefe | 08/01/2024 14:31:53 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29547**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE | Legal Entity Name: | NEVADA PUBLIC HEALTH FOUNDATION, INC. |
| Agency Code: | 400 | Contractor Name: | NEVADA PUBLIC HEALTH FOUNDATION, INC. |
| Appropriation Unit: | 3195-18 | Address: | 3476 EXECUTIVE POINTE WAY SUITE 10 |
| Is budget authority available?: | Yes | City/State/Zip: | CARSON CITY, NV 89706 |
| 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? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Funds for a Healthy Nevada |

Agency Reference #: SA 10014

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2024**

Contract term: **30 days**

4. Type of contract: **Contract**

Contract description: **Event Planning**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides event and conference planning services to support the Caring for Caregivers Event which will educate Nevadans on self-care and wellness and will include resources and information on programs and services to address the needs of Nevadans.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,859.13**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The division requires assistance coordinating event logistics, engaging vendors and finalizing assets and outreach for this community building effort to support Nevadans.

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 capacity to complete 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?

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

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:

The vendor is currently under contract with various DHHS agencies. 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 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 | chadwic1 | 07/25/2024 13:39:34 PM |
| Division Approval | chadwic1 | 07/25/2024 13:39:38 PM |
| Department Approval | dreynol2 | 07/25/2024 14:01:39 PM |
| Contract Manager Approval | chadwic1 | 07/25/2024 14:06:41 PM |
| Budget Analyst Approval | pokeefe | 07/26/2024 07:20:32 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: **29483**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE | Legal Entity Name: | Nevada Public Health Foundation, Inc. |
| Agency Code: | 400 | Contractor Name: | Nevada Public Health Foundation, Inc. |
| Appropriation Unit: | 3195-18 | Address: | 3476 Executive Pointe Way Suite 10 |
| Is budget authority available?: | Yes | City/State/Zip: | Carson City, NV 89706 |
| 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? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Funds for a Healthy Nevada |

Agency Reference #: 10012

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **342 days**

4. Type of contract: **Contract**

Contract description: **Community Building**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides growth and support of the social work workforce by identifying eligible social work students who are interested in public service and offering scholarship stipends to qualifying students.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to higher education cost and a lack of competitive wages for individuals educated in the field of social work, Nevada currently has a high need for eligible social work students who are interested in public service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to complete this work.

9. Were quotes or proposals solicited? **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 by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

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?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% Admin Fee

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with various DHHS agencies. 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 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 | chadwic1 | 07/11/2024 14:34:43 PM |
| Division Approval | chadwic1 | 07/11/2024 14:34:46 PM |
| Department Approval | chadwic1 | 07/11/2024 14:34:49 PM |
| Contract Manager Approval | jstoffs1 | 07/11/2024 14:35:52 PM |
| Budget Analyst Approval | khal5 | 07/23/2024 10:25:39 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: **25158** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **LOFTIN EQUIPMENT CO INC**

Agency Code: **402** Contractor Name: **LOFTIN EQUIPMENT CO INC**

Appropriation Unit: **3279-07** Address: **PO BOX 10376**

Is budget authority available?: **Yes** City/State/Zip: **PHOENIX, AZ 85005-0376**

If "No" please explain: **Not Applicable** Contact/Phone: **ERIC STEPHENS 602/272-9466**

Vendor No.: **T29019896A**

NV Business ID: **NV19901033368**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 50.20 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 49.80 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **07/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **DRC Generator Maint**

5. Purpose of contract:

This is the first amendment to the original contract which provides generator inspection, maintenance and repair services. This amendment increases the contract maximum from \$19, 480.00 to \$35,168.00, due to additional maintenance and repair services necessary for aging generators.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$19,480.00 | \$19,480.00 | \$19,480.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$15,688.00 | \$15,688.00 | \$35,168.00 | Yes - Info |
| 3. New maximum contract amount: | \$35,168.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Contracted services are used when required repairs or services exceed the skills of state employees. Agency staff do not have the required certifications for working on life safety emergency power generators.

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):

Loftin Equipment
 Cashman
 WW Williams
 AM Smith Electric
 Gentech

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor that responded to NV EPro Bid solicitation.

d. Last bid date: 08/30/2021 Anticipated re-bid date: 08/30/2025

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:

Per DAWN inquiry, this vendor has been paid from 2009-2019 by multiple State 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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|-----------|------------------------|
| Budget Account Approval | gjorgens | 05/09/2024 15:18:34 PM |
| Division Approval | tric1 | 05/13/2024 10:06:53 AM |
| Department Approval | dschmid5 | 05/13/2024 13:43:06 PM |
| Contract Manager Approval | macedved1 | 05/13/2024 14:34:54 PM |
| Budget Analyst Approval | khal5 | 07/17/2024 19:18:15 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29488**

| | |
|---|--|
| Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: KPS 3 |
| Agency Code: 402 | Contractor Name: KPS 3 |
| Appropriation Unit: 3282-25 | Address: 500 RYLAND ST STE 300 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-1662 |
| If "No" please explain: Not Applicable | Contact/Phone: ROB GAEDTKE 775/686-7439 |
| | Vendor No.: PUR0004720 |
| | NV Business ID: NV19941094961 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/07/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **146 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **LTCOP Marketing**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing promotional materials for the Long Term Care Ombudsman Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,500.00**

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?

Aging and Disability Services Division (ADSD), Long Term Ombudsman program will provide outreach items to the community to increase their understanding of the Long-Term Care Ombudsman Program (LTCOP).

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 perform 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? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

KPSJ3 has been providing these services since 2017 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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|-----------|------------------------|
| Budget Account Approval | gjorgens | 07/11/2024 15:28:15 PM |
| Division Approval | tric1 | 07/15/2024 11:07:14 AM |
| Department Approval | ecreceli | 07/17/2024 14:27:01 PM |
| Contract Manager Approval | macedved1 | 07/17/2024 15:11:56 PM |
| Budget Analyst Approval | khal5 | 08/07/2024 13:15:21 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29244**

| | |
|---|--|
| Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: SOCIAL ENTREPRENEURS, INC. |
| Agency Code: 406 | Contractor Name: SOCIAL ENTREPRENEURS, INC. |
| Appropriation Unit: 3170-15 | Address: 6548 S MCCARRAN BLVD STE B |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89509-6150 |
| If "No" please explain: Not Applicable | Contact/Phone: Kelly Marschall 775/324-4567 |
| | Vendor No.: T27004599 |
| | NV Business ID: NV19961250456 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 18393

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/20/2024**

Anticipated BOE meeting date 09/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2025**

Contract term: **223 days**

4. Type of contract: **Contract**

Contract description: **Consulting/Education**

5. Purpose of contract:

This is a new service agreement contract under statewide contract #99SWC-S2340 which provides Consulting, Marketing and Education services. This service agreement provides consulting and education services to establish, analyze data and then deploy this information on use of best practices to the Bureau of Behavioral Health Wellness and Prevention's Behavioral Health Planning and Advisory Council.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,510.00**

Other basis for payment: Invoiced monthly by the contractor and approved by the agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Behavioral Health Wellness and prevention is seeking to strengthen the advisory council and follow best practices as this is a federal requirement for the Mental Health Block Grant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work being requested is a specialized service that cannot be completed by state employees.

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?

The vendor is contracted under #99SWC-NV23-17884 and was the best qualified to provide services in support of the scope of work per NRS 333.

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:

Statewide contract 99SWC-NV23-17884 and this vendor has provided historically satisfactory service for the division.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | msilzell | 08/01/2024 18:51:35 PM |
| Division Approval | msilzell | 08/01/2024 18:51:39 PM |
| Department Approval | ijanssen | 08/08/2024 18:15:18 PM |
| Contract Manager Approval | ijanssen | 08/08/2024 18:17:59 PM |
| Budget Analyst Approval | cdavis | 08/20/2024 08:57:38 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29295**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | NEVADA BROADCASTERS ASSOCIATION |
| Agency Code: | 406 | Contractor Name: | NEVADA BROADCASTERS ASSOCIATION |
| Appropriation Unit: | 3214-50 | Address: | 8985 S EASTERN AVE STE 205 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89123-4852 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Eric Bonnici 702/794-4994 |
| | | Vendor No.: | T80990324A |
| | | NV Business ID: | NV19941133658 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |
| Agency Reference #: | C 18395 | | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2024**

Anticipated BOE meeting date 07/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2024**

Contract term: **52 days**

4. Type of contract: **Contract**

Contract description: **Radio Broadcasting**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides noncommercial Sustaining announcements. This service agreement provides radio and/or television public service advertisements to support the outreach campaign for the Nevada Women, Infant, and Children Farmers Market Nutrition Service Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the Agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

Support the Nevada WIC Farmers Market Nutrition Program to provide outreach campaign.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No trained personnel or equipment to perform services

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-NV24-20767, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/06/2024 Anticipated re-bid date: 02/28/2028

- 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Various outreach campaigns provided by this vendor 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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | msilzell | 07/24/2024 18:05:54 PM |
| Division Approval | msilzell | 07/24/2024 18:05:57 PM |
| Department Approval | ijanssen | 08/02/2024 08:42:01 AM |
| Contract Manager Approval | ijanssen | 08/02/2024 08:42:33 AM |
| Budget Analyst Approval | cdavis | 08/09/2024 14:42:00 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29461**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | NEVADA BROADCASTERS ASSOCIATION |
| Agency Code: | 406 | Contractor Name: | NEVADA BROADCASTERS ASSOCIATION |
| Appropriation Unit: | 3222-15 | Address: | 8985 S EASTERN AVE STE 205 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89123-4852 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 702/794-4994 |
| | | Vendor No.: | T80990324A |
| | | NV Business ID: | NV19941133658 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: C 18417

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2025**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Service Announcement**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides noncommercial sustaining announcements. This service agreement provides radio and/or television public service advertisements to support the outreach campaign for the Nevada Women, Infant, and Children Farmers Market Nutrition Service Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Maternal, Child and Adolescent Health Section is responsible per the federal grant for providing Safe Sleep education to the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State of Nevada Employees do not have the education or resources to provide this service to the public.

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?

Statewide contract 99SWC-NV24-20767

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple agencies use this statewide contract 99SWC-NV24-20767 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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ttlto1 | 07/08/2024 13:36:26 PM |
| Division Approval | msilzell | 07/18/2024 15:41:35 PM |
| Department Approval | dcastro | 07/31/2024 15:21:41 PM |
| Contract Manager Approval | dcastro | 07/31/2024 15:21:45 PM |
| Budget Analyst Approval | cdavis | 08/09/2024 14:22:06 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: **29512**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | NEVADA BROADCASTERS ASSOCIATION |
| Agency Code: | 406 | Contractor Name: | NEVADA BROADCASTERS ASSOCIATION |
| Appropriation Unit: | 3222-15 | Address: | 8985 S EASTERN AVE STE 205 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89123-4852 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 702/794-4994 |
| | | Vendor No.: | T80990324A |
| | | NV Business ID: | NV19941133658 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |
| Agency Reference #: | 18418 | | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2025**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Service Announcement**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWC-NV24-20767 which provides non-commercial sustaining announcement. This statewide service agreement provides a broadcast media outreach campaign for the for Sober Moms website and resources.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Other basis for payment: As invoiced from the contractor and approved by the agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Maternal, Child and Adolescent Health Section is responsible per the federal grant for promoting the Sober Moms website and providing resources to the public.

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 to provide this service to the public.

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?

Service Agreement under Statewide Contract 99SWC-NV24-20767

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple agencies use the statewide contract 99SWC-NV24-20767, and this vendor has worked with the division 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:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | msilzell | 07/22/2024 14:57:35 PM |
| Division Approval | msilzell | 07/22/2024 14:57:47 PM |
| Department Approval | ijanssen | 08/08/2024 18:36:08 PM |
| Contract Manager Approval | ijanssen | 08/08/2024 18:36:11 PM |
| Budget Analyst Approval | cdavis | 08/20/2024 09:53:10 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: **29457**

| | | | |
|---------------------------------|--|--------------------|-----------------------------------|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | SOCIAL ENTREPRENEURS INC |
| Agency Code: | 406 | Contractor Name: | SOCIAL ENTREPRENEURS INC |
| Appropriation Unit: | 3222-15 | Address: | 6548 S MCCARRAN BLVD STE B |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89509-6150 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 775/324-4567 |
| | | Vendor No.: | T27004599 |
| | | NV Business ID: | NV19961250456 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |
| Agency Reference #: | C 18400 | | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/03/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/30/2026**

Contract term: **2 years and 57 days**

4. Type of contract: **Contract**

Contract description: **Marketing**

5. Purpose of contract:

This is a new service agreement under Statewide Contract #99SWC-NV23-17884 which provides Consulting, Marketing and Education Services. This service agreement will provide consulting services to facilitate the coordination of the statewide quarterly meetings and organization and management of the Diapering Resources Committee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,992.50**

Other basis for payment: As invoiced by the contractor and approved by the agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

Under NRS 422A.660 (Appointment of committee; duties; membership; reports), the DRC is a required committee.

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 capacity to complete the required 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?

Pursuant to RFP # 99SWC-S2340, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is a statewide contract 99SWC-S2340. This vendor has performed satisfactory with the division.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | msilzell | 07/19/2024 16:11:23 PM |
| Division Approval | msilzell | 07/19/2024 16:11:27 PM |
| Department Approval | ijanssen | 08/05/2024 15:51:43 PM |
| Contract Manager Approval | ijanssen | 08/05/2024 15:51:47 PM |
| Budget Analyst Approval | cdavis | 09/03/2024 12:34:01 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29398**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | Humboldt, County of |
| Agency Code: | 406 | Contractor Name: | Humboldt, County of |
| Appropriation Unit: | 3234-24 | Address: | 50 W 5th St Rm 102 |
| Is budget authority available?: | Yes | City/State/Zip: | Winnemucca, NV 89445 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Dr. Charles A. Stringham, MD 775/623-6444 |
| | | Vendor No.: | T40139500 |
| | | NV Business ID: | Governmental Entitiy |

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.

| | | | | |
|-------------------------------------|---------------|-----------------|---------------|--------|
| <input checked="" type="checkbox"/> | General Funds | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: C 18361

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**
Anticipated BOE meeting date 08/2024

Retroactive? **Yes**

If "Yes", please explain

Initial request for information to the Nevada counties and health districts was sent out March 25, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval to the June Board of Examiners (BOE) meeting. Due to corrections being made, and longer than expected response time, the contract was not ready for the June BOE meeting.

3. Termination Date: **06/30/2026**
Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**
Contract description: **Public Health**

5. Purpose of contract:

This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session, according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,548.67**
Other basis for payment: 100% upon contract execution.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to SB 118 Section 9.2, specified entities are allocated funds for the improvement of public health.

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 capacity to provide the necessary services.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per NRS 277.180, any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the 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:

Various contracts between DPBH sister agencies and this governmental entity all in satisfactory standing with the State.

14. Is the contractor currently involved in litigation with the State 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 | msilzell | 06/17/2024 14:25:55 PM |
| Division Approval | msilzell | 06/17/2024 14:25:58 PM |
| Department Approval | ijanssen | 08/15/2024 09:47:46 AM |
| Contract Manager Approval | ijanssen | 08/15/2024 09:47:50 AM |
| Budget Analyst Approval | cdavis | 09/03/2024 12:20:18 PM |

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Cody Phinney
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: June 14, 2024

TO: Crystal Novotny, Executive Branch Budget Officer 1
Governor's Finance Office, Budget Division

THROUGH: Mitch DeValliere, Agency Manager *MD*
Public Health Infrastructure and Improvement (PHII)

FROM: Jonathan West, Management Analyst II *JFW*
Public Health Infrastructure and Improvement

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL, (SB118) HUMBOLDT, COUNTY OF C18361

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: *Humboldt, County of*
- Services to be provided: *This is a new interlocal agreement to provide improvement of public health services per SB 118 approved during the 2023 Legislative Session*
- Funding source and expenditure category: *SB118 – State General Fund*
- Requested start date of work: *July 1, 2024*
- Expected execution date of agreement: *July 12, 2024*
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Per bureau guidance, to meet SB118 requirements, the start date is set to July 1, 2024, instead of upon approval.
 - Reason(s) why the agreement was not submitted timely:
Initial request for information to the Nevada counties and health districts was sent out March 25, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval and submission to the June Board of Examiners (BOE) meeting. Due to the time needed for confirmation of correct information between the county and state systems, prior to final drafts of the contract, the contract was not ready for BOE meeting.
 - Explain how the program/bureau will prevent future retroactive requests:
The agency will contact partners more frequently prior to deadline for status updates and assign earlier deadlines to allow enough time for contracts to go through the state approval process for BOE submission.

If you have any questions, please contact Jonathan F. West at j.west@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29443**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | LANDER, COUNTY OF |
| Agency Code: | 406 | Contractor Name: | LANDER, COUNTY OF |
| Appropriation Unit: | 3234-24 | Address: | LANDER COUNTY TREASURER 50 STATE ROUTE 305 |
| Is budget authority available?: | Yes | City/State/Zip: | BATTLE MOUNTAIN, NV 89820-4300 |
| If "No" please explain: | Not Applicable | Contact/Phone: | 775/635-5127 |
| | | Vendor No.: | T40262000F |
| | | NV Business ID: | Government Entity |

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: C 18360

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **Yes**

If "Yes", please explain

Initial request for information to the Nevada counties and health districts was sent out March 215, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval and submission to the Jue Board of Examiners (BOE) meeting. Due to corrections being made, and longer than expected response time, the contract was not ready for the June BOE meeting.

3. Termination Date: **06/30/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Public Health**

5. Purpose of contract:

This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,678.07**

Other basis for payment: 100% upon contract execution.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to SB 118 Section 9.2, specified entities are allocated funds for the improvement of public health.

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 capacity to provide the necessary 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?

Per NRS 277.180, any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the 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?

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 | msilzell | 06/28/2024 17:20:53 PM |
| Division Approval | msilzell | 06/28/2024 17:20:56 PM |
| Department Approval | ijanssen | 09/03/2024 12:27:20 PM |
| Contract Manager Approval | ijanssen | 09/03/2024 12:27:24 PM |
| Budget Analyst Approval | cdavis | 09/04/2024 07:38:07 AM |

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Cody Phinney
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: June 11, 2024

TO: Crystal Novotny, Executive Branch Budget Officer 1
Governor's Finance Office, Budget Division

THROUGH: Mitch DeValliere, Agency Manager
Public Health Infrastructure and Improvement (PHII) *MD*

FROM: Jonathan West, Management Analyst II *JFW*
Public Health Infrastructure and Improvement

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL, (SB118) LANDER, COUNTY OF – LANDER COUNTY
TREASURER C18360

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: *Lander County Treasurer*
- Services to be provided: *This is a new interlocal agreement to provide improvement of public health services per SB 118 approved during the 2023 Legislative Session*
- Funding source and expenditure category: *SB118 – State General Fund*
- Requested start date of work: *July 1, 2024*
- Expected execution date of agreement: *July 12, 2024*
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Per bureau guidance, to meet SB118 requirements, the start date is set to July 1, 2024, instead of upon approval.
 - Reason(s) why the agreement was not submitted timely:
Initial request for information to the Nevada counties and health districts was sent out March 25, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval and submission to the June Board of Examiners (BOE) meeting. Due to the time needed for confirmation of correct information between the county and state systems, prior to final drafts of the contract, the contract was not ready for BOE meeting.
 - Explain how the program/bureau will prevent future retroactive requests:
The agency will contact partners more frequently prior to deadline for status updates and assign earlier deadlines to allow enough time for contracts to go through the state approval process for BOE submission.

If you have any questions, please contact Jonathan F. West at j.west@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29400**

| | |
|---|--|
| Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: STOREY, COUNTY OF |
| Agency Code: 406 | Contractor Name: STOREY, COUNTY OF |
| Appropriation Unit: 3234-24 | Address: PO BOX 176 |
| Is budget authority available?: Yes | City/State/Zip: VIRGINIA CITY, NV 89440 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/443-3035 |
| | Vendor No.: T80054670D |
| | NV Business ID: Governmental Entity |

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **C 18357**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **Yes**

If "Yes", please explain

Initial request for information to the Nevada counties and health districts was sent out March 25, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval and submission to the June Board of Examiners (BOE) meeting. Due to corrections being made, and longer than expected response time, the contract was not ready for the June BOE meeting.

3. Termination Date: **06/30/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Public Health**

5. Purpose of contract:

This is a new interlocal agreement to provide services to improve public health pursuant to Senate Bill 118 of the 82nd Legislative Session, according to evaluation of the public health needs of residents and determination of the level of priority of the public health needs identified.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,897.83**

Other basis for payment: 100% upon contract execution.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to SB 118 Section 9.2, specified entities are allocated funds for the improvement of public health.

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 capacity to provide the necessary 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?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | msilzell | 06/22/2024 19:14:43 PM |
| Division Approval | msilzell | 06/22/2024 19:14:45 PM |
| Department Approval | ijanssen | 07/10/2024 15:25:54 PM |
| Contract Manager Approval | ijanssen | 07/11/2024 15:42:04 PM |
| Budget Analyst Approval | cdavis | 07/18/2024 07:50:09 AM |

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Cody Phinney
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: June 11, 2024

TO: Crystal Novotny, Executive Branch Budget Officer 1
Governor's Finance Office, Budget Division

THROUGH: Mitch DeValliere, Agency Manager
Public Health Infrastructure and Improvement (PHII) *MD*

FROM: Jonathan West, Management Analyst II *JFW*
Public Health Infrastructure and Improvement

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL, (SB118) STOREY, COUNTY OF - C18357

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: *Storey, County of*
- Services to be provided: *This is a new interlocal agreement to provide improvement of public health services per SB 118 approved during the 2023 Legislative Session*
- Funding source and expenditure category: *SB118 – State General Fund*
- Requested start date of work: *July 1, 2024*
- Expected execution date of agreement: *July 12, 2024*
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Per bureau guidance, to meet SB118 requirements, the start date is set to July 1, 2024, instead of upon approval.
 - Reason(s) why the agreement was not submitted timely:
Initial request for information to the Nevada counties and health districts was sent out March 25, 2024. Public Health Infrastructure and Improvement requested a return deadline of April 23, 2024, to allow enough time for agency, Contract Unit, and GFO approval and submission to the June Board of Examiners (BOE) meeting. Due to the time needed for confirmation of correct information between the county and state systems, prior to final drafts of the contract, the contract was not ready for BOE meeting.
 - Explain how the program/bureau will prevent future retroactive requests:
The agency will contact partners more frequently prior to deadline for status updates and assign earlier deadlines to allow enough time for contracts to go through the state approval process for BOE submission.

If you have any questions, please contact Jonathan F. West at j.west@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29504**

| | | | |
|---------------------------------|---|--------------------|----------------------------------|
| Agency Name: | DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | JCN Courier Service, Inc. |
| Agency Code: | 409 | Contractor Name: | JCN Courier Service, Inc. |
| Appropriation Unit: | 3148-27 | Address: | 2400 S Jones Blvd Ste 5 |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 89143 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Kelly Wood 702-221-9131 |
| | | Vendor No.: | T27040673 |
| | | NV Business ID: | NV19901045993 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **RX Delivery**

5. Purpose of contract:

This is a new contract to provide ongoing courier services for regular or urgent same-day delivery of pharmaceuticals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,960.00**

Other basis for payment: \$45 per Standard delivery if the price of regular unleaded gas is less than \$4.00 per gallon \$60 per Rush delivery if the price of regular unleaded gas is less than \$4.00 per gallon. \$41.00 per Standard delivery if the price of regular unleaded gas is between \$4.00 per gallon and \$4.49 per gallon. \$61.50 per Rush delivery if the price of regular unleaded gas is between \$4.00 per gallon and 4.49 per gallon. \$42.03 per Standard delivery if the price of regular unleaded gas is more than \$4.50 per gallon. \$43.57 per Rush delivery if the price of regular unleaded gas is more than \$4.50 per gallon. \$5 per Quarter-hour for wait time exceeding 10 minutes for each pick-up or drop-off

II. JUSTIFICATION

7. What conditions require that this work be done?

Summit View Youth Center is required to use the Southern Nevada Adult Mental Health Services Outpatient Pharmacy, which does not provide courier services for regular or urgent same-day delivery.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have courier services available.

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):

JCN Courier Service, Inc.
Advanced Delivery Systems
Blue Streak

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

JCN Courier was selected as they had the larger request window and availability.

d. Last bid date: 04/24/2024 Anticipated re-bid date: 04/24/2028

- 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Summit View Youth Center has and currently uses JCN Courier Services since 9/2016. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Adrian Ocan, null Ph: 702-668-5757

Monica Jimenez, null Ph: 702-668-5757

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dander16 | 07/19/2024 11:21:59 AM |
| Division Approval | sknigge | 07/23/2024 15:07:46 PM |
| Department Approval | mwillia9 | 07/25/2024 16:07:06 PM |
| Contract Manager Approval | sknigge | 07/25/2024 16:37:35 PM |
| Budget Analyst Approval | pokeefe | 07/26/2024 12:54:32 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: **29589**

| | |
|---|---|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: ALL AMERICAN FENCE CO., INC. DBA ALL STAR FENCE COMPANY |
| Agency Code: 431 | Contractor Name: ALL AMERICAN FENCE CO., INC. DBA ALL STAR FENCE COMPANY |
| Appropriation Unit: 3650-07 | Address: 4845 W RENO AVE |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: GUS RUIZ 702-454-4279 |
| | Vendor No.: T29045864 |
| | NV Business ID: NV20021424491 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/21/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/14/2026**

Contract term: **1 year and 327 days**

4. Type of contract: **Contract**

Contract description: **Fence Repair**

5. Purpose of contract:

This is a new contract to provide installation, repair, or maintenance needs for fencing at the Field Maintenance Shop (FMS) in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,410.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Installation, repair, or maintenance needs for fencing at (FMS) in Las Vegas.

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 for the skill set for the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

All Star Fencing
Tiberti Co Fencing
Red Star Fencing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected for the lowest bid for the work needed.

d. Last bid date: 06/11/2024 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/31/2024 13:18:38 PM |
| Division Approval | csnido1 | 07/31/2024 13:18:42 PM |
| Department Approval | ctyle1 | 08/07/2024 09:43:34 AM |
| Contract Manager Approval | csnido1 | 08/12/2024 13:46:40 PM |
| Budget Analyst Approval | twollan1 | 08/21/2024 08:44:07 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: **29540**

Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**

Agency Code: **431**

Appropriation Unit: **3650-07**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: ANYTIME PLUMBING, INC. DBA ABES PLUMBING AIR REPAIR FAST WATER

Contractor Name: **ANYTIME PLUMBING, INC. DBA ABES PLUMBING AIR REPAIR FAST WATER**

Address: **4690 W POST RD STE 130**

City/State/Zip: **LAS VEGAS, NV 89118-4345**

Contact/Phone: PAUL FRESQUEZ 702-362-9300

Vendor No.: T80725910A

NV Business ID: NV20222570469

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/01/2026**

Contract term: **1 year and 354 days**

4. Type of contract: **Contract**

Contract description: **Shut-off Valve**

5. Purpose of contract:

This is a new contract to provide ongoing installation, repair or maintenance needs on a seismic gas shut-off valve at the North Las Vegas Readiness Center and the Henderson Armory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,199.70**

II. JUSTIFICATION

7. What conditions require that this work be done?

installation, repair or maintenance needs on a seismic gas shut-off valve at the North Las Vegas Readiness Center and the Henderson Armory.

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 tools to do the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Kingdom Plumbing
Dignity Plumbing
Anytime Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the only vendor to submit a bid.

d. Last bid date: 07/05/2024 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:

Agency has had a contract with the vendor, 18257, no work was done on the contract.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/24/2024 16:11:25 PM |
| Division Approval | csnido1 | 07/24/2024 16:11:30 PM |
| Department Approval | ctyle1 | 07/25/2024 12:42:15 PM |
| Contract Manager Approval | csnido1 | 07/30/2024 11:32:12 AM |
| Budget Analyst Approval | twollan1 | 08/12/2024 15:05:53 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29534**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: BROADBENT & ASSOCIATES, INC. |
| Agency Code: 431 | Contractor Name: BROADBENT & ASSOCIATES, INC. |
| Appropriation Unit: 3650-10 | Address: 5450 LOUIE LN # 101 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511-1832 |
| If "No" please explain: Not Applicable | Contact/Phone: BRANDON REIFF 775-322-7969 |
| | Vendor No.: T80989610B |
| | NV Business ID: NV19891031637 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/01/2025**

Contract term: **305 days**

4. Type of contract: **Contract**

Contract description: **Asbestos and Lead**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for detailed report for material testing on asbestos and lead throughout the facility for future abatement project for the Washoe Readiness Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,487.75**

II. JUSTIFICATION

7. What conditions require that this work be done?

To determine the presence of asbestos and/or lead in the building and to plan for remediation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not the training nor tools required for the work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Vendor has done excellent work in the past and selected for the work.

d. Last bid date: 05/17/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has done work for the agency in the past, (22993, 26034, 26035, 23475, 23331, 23332, 21144, 21395, 21744, 23756, 24833, 28867, 28868, 28869), and a current contract, 23560. The vendor has done excellent work in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/24/2024 12:40:19 PM |
| Division Approval | csnido1 | 08/20/2024 13:01:39 PM |
| Department Approval | ctyle1 | 08/23/2024 16:21:17 PM |
| Contract Manager Approval | csnido1 | 08/26/2024 10:26:13 AM |
| Budget Analyst Approval | twollan1 | 08/30/2024 10:34:44 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: **29605**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: CALLIDUS ELECTRIC, LLC |
| Agency Code: 431 | Contractor Name: CALLIDUS ELECTRIC, LLC |
| Appropriation Unit: 3650-07 | Address: 1010 N STEPHANIE ST STE C6 |
| Is budget authority available?: Yes | City/State/Zip: HENDERSON, NV 89014 |
| If "No" please explain: Not Applicable | Contact/Phone: KYLA LINDSAY 702-403-4562 |
| | Vendor No.: T32016434 |
| | NV Business ID: NV20111522088 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/21/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/15/2026**

Contract term: **1 year and 359 days**

4. Type of contract: **Contract**

Contract description: **Exit Sign**

5. Purpose of contract:

This is a new contract to provide installation of an illuminated exit sign at the Clark County Armory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

installation of an illuminated exit sign at the Clark County Armory.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools, nor the skill set for the work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Canyon Electric
Callidus Electric
Cordan Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected as they submitted the lowest bid for the work needed.

d. Last bid date: 07/10/2024 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 | csnido1 | 08/02/2024 10:07:34 AM |
| Division Approval | csnido1 | 08/02/2024 10:07:39 AM |
| Department Approval | ctyle1 | 08/07/2024 09:42:46 AM |
| Contract Manager Approval | csnido1 | 08/12/2024 13:47:24 PM |
| Budget Analyst Approval | twollan1 | 08/21/2024 08:40:11 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29450**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: MARRCOR, INC. DBA OFFICE FURNITURE USA |
| Agency Code: 431 | Contractor Name: MARRCOR, INC. DBA OFFICE FURNITURE USA |
| Appropriation Unit: 3650-07 | Address: 40 N MOJAVE RD |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89101-4804 |
| If "No" please explain: Not Applicable | Contact/Phone: TRACE MARRS 702-457-6387 |
| | Vendor No.: T32005020 |
| | NV Business ID: NV19991392435 |

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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.

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/24/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2027**

Contract term: **3 years and 7 days**

4. Type of contract: **Contract**

Contract description: **Office Moving**

5. Purpose of contract:

This is a new contract to provide office moving services for offices located in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,844.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Furniture is needed to be moved from one location to another in Southern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the trucks needed to be able to move furniture from one location to another.

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):

Mover 4 Less
Marrcor
Champion Movers 1

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Marrcor was selected as they submitted a bid with the lowest amount for the services needed.

d. Last bid date: 05/30/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/02/2024 10:57:06 AM |
| Division Approval | csnido1 | 07/02/2024 10:57:08 AM |
| Department Approval | ctyle1 | 07/15/2024 14:30:23 PM |
| Contract Manager Approval | csnido1 | 07/16/2024 15:08:36 PM |
| Budget Analyst Approval | twollan1 | 07/24/2024 15:35:52 PM |

Marrcor, Inc DBA
Office Furniture USA
702-457-6387

Rate per Square Footage \$1.75
Furniture Assembly Rate \$60.00

| First Year | Dollar Amount | Hours | Total |
|-----------------------|----------------------|--------------|-----------------|
| Hourly Rate | \$60 | 82 | \$4,920 |
| After Hours (Mon-Fri) | \$90 | | |
| Weekend Rate | \$90 | | |
| Holiday Rate | \$120 | | |
| Drive/Travel Time Fee | \$100 | 10 | \$1,000 |
| Percentage Mark up | 35% | | |
| Second Year | Dollar Amount | Hours | Total |
| Hourly Rate | \$62 | 82 | \$5,084 |
| After Hours (Mon-Fri) | \$93 | | |
| Weekend Rate | \$93 | | |
| Holiday Rate | \$124 | | |
| Drive/Travel Time Fee | \$103 | 10 | \$1,030 |
| Percentage Mark up | 35% | | |
| Third Year | Dollar Amount | Hours | Total |
| Hourly Rate | \$64 | 82 | \$5,248 |
| After Hours (Mon-Fri) | \$95 | | |
| Weekend Rate | \$95 | | |
| Holiday Rate | \$127 | | |
| Drive/Travel Time Fee | \$106 | 10 | \$1,060 |
| Percentage Mark up | 35% | | |
| Fourth Year | Dollar Amount | Hours | Total |
| Hourly Rate | \$66 | 82 | \$5,412 |
| After Hours (Mon-Fri) | \$99 | | |
| Weekend Rate | \$99 | | |
| Holiday Rate | \$131 | | |
| Drive/Travel Time Fee | \$109 | 10 | \$1,090 |
| Percentage Mark up | 35% | | |
| Total | | | \$24,844 |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29533**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: MDK, LLC DBA WESTERN ENVIRONMENTAL TESTING LAB |
| Agency Code: 431 | Contractor Name: MDK, LLC DBA WESTERN ENVIRONMENTAL TESTING LAB |
| Appropriation Unit: 3650-07 | Address: 475 E GREG ST STE 119 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431-8517 |
| If "No" please explain: Not Applicable | Contact/Phone: McKENNA OH 775-355-0202 |
| | Vendor No.: T81201715 |
| | NV Business ID: NV20151665199 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/21/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years and 41 days**

4. Type of contract: **Contract**

Contract description: **Environment Sampling**

5. Purpose of contract:

This is a new contract to provide ongoing analysis and/or collection of environmental samples, consultation, analysis reports, collection of records, and Quality Assurance and Quality Control (QA/QC) reports on an as needed basis statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,544.72**

II. JUSTIFICATION

7. What conditions require that this work be done?

Samples must be taken for spills, substance, and other materials found on Nevada Guard sites.

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 equipment to perform the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Analytical Services
Veritas Laboratories
Western Environmental Testing Laboratory

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected work has been excellent in the past and only vendor to submit a bid.

d. Last bid date: 06/21/2024 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has done work for the agency in the past, (17790, 22989), and has done the work has been excellent.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | csnido1 | 07/24/2024 12:26:30 PM |
| Division Approval | csnido1 | 07/24/2024 12:26:33 PM |
| Department Approval | ctyle1 | 07/24/2024 14:22:29 PM |
| Contract Manager Approval | csnido1 | 07/29/2024 11:54:21 AM |
| Budget Analyst Approval | twollan1 | 08/21/2024 08:47:43 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29514**

| | |
|---|---|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: NEVADA COUNTERTOP SUPPLY, LLC |
| Agency Code: 431 | Contractor Name: NEVADA COUNTERTOP SUPPLY, LLC |
| Appropriation Unit: 3650-07 | Address: 3251 E WARM SPRINGS RD |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89120 |
| If "No" please explain: Not Applicable | Contact/Phone: LINDRA SMITH 702-586-6083 |
| | Vendor No.: T29048970 |
| | NV Business ID: NV20141786634 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2026**

Contract term: **2 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Countertop**

5. Purpose of contract:

This is a new contract to provide countertop replacements for the bathrooms and locker rooms at the Las Vegas Readiness Center (LVRC).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Installation, repair or maintenance needs on the men's and women's bathroom and locker room countertop replacement at the Las Vegas Readiness Center (LVRC).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools nor expertise for the project.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Silverado Construction
Mr. Granite Construction
Nevada Countertop Supply

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected for the lowest bid for the work required.

d. Last bid date: 05/22/2024 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ctyle1 | 07/18/2024 15:42:30 PM |
| Division Approval | ctyle1 | 07/18/2024 15:42:35 PM |
| Department Approval | ctyle1 | 07/18/2024 15:42:39 PM |
| Contract Manager Approval | csnido1 | 07/23/2024 17:42:40 PM |
| Budget Analyst Approval | twollan1 | 07/29/2024 14:25:22 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29451**

| | |
|---|---|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: RITE HITE CO, LLC C/O ARBON EQUIPMENT CORPORATION |
| Agency Code: 431 | Contractor Name: RITE HITE CO, LLC C/O ARBON EQUIPMENT CORPORATION |
| Appropriation Unit: 3650-10 | Address: 195 S RITE HITE WAY |
| Is budget authority available?: Yes | City/State/Zip: MILWAUKEE, WI 53204 |
| If "No" please explain: Not Applicable | Contact/Phone: MIKE SCHULZE 414-355-2600 |
| | Vendor No.: T32016276 |
| | NV Business ID: NV20101485106 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/24/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/14/2026**

Contract term: **1 year and 355 days**

4. Type of contract: **Contract**

Contract description: **Dock Leveler**

5. Purpose of contract:

This is a new contract to provide installation, repair or maintenance needs on end of dock leveler replacements at the United States Property & Fiscal Office (USPFO) and the Emergency Operations Center (EOC) buildings in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,915.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Work is needed to install, repair or maintenance on end of dock leveler replacements at (USPFO) and (EOC) buildings in Carson City.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State works to do have the tools nor the skills to do the needed 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):

Arbon Equipment
Raymond West
WESI

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Arbon was selected with the lowest bid for the services needed.

d. Last bid date: 05/14/2024 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/02/2024 11:14:05 AM |
| Division Approval | csnido1 | 07/02/2024 11:14:07 AM |
| Department Approval | ctyle1 | 07/15/2024 14:30:38 PM |
| Contract Manager Approval | csnido1 | 07/16/2024 15:09:01 PM |
| Budget Analyst Approval | twollan1 | 07/24/2024 15:02:15 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29539**

| | |
|---|--|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: ROE PAINTING, INC. |
| Agency Code: 431 | Contractor Name: ROE PAINTING, INC. |
| Appropriation Unit: 3650-07 | Address: PO BOX 7351 |
| Is budget authority available?: Yes | City/State/Zip: BOISE, ID 83707 |
| If "No" please explain: Not Applicable | Contact/Phone: JUD MASTERS 208-991-0567 |
| | Vendor No.: T32004121 |
| | NV Business ID: NV20121212195 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2027 |
| 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 50.00 % | Fees 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds 50.00 % | Bonds 0.00 % |
| Highway Funds 0.00 % | Other funding 0.00 % |
| Agency Reference #: 431 | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2024**
Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/01/2026**

Contract term: **1 year and 354 days**

4. Type of contract: **Contract**

Contract description: **Paint Work**

5. Purpose of contract:

This is a new ongoing contract to provide installation, repair or maintenance needs on paint exterior doors, awnings and rain drains in Carlin.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,318.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Installation, repair or maintenance needs on paint exterior doors, awnings and rain drains in Carlin.

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 correct tools nor supplies to get the work done.

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):

Byrs Painting
Roe Painting
Ormaza Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted a bid that was the lowest for the work needed.

d. Last bid date: 06/27/2024 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csnido1 | 07/24/2024 16:11:10 PM |
| Division Approval | csnido1 | 07/24/2024 16:11:14 PM |
| Department Approval | ctyle1 | 07/25/2024 12:41:43 PM |
| Contract Manager Approval | csnido1 | 07/30/2024 11:32:36 AM |
| Budget Analyst Approval | twollan1 | 08/12/2024 14:57:19 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: **29537**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: | WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER |
| Agency Code: | 431 | Contractor Name: | WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER |
| Appropriation Unit: | 3650-10 | Address: | 151 E WARM SPRINGS RD |
| Is budget authority available?: | Yes | City/State/Zip | LAS VEGAS, NV 89119-4101 |
| If "No" please explain: | Not Applicable | Contact/Phone: | JOY RINEER 702-435-1150 |
| | | Vendor No.: | T27038348 |
| | | NV Business ID: | NV20031000034 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2024**
 Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/01/2026**
 Contract term: **1 year and 305 days**

4. Type of contract: **Contract**
 Contract description: **Gate Study**

5. Purpose of contract:
This is a new contract to provide professional architectural/engineering services for design plans for an electronic gate replacement of the current manual gate at the Anthony Cometa Complex (ACC) in Las Vegas.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$45,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
To determine the feasibility and design of gate replacement at ACC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not have the training nor the tools to do the work.

9. Were quotes or proposals solicited? **No**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor has done excellent work in the past.

d. Last bid date: 04/30/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has done excellent work in the past for the agency, (19627, 20700, 23605, 23647, 24952, 26911), and has a few current contracts, (29279, 23645, 28293, 28294, 28297). The vendor has done excellent work in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | csnido1 | 07/24/2024 12:57:16 PM |
| Division Approval | csnido1 | 08/20/2024 12:57:29 PM |
| Department Approval | ctyle1 | 08/23/2024 16:21:55 PM |
| Contract Manager Approval | csnido1 | 08/26/2024 10:27:28 AM |
| Budget Analyst Approval | twollan1 | 08/30/2024 10:42:22 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29110**

| | |
|--|--|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: RESOURCE CONCEPTS, INC. |
| Agency Code: 440 | Contractor Name: RESOURCE CONCEPTS, INC. |
| Appropriation Unit: 3727-35 | Address: 340 N MINNESOTA ST. |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89703-4152 |
| If "No" please explain: Not Applicable | Contact/Phone: Jill Sutherland 775-883-1600 |
| | Vendor No.: T12785100 |
| | NV Business ID: NV19781005208 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2028 |

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 % | X Other funding | 100.00 % PI Farm Sales |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/18/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **3 years and 348 days**

4. Type of contract: **Contract**

Contract description: **Environ Eng. Service**

5. Purpose of contract:

This is a new contract to provide continued ongoing coordination services with the Nevada Division of Environmental Protection to determine Nevada Pollutant Discharge Elimination System permit requirements, identify data needed for the site specific nutrient balances, collect soil samples, evaluate soil data and review permits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Groundwater Discharge permit, Effluent Reuse regulations, State and Federal Concentrated Animal Feeding Operations regulations and require ongoing new and updated applications to maintain environmental permits.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No other State agency does this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Previously awarded vendor has vast knowledge and experience working with Prision Ranch Industires. Engineering Services

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contract #22773 was fully executed in March 2020 and expired March 2024. Work/services was verified as satisfactory. Contract #16971 was fully executed in October 2015 and expired October 2018. Work/service was verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jdoucet | 06/12/2024 12:50:28 PM |
| Division Approval | jdoucet | 06/12/2024 12:53:02 PM |
| Department Approval | mmarkovi | 06/18/2024 09:17:29 AM |
| Contract Manager Approval | blewalle | 07/09/2024 14:43:33 PM |
| Budget Analyst Approval | vyoungb | 07/18/2024 12:53:18 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29277**

| | |
|--|---|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: RELX, INC. DBA LexisNexis |
| Agency Code: 440 | Contractor Name: RELX, INC. DBA LexisNexis |
| Appropriation Unit: 3763 - All Categories | Address: 9443 Springboro Pike |
| Is budget authority available?: Yes | City/State/Zip: Miamisburg, OH 45342 |
| If "No" please explain: Not Applicable | Contact/Phone: Kim Shields 573-673-4230 |
| | Vendor No.: PUR0003527 |
| | NV Business ID: NV20091408274 |
| 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 % | X Other funding | 100.00 % Inmate Welfare Account |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2024**

Anticipated BOE meeting date 07/2024

Retroactive? **Yes**

If "Yes", please explain

Additional time is needed to implement tablets and Wifi at the facilities in order to move to a web based platform.

3. Termination Date: **12/31/2024**

Contract term: **244 days**

4. Type of contract: **Contract**

Contract description: **Legal Research**

5. Purpose of contract:

This is a new contract to provide ongoing access to specific legal materials and references for inmate law libraries.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,512.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections is obligated to maintain current legal materials and updates in all seven of their correctional institution law libraries.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically the Department has outsourced the legal resource research services to ensure prompt and current law library resources to incarcerated inmates.

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 #: 240501

Approval Date: 05/07/2024

c. Why was this contractor chosen in preference to other?

This is this vendor is established and able to provide services uninterrupted.

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 | jsalmo1 | 07/02/2024 14:55:34 PM |
| Division Approval | mmarkovi | 07/03/2024 14:41:53 PM |
| Department Approval | mmarkovi | 07/09/2024 11:48:49 AM |
| Contract Manager Approval | blewalle | 07/09/2024 12:02:16 PM |
| Budget Analyst Approval | vyoungb | 07/18/2024 14:45:01 PM |



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
 Phone: 775-684-0170 | Fax: 775-684-0188

| | |
|-----------------------------|----------|
| Purchasing Use Only: | |
| Approval#: | 240501 @ |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

| | | | |
|----|--|----------------------------------|----------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | Nevada Department of Corrections | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | Brandon Lewallen (MA2) | 775-977-5673 | blewallen@doc.nv.gov |

| | | |
|----|---|---|
| 1b | Vendor Information: | |
| | Vendor Name: | RELX Inc., DBA LexisNexis |
| | Contact Name: | Kim Shields |
| | Complete Address: City, State, and Zip Code | 9443 Springboro Pike, Miamisburg, OH 45342-4425 |
| | Telephone Number: | 573-673-4230 |
| | Email Address: | Kim.shields@lexisnexis.com |

| | | |
|----|---|---|
| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | |
| | Professional Service Exemption: | X |

| | | | | |
|----|--|------|---|-----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? Check One: | Yes: | X | No: |
| | If 'No' Enter Amendment Number: | # | | |
| | Enter CETS Number: | # | | |

| | | | | |
|----|-----------------------------------|-------------|----------|-----------|
| 1e | Term: | | | |
| | One (1) Time Purchase? Check One: | Yes: | X | No: |
| | Contract: | Start Date: | 5/1/2024 | End Date: |

| | | |
|----|---------------------|---|
| 1f | Funding: | |
| | State Appropriated: | X |
| | Federal Funds: | |
| | Grant Funds: | |

Rec'd
05/01/24
Solicitation Waiver

| | | |
|--|------------------|--|
| | Other (Explain): | |
|--|------------------|--|

| | |
|-----------------------------|------------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 240501 (2) |

| | |
|----|--|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$55,000 |
|----|--|

| | |
|---|--|
| 2 | Provide a description of work/services to be performed or services with goods to be purchased: <i>LexisNexis provides legal research resources for law libraries in seven NDOC facilities.</i> |
|---|--|

| | |
|---|---|
| 3 | What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? <i>This vendor is established with NDOC and currently has all equipment in place to continue providing services uninterrupted. Our previous contract expired 4/30/2024.</i> |
|---|---|

| | |
|---|--|
| 4 | Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: <i>NDOC needs to continue this service uninterrupted, there is not adequate time to put this service out to RFP or to set up services with a new vendor. NDOC was hoping to have internet services as well as tablets implemented so an internet-based law library could be used, this has not happened within the estimated time frame.</i> |
|---|--|

| | | | |
|---|--|-------------------|----|
| 5 | Were alternative services or commodities evaluated? | Check One: | |
| | | Yes | No |
| | | | X |
| | a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility. | | |
| | b. <u>If not</u> , why were alternatives not evaluated? <i>LexisNexis is the previous contractor and already has equipment in place. There isn't enough time to put this service out to RFP for bids or to use another vendor.</i> | | |

| | |
|----------------------|----------|
| Purchasing Use Only: | |
| Approval #: | 240501 @ |

| | | | | | | |
|------------|--|--------------|----------------------|--|--------|----|
| 6 | Has the agency purchased these services/services with goods in the past? Check One: | | | | Yes | No |
| | <p>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></p> <p>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></p> | | | | X | |
| Term | | Value | Short Description | Provide Type of Procurement RFP#, RFQ#, Waiver # | CETS # | |
| Start Date | End Date | | | | | |
| 1/1/2020 | 4/30/2024 | \$387,688.00 | Law Research Library | RFP#44DOC-S784 EXTENSION #526 | 22548 | |
| 7/1/2014 | 6/30/2019 | \$437,024.00 | Law Research Library | RFP#2054 | 15399 | |
| 7/1/2010 | 6/30/2014 | \$403,267.22 | Law Research Library | RFP#? | 10748 | |
| | | \$ | | | | |
| | | \$ | | | | |

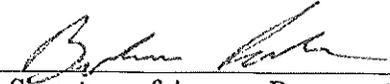
| | |
|---|---|
| 7 | What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid? |
| | <i>This service will expire, and inmates will no longer have access to Law Library research materials violating their rights.</i> |

| | |
|---|--|
| 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? |
| | <i>This price is consistent with what NDOC has currently been paying for this service.</i> |

| | | | | |
|---|---|--|-----|----|
| 9 | Will this purchase obligate the State to this vendor for future purchases? Check One: | | Yes | No |
| | <p>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> | | | X |

| | |
|-----------------------------|---------|
| <i>Purchasing Use Only:</i> | |
| Approval #: | 240501@ |

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.



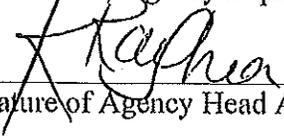
 Signature of Agency Representative Initiating Request

Brandon Lewallen

 Print Name of Agency Representative Initiating Request

5/1/2024

 Date



 Signature of Agency Head Authorizing Request

5/1/24

 Date

Kristina Shea

 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.

| | |
|--|--------------------------|
| NOTE: <i>If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i> | <input type="checkbox"/> |
|--|--------------------------|

Approved by:


 Administrator, Purchasing Division or Designee

5/6/24

 Date

Joe Lombardo
Governor

James E. Dzurenda
Director

Kristina Shea
Deputy Director



Northern Administration
5500 Snyder Ave.
Carson City, NV 897010
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(725) 216-6000

MEMORANDUM

Date: July 1, 2024

To: Governors Finance Office

Subject: Retro Contract Request

This Memo is to inform you that the Department of Corrections is asking for the accompanied contract with LexisNexis CETS 29722 to be approved retroactively for law library materials for offenders at various institutions. Corrections is planning on transitioning to a web-based platform for this service, but getting the infrastructure in place is taking longer than expected resulting in the continuing need for LexisNexis and thier hard drive based system.

Thank you,

A handwritten signature in blue ink that reads "Kristina Shea" with "for" written below it.

Kristina Shea
Deputy Director of Support Services
Nevada Department of Corrections
Office 775-977-5007

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29453**

| | |
|--|---|
| Agency Name: COMMISSION ON MINERAL RESOURCE | Legal Entity Name: Three Sticks Productions |
| Agency Code: 500 | Contractor Name: Three Sticks Productions |
| Appropriation Unit: 4219-09 | Address: AP PRODUCTIONS LLC 2036 WHITECLIFF DR RENO, NV 89521-8331 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89521-8331 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/848-0051 |
| | Vendor No.: T32006269 |
| | NV Business ID: NV20171651964 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| X General Funds | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **343 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Service Agreement**

5. Purpose of contract:

This is a new service agreement under master service contract # 17898, which provides Consulting, marketing and Educations Services. This service agreement covers Minerals desires to document field visits of reclaimed mining sites across the State of Nevada. Reclamation is the act of restoring mining lands to productive post-mining use. Division of Minerals would like to document this work and produce one or more media products annually which highlight exemplary reclamation successes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The ability to educate the public

8. Explain why State employees in your agency or other State agencies are not able to do this work:

lack experience

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?

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 | mlynn | 07/10/2024 20:19:13 PM |
| Division Approval | nmann | 07/11/2024 16:17:15 PM |
| Department Approval | ssands | 07/12/2024 07:30:43 AM |
| Contract Manager Approval | ssands | 07/18/2024 14:43:27 PM |
| Budget Analyst Approval | vyoungb | 07/22/2024 12:59:32 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: 23844 | Amendment Number: 2 |
| Agency Name: DEPARTMENT OF AGRICULTURE | Legal Entity Name: Accelerated Technology Laboratories |
| Agency Code: 550 | Contractor Name: Accelerated Technology Laboratories |
| Appropriation Unit: 4551-26 | Address: 5540 Centerview Drive #204 |
| Is budget authority available?: Yes | City/State/Zip: Raleigh, NC 27606 |
| If "No" please explain: Not Applicable | Contact/Phone: Rick Danielson 910-673-8165 |
| | Vendor No.: T29043684 |
| | NV Business ID: T29043684 |

To what State Fiscal Year(s) will the contract be charged? **2021-2028**

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 % | X | Fees | 100.00 % |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2021**
 Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2025**

Contract term: **7 years and 3 days**

4. Type of contract: **Contract**

Contract description: **CE LIMS UPGRADE**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing services to the laboratory information management system in the Petroleum Technology laboratory. This amendment extends the termination date from January 31, 2025 to January 31, 2028 and increase the maximum amount from \$30,876 to \$49,143 due to a continued need for these services.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|--|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$26,490.00 | \$26,490.00 | \$26,490.00 | Yes - Info |
| a. Amendment 1: | \$4,386.00 | \$4,386.00 | \$30,876.00 | No |
| 2. Amount of current amendment (#2): | \$18,267.00 | \$22,653.00 | \$49,143.00 | Yes - Info |
| 3. New maximum contract amount: | \$49,143.00 | | | |
| and/or the termination date of the original contract has changed to: | 01/31/2028 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The current version of Sample Master is no longer supported and requires the use of a Windows operating systems which is nearing end-of-life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers do not have the required expertise to manage the Sample Master Cloud Services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

LabLynx
LabWorks, LLC
Accelerated Technology Laboratories
Advanced Technology Corp.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost proposal.

d. Last bid date: 02/21/2020 Anticipated re-bid date: 12/01/2027

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:

Accelerated Technology Laboratories 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:
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

cbalcon

06/28/2024 08:49:18 AM

| | | |
|---------------------------|---------|------------------------|
| Division Approval | cbalcon | 06/28/2024 08:49:57 AM |
| Department Approval | cbalcon | 06/28/2024 08:50:11 AM |
| Contract Manager Approval | cprasa1 | 06/28/2024 10:35:32 AM |
| EITS Approval | ljean | 07/01/2024 08:11:14 AM |
| Budget Analyst Approval | dspeed1 | 08/14/2024 17:24:16 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29549**

Agency Name: **DPS-DIRECTOR'S OFFICE**
Agency Code: **650**
Appropriation Unit: **4703-29**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **EFFECTIVE FITNESS COMBATIVES**
Contractor Name: **EFFECTIVE FITNESS COMBATIVES**
Address: **119 FORT SHOALS RD.**
City/State/Zip: **WOODRUFF, SC 29388**
Contact/Phone: **DANE GIFFORD 843-224-8232**
Vendor No.: **T29048887**
NV Business ID: **NV20243145235**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-----------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % FORFEITURES |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/31/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **153 days**

4. Type of contract: **Contract**

Contract description: **Combatives Training**

5. Purpose of contract:

This is a new contract to elevate the standard of training in combatives, defensive tactics, and use of force situations within law enforcement agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,200.00**

Payment for services will be made at the rate of \$1,120.00 per enrolled student (total of 10 students)

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program that integrates modern combative techniques that allow for Police Officers to control combative subjects with less force. It enhances officer safety and has been successful where it has been implemented.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These specific services are not offered through State agencies.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**ISR Matrix
Gracie Survival Tactics
Effective Fitness Combatives**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Other states that are utilizing this vendor have all had great success with the program. This vendor also came in at a lower 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:
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:

Yvan Pittmon, Captain Ph: 702-432-5002

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kdefe1 | 07/26/2024 09:33:30 AM |
| Division Approval | kdefe1 | 07/26/2024 09:34:00 AM |
| Department Approval | kdefe1 | 07/26/2024 09:34:03 AM |
| Contract Manager Approval | mcosenti | 07/26/2024 17:08:05 PM |
| Budget Analyst Approval | khawkin1 | 07/31/2024 13:22:36 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: **29546**

Agency Name: **DPS-HIGHWAY PATROL**
Agency Code: **651**
Appropriation Unit: **4713-31**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LEXIPOL**
Contractor Name: **LEXIPOL**
Address: **2611INTERNET BLVD STE 100**
City/State/Zip: **FRISCO, TX 75034-1868**
Contact/Phone: **MARY JAMES 469-676-8110**
Vendor No.: **T27023983**
NV Business ID: **NV20191029169**
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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/02/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2025**

Contract term: **363 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Wellness Resource**

5. Purpose of contract:

This is a new service agreement under Statewide Contract number 99SWC-NV23-16700 to provide personnel with mental and behavioral health resources, as well as peer and chaplain support via app-based services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,250.00**

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?

There is an increasing need to provide law enforcement personnel with mental and behavioral health resources to help officers cope with the effects of critical events and chronic exposure. This will help improve officer decision-making, empathy, and resiliency, which in turn enhances police/community relations.

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. There are no State employees who can perform this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lexipol has a Statewide Contract, #99SWC-NV23-16700.

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:

June 9, 2023 - State of Nevada, Department of Administration, Purchasing Division. Quality verification not checked.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Kasen Cornmesser, NHP Contract Manager Ph: 775-684-4869

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bsalisbu | 07/25/2024 15:14:05 PM |
| Division Approval | thick2 | 07/30/2024 16:44:41 PM |
| Department Approval | kdefe1 | 07/31/2024 09:18:34 AM |
| Contract Manager Approval | mcosenti | 07/31/2024 16:43:28 PM |
| EITS Approval | ljean | 08/01/2024 08:25:15 AM |
| Budget Analyst Approval | khawkin1 | 08/02/2024 09:08:42 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: **29556**

Agency Name: **DPS-INVESTIGATION DIVISION**
Agency Code: **653**
Appropriation Unit: **3743-44**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **CARASOFT TECHNOLOGY CORP**
Contractor Name: **CARASOFT TECHNOLOGY CORP**
Address: **11493 SUNSET HILLS RD, STE 100**
City/State/Zip: **RESTON, VA 20190-5230**
Contact/Phone: **MEAGEN HANSEN 571-662-3812**
Vendor No.: **PUR0004357**
NV Business ID: **NV20151127305**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2025**

Contract term: **364 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Cellebrite UFED**

5. Purpose of contract:

This is a new service agreement under Statewide Contract number 99SWC-NV23-13299 which provides cloud solutions for public entities. This agreement provides the Universal Federal Extraction Devices (UFEDs) that operate Cellebrite Physical Analyzer equipment used for digital device forensics and data extraction.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,942.72**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Universal Forensics Extraction Devices (UFEDSs) are purchased annually as a Cellebrite product key, which authorizes users to operate the Cellebrite Physical Analyzer application for digital data forensics and extraction.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Carahsoft has a Statewide Contract, #99SWC-NV-13299.

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:

Carahsoft is used by the Office of Traffic Safety. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Selby Marks, Deputy Director, NTAC Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cjackson | 07/30/2024 15:55:43 PM |
| Division Approval | cjackson | 07/30/2024 15:56:26 PM |
| Department Approval | kdefe1 | 07/30/2024 17:56:47 PM |
| Contract Manager Approval | mcosenti | 07/31/2024 08:31:59 AM |
| EITS Approval | ljean | 08/01/2024 08:24:59 AM |
| Budget Analyst Approval | khawkin1 | 08/01/2024 08:34:39 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: **29555**

Agency Name: **DPS-INVESTIGATION DIVISION**
Agency Code: **653**
Appropriation Unit: **3743-44**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **CARASOFT TECHNOLOGY CORP**
Contractor Name: **CARASOFT TECHNOLOGY CORP**
Address: **11493 SUNSET HILLS RD, STE 100**
City/State/Zip: **RESTON, VA 20190-5230**
Contact/Phone: **YAZAN SARRAJ 571-591-6141**
Vendor No.: **PUR0004357**
NV Business ID: **NV20151127305**
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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2025**

Contract term: **364 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Flashpoint**

5. Purpose of contract:

This is a new service agreement under Statewide Contract number 99SWC-NV24-17504 which provides cloud solutions for public entities. This agreement provides for the use of the Flashpoint Intelligence Platform to enhance information collection, threat based analysis, and finished intelligence production from internet open sources.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,078.28**

II. JUSTIFICATION

7. What conditions require that this work be done?

NTAC is the Department of Homeland Security recognized state of Nevada fusion center. NTAC utilizes open source intelligence (OSINT) to identify threats, risk, and vulnerabilities that impact public safety, law enforcement, and the protection of critical infrastructure, including cyber security. Flashpoint provides real-time, large data OSINT collection and awareness to identify threats, risks, and vulnerabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Carahsoft has a Statewide Contract, #99SWC-NV-13299.

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:

Carahsoft is used by the Office of Traffic Safety. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Selby Marks, Deputy Director, NTAC Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cjackson | 07/30/2024 15:44:55 PM |
| Division Approval | cjackson | 07/30/2024 15:45:00 PM |
| Department Approval | kdefe1 | 07/30/2024 17:58:22 PM |
| Contract Manager Approval | mcosenti | 07/31/2024 08:30:30 AM |
| EITS Approval | ljean | 08/01/2024 08:24:41 AM |
| Budget Analyst Approval | khawkin1 | 08/01/2024 08:35:58 AM |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David ‘Ax’ Axtell
Deputy CIO – CTO

Robert “Bob” Dehnhardt
Deputy CIO - CISO

STATE OF NEVADA
GOVERNOR’S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Desiree Mattice, Lieutenant, NTAC Director, DPS
Selby Marks, NTAC Deputy Director, DPS
Rick Brown, Information Security Officer, DPS
Connie Chambers, ASO II, Investigation Division, DPS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DPS – TIN 900 – *Flashpoint* – BA 3743

DATE: April 15, 2024

We have completed our review for the Department of Public Safety’s (DPS) – *Flashpoint* – TIN 900.

The submitted TIN, for an estimated value of \$51,470.95 in the FY24/FY25 biennium (100% Federal Homeland Security Grant Program funding), is to procure analytical tools to effectively gather information on criminal and terrorism related activities.

Flashpoint is an open-source intelligence capability enriched with geospatial data that is designed to support national and homeland security teams. It aggregates real-time data along with comprehensive intelligence from a variety of online sources such as social media, forums, decentralized networks, and messaging applications, which enables rapid searching, observing, translating, and filtering of vast amounts of information. Notably, it uses Natural Language Processing (NLP) and precise geolocation

mapping to enhance global situational awareness and provide essential context during evolving events on the ground.

The Nevada Threat Analysis Center (NTAC), recognized by the U.S. Department of Homeland Security as the intelligence fusion center for Nevada, aims to be the central hub for gathering, analyzing, and sharing threat-related information across various sectors. The NTAC is legally empowered to collect and analyze intelligence on threats to public safety and disseminate findings as necessary to prevent criminal activities and terrorism.

Flashpoint serves as a crucial tool for NTAC, offering a platform that can effectively gather and analyze data from global sources to enhance situational awareness. This capability supports federal, state, and local law enforcement as well as tribal entities in safeguarding the public and preventing terrorism. During a trial period in December 2023, which included major holidays such as New Year's Eve, Flashpoint proved instrumental in identifying potential criminal activities and public safety concerns, with the findings being shared with relevant agencies.

The service will be cloud-hosted, thus not requiring state infrastructure, and will be accessed through a state contract with Carahsoft. Flashpoint also includes comprehensive training for users, covering advanced queries, feature navigation, and interactive skill-building, which equips users to fully leverage the platform's features and functionalities.

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.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29553**

| | |
|--|--|
| Agency Name: DPS-INVESTIGATION DIVISION | Legal Entity Name: QUEST MEDIA & SUPPLIES INC |
| Agency Code: 653 | Contractor Name: QUEST MEDIA & SUPPLIES INC |
| Appropriation Unit: 3743-44 | Address: 9000 FOOTHILLS BLVD, STE 100 |
| Is budget authority available?: Yes | City/State/Zip: ROSEVILLE, CA 95747 |
| If "No" please explain: Not Applicable | Contact/Phone: AMY COMI 800/326-4220 |
| | Vendor No.: T32011823 |
| | NV Business ID: NV20031438812 |
| 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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2025**

Contract term: **364 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **IntelNexus**

5. Purpose of contract:

This is a new service agreement under Statewide Contract number 99SWC-NV18-419 which provides cloud solutions for use by state agencies. The agreement provides the IntelNexus database management system to operate the Nevada Threat Analysis Center criminal intelligence database.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NTAC is the Department of Homeland Security recognized state of Nevada fusion center. NTAC has federal requirements to maintain a criminal and terrorism intelligence database that is compliant with 28 Code of Federal Regulations (CFR) Part 23. IntelNexus is a database management system that is compliant with 28 CFR Part 23.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Quest Media & Supplies, Inc. has a Statewide Contract, #99SWC-NV18-419.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Selby Marks, Deputy Director, NTAC Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cjackson | 07/30/2024 16:18:52 PM |
| Division Approval | cjackson | 07/30/2024 16:18:56 PM |
| Department Approval | kdefe1 | 07/30/2024 17:54:29 PM |
| Contract Manager Approval | mcosenti | 07/31/2024 08:32:46 AM |
| EITS Approval | ljean | 08/01/2024 08:25:27 AM |
| Budget Analyst Approval | khawkin1 | 08/01/2024 08:33:24 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29678**

| | | | |
|---------------------------------|--|--------------------|---------------------------------------|
| Agency Name: | DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE | Legal Entity Name: | MISSION CRITICAL PARTNERS, LLC |
| Agency Code: | 655 | Contractor Name: | MISSION CRITICAL PARTNERS, LLC |
| Appropriation Unit: | 4709-04 | Address: | 690 GRAY'S WOODS BLVD, STE 100 |
| Is budget authority available?: | Yes | City/State/Zip: | PORT MATILDA, PA 16870 |
| If "No" please explain: | Not Applicable | Contact/Phone: | JEFF WIGEN 206-595-0317 |
| | | Vendor No.: | T29025149 |
| | | NV Business ID: | NV20181240238 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|--------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Reserves |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **304 days**

4. Type of contract: **Contract**

Contract description: **Fee Study**

5. Purpose of contract:

This is a new contract to provide analyzation of the current fee structure for the Brady Point of Contact Firearms Program, Civil Fingerprint Program, and the Civil Name Check Program set by the Department of Public Safety Records Bureau and compare it to fee structures in nearby, peer states.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,520.00**

Other basis for payment: Upon receipt and approval of invoice within 30 days of each completed task

II. JUSTIFICATION

7. What conditions require that this work be done?

Fees support the Bureau which include non-revenue generating programs such as the Criminal Records Unit, the Sex Offender Registry, the criminal audit and training programs, as well as various other programs within the bureau. The Records Bureau is seeking to have the current fee structure analyzed and compared to fee structures in nearby, peer states. The fees should support the operations of all Bureau programs, including current projects and any upcoming projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mission Critical Partners
USA North 811
Nevada Business Consulting Firm
IHS Global Inc
Fidelity Institutional Asset Management

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is the only one who submitted a proposal.

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:

THOMPSON, KAMI, MAII Ph: 775-684-6259

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jkolenut | 08/22/2024 11:56:00 AM |
| Division Approval | thick2 | 08/22/2024 14:14:43 PM |
| Department Approval | kdefe1 | 08/26/2024 10:56:15 AM |
| Contract Manager Approval | mcosenti | 08/27/2024 10:23:42 AM |
| Budget Analyst Approval | khawkin1 | 08/30/2024 09:10:42 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: **29519**

| | |
|--|---|
| Agency Name: DPS-FIRE MARSHAL | Legal Entity Name: TYLER TECHNOLOGIES |
| Agency Code: 656 | Contractor Name: TYLER TECHNOLOGIES |
| Appropriation Unit: 3816-26 | Address: ONE TYLER DRIVE |
| Is budget authority available?: Yes | City/State/Zip: YARMOUTH, ME 04096 |
| If "No" please explain: Not Applicable | Contact/Phone: JEFF MOSER 206-465-6312 |
| | Vendor No.: T32001084A |
| | NV Business ID: NV20051167615 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2027 |

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 % | X | Fees | 100.00 % |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/14/2026**

Contract term: **2 years and 32 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Mobile Platform**

5. Purpose of contract:

This is a new service agreement under Statewide Contract number #99SWC-NV22-12006 which provides Citizen Engagement Platforms for use by state agencies. The agreement provides Fire Prevention Mobile Software to include both Inspector Mobile and Permits Mobile applications along with supporting modules and services listed in the formal proposal.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,479.00**

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?

Tyler Technologies Fire Prevention Mobile Division will provide Fire Prevention Mobile Software to include both Inspector Mobile and Permits Mobile applications along with supporting modules and services listed in the formal proposal. Fire Prevention Mobile is a SAAS based, commercial off the shelf Fire Inspections and Permit Software Application designed to Aid Fire Inspectors during Inspections providing all the tools necessary in the field to perform and complete thorough Fire Inspections. Permit Portal for Customers/Contractors to apply for Permits, Communicate, Submit Plans, Schedule Inspections to final approval. Further details of the project scope can be found in Attachment BB.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The specific services are not offered through State agencies.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Tyler Technologies has a Statewide Contract, #99SWC-NV22-12006.

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:

Tyler Technologies is used by the Office of Traffic Safety. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Nicole Hoekstra, BPA 3 Ph: 775-684-7526

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | cjackson | 07/24/2024 08:48:54 AM |
| Division Approval | cjackson | 07/24/2024 08:49:00 AM |
| Department Approval | kdefe1 | 08/07/2024 14:14:25 PM |
| Contract Manager Approval | mcosenti | 08/09/2024 08:48:03 AM |
| EITS Approval | ljean | 08/12/2024 11:32:06 AM |
| Budget Analyst Approval | khawkin1 | 08/13/2024 08:29:11 AM |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Mike Dzyak, Fire Marshal, DPS
Jennafer Jenkins, Management Analyst III, DPS
Nicole Hoekstra, Business Process Analyst III, DPS
Michelle Lyons, Management Analyst I, DPS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Sean Montierth, Computing Services Unit, OCIO
Darla Dodge, Deputy CIO - Chief Operating Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DPS – TIN 1016 – *Fire Prevention Mobile Software* – BA 3816

DATE: August 7, 2024

We have completed our review for the Department of Public Safety's (DPS) – *Fire Prevention Mobile Software* – TIN 1016.

The submitted TIN, for an estimated value of \$16,260.00 in the FY24/FY25 biennium and \$43,219.00 in the FY26/FY27 biennium (100% funding through fees), is for Fire Prevention Mobile Software.

Tyler Technologies' Fire Prevention Mobile Division will offer a comprehensive suite of Fire Prevention

Mobile Software, encompassing both the Inspector Mobile and Permits Mobile applications, along with additional supporting modules and services. This software, designed as a COTS solution, operates on a SaaS model to enhance the efficiency of fire inspections and permit management. The Inspector Mobile application provides fire inspectors with all the necessary tools to perform and complete inspections thoroughly in the field. The Permits Mobile application facilitates a Permit Portal for customers and contractors, enabling them to apply for permits, communicate, submit plans, and schedule inspections up to final approval.

This solution will support a paperless workflow by allowing inspections to be emailed directly to the Fire Marshal after completion. The agency anticipates a low security risk with this investment, as the program has an online database that is separate from the main on-premises drive. The Office of Information Security (OIS) will be engaged to conduct both pre- and post-implementation security reviews to ensure compliance with federal and other security standards. The investment will also include custom-developed software and is expected to have a reduced need for large-scale or high-volume printing. Desktop hardware primarily will be supported and maintained by OCIO staff, while telephones will be integrated into the state telephone switch. Furthermore, the investment is likely to result in an increase in OCIO-supported WAN traffic such as 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 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.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24748** Amendment Number: **4**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Amplex Corporation**
 Agency Code: **702** Contractor Name: **Amplex Corporation**
 Appropriation Unit: **4461-10** Address: **1100 Fountain Parkway**
 Is budget authority available?: **Yes** City/State/Zip: **Grand Prairie, TX 75050**
 If "No" please explain: **Not Applicable** Contact/Phone: **Lydia Robinson 214/672-0638**
 Vendor No.: **T81039194**
 NV Business ID: **NV20161409760**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|-----------------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % Sportsmen Revenue |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 22-10

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 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2025**
 Contract term: **3 years and 290 days**

4. Type of contract: **Contract**
 Contract description: **E-Stamp Service**

5. Purpose of contract:
This is the fourth amendment to the original contract which provides processing services for the Federal Electronic Duck Stamp Program. This amendment adds ATTACHMENT FF - USFW Federal Duck Stamp Modernization Act Modification Letter due to the changes made to the Act and increases the maximum amount from \$824,702 to \$847,477 due to a fulfillment price increase effective August 1, 2024.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|--------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract: | \$150,000.00 | \$150,000.00 | \$150,000.00 | Yes - Action |
| a. Amendment 1: | \$182,856.00 | \$182,856.00 | \$182,856.00 | Yes - Action |
| b. Amendment 2: | \$184,383.00 | \$184,383.00 | \$184,383.00 | Yes - Action |
| c. Amendment 3: | \$307,463.00 | \$307,463.00 | \$307,463.00 | Yes - Action |
| 2. Amount of current amendment (#4): | \$22,775.00 | \$22,775.00 | \$22,775.00 | Yes - Info |
| 3. New maximum contract amount: | \$847,477.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency received a renewal notice from U.S. Fish and Wildlife Service Federal Duck Stamp Office for the Memorandum of Understanding stating that the Nevada Department of Wildlife will continue to participate in the Federal Electronic Duck Stamp Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Amplex Corporation is the designated vendor responsible for receiving payment from states who participate in the E-Stamp program and for fulfilling the delivery of the physical stamp to the purchaser.

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 #: 210802

Approval Date: 08/10/2021

c. Why was this contractor chosen in preference to other?

This is the only vendor that can provide this service.

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, NDOW, 2015-current, work has always 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

nrobles1

05/23/2024 13:08:09 PM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | nroble1 | 05/23/2024 13:08:22 PM |
| Department Approval | jneubau2 | 06/11/2024 08:04:58 AM |
| Contract Manager Approval | abarredo | 06/11/2024 09:57:38 AM |
| Budget Analyst Approval | dspeed1 | 07/23/2024 16:32:22 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29625**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **4462-10**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CRITICAL MENTION, INC.**
 Contractor Name: **CRITICAL MENTION, INC.**
 Address: **19 WEST 44TH STREET SUITE 300**
 City/State/Zip: **NEW YORK, NY 10036**
 Contact/Phone: **SEBASTIAN TINKER 646/658-3045**
 Vendor No.: **T32004483**
 NV Business ID: **NV20243108133**
 To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | | |
|---------------|--------|----------|---------------|-----------------|--------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % | Sportsmen Revenue |
| Federal Funds | 0.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | | Other funding | 0.00 % | |

Agency Reference #: 25-08

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Media Monitoring**

5. Purpose of contract:

This is a new contract which will provide media monitoring services to help the department inform and educate the public about the department, and will allow the department to identify any misinformation that needs addressed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,400.00**

Payment for services will be made at the rate of \$4,850.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

The department's Public Information Officer (PIO) uses these services to track mentions of the department by the media on a local, statewide and national level. This is needed to provide reports, and to also gauge the media and public's perception of the department.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Staff does not have capacity to check every local, statewide and national, print and broadcast news outlet daily. By creating a search using key terms, this tool tracks any time the department is mentioned by any media outlet on a local to worldwide level. The PIO then uses the tools to create reports, clip stories for sharing, and to come up with communication strategies using the information the tool provides.

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):

Critical Mention
Newswire
Prowly

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided lowest proposals.

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:

Ashley Zeme, Public Information Officer Ph: (775) 688-1558

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | nrob1 | 08/14/2024 11:33:36 AM |
| Division Approval | nrob1 | 08/14/2024 11:33:40 AM |
| Department Approval | jneubau2 | 08/24/2024 17:55:39 PM |
| Contract Manager Approval | abarredo | 08/26/2024 08:15:55 AM |
| Budget Analyst Approval | dspeed1 | 08/28/2024 17:30:58 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: **23915** Amendment Number: **2**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Northeast Elko County Soil**
 Agency Code: **702** Contractor Name: **Northeast Elko County Soil**
 Appropriation Unit: **4467-14** Address: **HC 62 BOX 1300**
 Is budget authority available?: **Yes** City/State/Zip: **Wells, NV 89835-9824**
 If "No" please explain: **Not Applicable** Contact/Phone: **Sam Lossing 775/293-1114**
 Vendor No.: **T81000968**
 NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Habitat Conservation Fee |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 21-36

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2021**
 Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2025**
 Contract term: **4 years and 18 days**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Habitat Restoration**

5. Purpose of contract:
This is the second amendment to the original contract which provides for the implementation of a variety of habitat projects including but not limited to invasive weed abatement, soil health amendments, conifer removal, meadow, and wetland enhancements. This amendment increases the maximum amount from \$151,842 to \$190,286 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: | \$99,999.00 | \$99,999.00 | \$99,999.00 | Yes - Action |
| a. Amendment 1: | \$51,843.00 | \$51,843.00 | \$51,843.00 | Yes - Info |
| 2. Amount of current amendment (#2): | \$38,444.00 | \$38,444.00 | \$90,287.00 | Yes - Info |
| 3. New maximum contract amount: | \$190,286.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?
 These conservation projects will benefit native wildlife. The conservation concerns that will be addressed include habitat fragmentation, stream degradation, fire, invasive plants, soil degradation and other negative impacts to habitat for sage grouse, mule deer, and other sagebrush obligates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the proper supplies or resources to accomplish these goals.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

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:

Yes, FY19 - current with the Nevada Department of Wildlife. 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 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 | abarredo | 07/25/2024 10:22:33 AM |
| Division Approval | abarredo | 07/25/2024 10:22:44 AM |
| Department Approval | jneubau2 | 08/07/2024 17:03:35 PM |
| Contract Manager Approval | amedin4 | 08/08/2024 06:41:07 AM |
| Budget Analyst Approval | dspeed1 | 08/21/2024 15:39:57 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: 27191 | Amendment Number: 1 |
| Agency Name: DEPARTMENT OF WILDLIFE | Legal Entity Name: RTDS, INC. |
| Agency Code: 702 | Contractor Name: RTDS, INC. |
| Appropriation Unit: 4467-16 | Address: 6149 S RAINBOW BLVD STE J |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-3250 |
| If "No" please explain: Not Applicable | Contact/Phone: Fraga Coman 855/978-6922 |
| | Vendor No.: T32004321 |
| | NV Business ID: NV20141353697 |

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 % |
| X Federal Funds | 75.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 25.00 % Trout Stamp |

Agency Reference #: **#24-11**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2023**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2024**

Contract term: **3 years and 2 days**

4. Type of contract: **Contract**

Contract description: **CDL Certification**

5. Purpose of contract:

This is the first amendment to the original contract which provides commercial driver's license training. This amendment extends the termination date from September 30, 2024, to September 30, 2026, and increases the maximum amount from \$16,000 to \$36,000 due to the continued need for the training.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|--|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$16,000.00 | \$16,000.00 | \$16,000.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$20,000.00 | \$20,000.00 | \$36,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$36,000.00 | | | |
| 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?

Various Nevada Department of Wildlife (NDOW) staff are required to tow equipment and materials that exceeds the limits of a non-Commercial Drivers License. This will ensure NDOW is compliant with Nevada law and also ensure the safety of personnel and equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not authorized Commercial Driver's License trainers.

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):

DTR School of Trucking
RTDS Inc
On the Road Driving School

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RTDS Inc is the only vendor that is offering hazmat endorsed CDL training and provided the lowest cost in the Las Vegas area.

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, FY24-Current with the Nevada Department of Wildlife. Work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

abarredo

06/26/2024 13:58:40 PM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | abarredo | 06/26/2024 13:58:48 PM |
| Department Approval | jneubau2 | 07/05/2024 16:39:12 PM |
| Contract Manager Approval | amedin4 | 07/08/2024 11:52:20 AM |
| Budget Analyst Approval | dspeed1 | 08/14/2024 17:48:14 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29626**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **ASSOCIATED CHAPELS LLC**
Contractor Name: **ASSOCIATED CHAPELS LLC**
Address:
City/State/Zip: **LAS VEGAS, NV 89101**
Contact/Phone: **7023842211**
Vendor No.:
NV Business ID: **NV20051128227**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**
Anticipated BOE meeting date 10/2024

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**
Contract term: **2 years and 45 days**

4. Type of contract: **Revenue Contract**
Contract description: **SCUP VOF Weddings**

5. Purpose of contract:
This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$43,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:
SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/06/2024 14:50:36 PM |
| Division Approval | ethick1 | 08/06/2024 14:50:39 PM |
| Department Approval | ethick1 | 08/06/2024 14:50:44 PM |
| Contract Manager Approval | ethick1 | 08/06/2024 14:51:02 PM |
| Budget Analyst Approval | rjacob3 | 08/16/2024 07:44:16 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: **29496**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Adrenaline ATV Tours, LLC**
Contractor Name: **Adrenaline ATV Tours, LLC**
Address:
City/State/Zip: **Las Vegas, NV 89021**
Contact/Phone: **7024967855**
Vendor No.:
NV Business ID: **NV20061593502**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**

Contract term: **2 years and 32 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Adrenaline ATV**

5. Purpose of contract:

This is a new revenue contract to provide ATV tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ethick1 | 07/12/2024 12:54:28 PM |
| Division Approval | ethick1 | 07/12/2024 12:54:31 PM |
| Department Approval | ethick1 | 07/12/2024 12:54:34 PM |
| Contract Manager Approval | ethick1 | 07/12/2024 12:54:36 PM |
| Budget Analyst Approval | vmilazz1 | 07/30/2024 11:22:02 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: **29704**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Cactus Canyon Events LLC**
Contractor Name: **Cactus Canyon Events LLC**
Address:
City/State/Zip: **LAS VEGAS, NV 89128**
Contact/Phone: **8144149521**
Vendor No.:
NV Business ID: **NV20201946330**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Revenue |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/27/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 34 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Weddings**

5. Purpose of contract:

This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/23/2024 11:38:05 AM |
| Division Approval | ethick1 | 08/23/2024 11:38:07 AM |
| Department Approval | ethick1 | 08/23/2024 11:38:11 AM |
| Contract Manager Approval | ethick1 | 08/23/2024 11:38:14 AM |
| Budget Analyst Approval | rjacob3 | 08/28/2024 13:06:42 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: **29493**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Elope in Las Vegas, LLC**
Contractor Name: **Elope in Las Vegas, LLC**
Address: **8610 South Maryland Parkway Apt. 1121**
City/State/Zip: **Las Vegas, NV 89123**
Contact/Phone: **7025813201**
Vendor No.:
NV Business ID: **NV20201800546**

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**

Contract term: **2 years and 32 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Elope in LV**

5. Purpose of contract:

This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ethick1 | 07/12/2024 11:33:23 AM |
| Division Approval | ethick1 | 07/12/2024 11:33:25 AM |
| Department Approval | ethick1 | 07/12/2024 11:33:27 AM |
| Contract Manager Approval | ethick1 | 07/12/2024 11:33:30 AM |
| Budget Analyst Approval | vmilazz1 | 07/30/2024 12:08:25 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29190**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-20**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **FERNLEY, CITY OF**
Contractor Name: **FERNLEY, CITY OF**
Address: **595 SILVER LACE BLVD**
City/State/Zip: **FERNLEY, NV 89408-8547**
Contact/Phone: **775/784-9844**
Vendor No.: **T27001574**
NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|----------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % FEES |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **161 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **FC Schoolhouse**

5. Purpose of contract:

This is a new interlocal agreement to provide moving services of a historic school at Fort Churchill State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

move building

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the adequate equipment or skills 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):

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 | ethick1 | 06/07/2024 09:16:24 AM |
| Division Approval | ethick1 | 06/07/2024 09:16:26 AM |
| Department Approval | ethick1 | 06/07/2024 09:16:28 AM |
| Contract Manager Approval | ethick1 | 07/23/2024 14:06:30 PM |
| Budget Analyst Approval | rjacob3 | 07/23/2024 14:11:53 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29495**

| | |
|---|--|
| Agency Name: DCNR - PARKS DIVISION | Legal Entity Name: LAS VEGAS WEDDING BUREAU, LLC DBA Vegas Weddings |
| Agency Code: 704 | Contractor Name: LAS VEGAS WEDDING BUREAU, LLC DBA Vegas Weddings |
| Appropriation Unit: 4162-00 | Address: 555 South 3rd St. |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89101 |
| If "No" please explain: Not Applicable | Contact/Phone: 702-933-3451 |
| | Vendor No.: |
| | NV Business ID: NV20011112191 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**

Contract term: **2 years and 32 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF LV Wedding**

5. Purpose of contract:

This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ethick1 | 07/12/2024 12:04:54 PM |
| Division Approval | ethick1 | 07/12/2024 12:04:56 PM |
| Department Approval | ethick1 | 07/12/2024 12:04:59 PM |
| Contract Manager Approval | ethick1 | 07/12/2024 12:05:01 PM |
| Budget Analyst Approval | vmilazz1 | 07/30/2024 11:47:37 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: **29688**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LOVE HIKES LLC**
Contractor Name: **LOVE HIKES LLC**
Address:
City/State/Zip: **LAS VEGAS, NV 89148**
Contact/Phone: **7022859298**
Vendor No.:
NV Business ID: **NV20131057207**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**

Contract term: **2 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Love Hikes**

5. Purpose of contract:

This is a new revenue contract to conduct sightseeing and hiking tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/22/2024 12:48:06 PM |
| Division Approval | ethick1 | 08/22/2024 12:48:09 PM |
| Department Approval | ethick1 | 08/22/2024 12:48:12 PM |
| Contract Manager Approval | ethick1 | 08/22/2024 12:48:15 PM |
| Budget Analyst Approval | rjacob3 | 08/30/2024 08:47:07 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: **29426**

| | |
|--|--|
| Agency Name: DCNR - PARKS DIVISION Agency Code: 704 Appropriation Unit: 4162-14 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: LUMOS & ASSOCIATES, INC. Contractor Name: LUMOS & ASSOCIATES, INC. Address: 9222 PROTOTYPE DR City/State/Zip: RENO, NV 89521-8989 Contact/Phone: 775/827-6111 Vendor No.: T80912843A NV Business ID: NV19791006982 |
| To what State Fiscal Year(s) will the contract be charged? 2025-2027 | |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % NV WATER CONS INFRAS INITIATIV |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/18/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 74 days**

4. Type of contract: **Contract**

Contract description: **WL RV Dump station**

5. Purpose of contract:

This is a new contract to provide engineering design for a RV dump station at Washoe Lake State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,965.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract is to provide engineering design from schematic design through 100% construction drawings, for the upgrades to the existing RV dump station at Washoe Lake State Park. Upgrades include but are not limited to, replacing the existing septic tank, replacing the leach field, any additional treatment determined to be necessary, and any utilities required to complete the project.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the skills or expertise to execute the project.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Lumos & Associates was chosen in accordance with NAC 333.150 2(b) Professional Engineer, as the best vendor available to provide professional design services due to their expertise and their familiarity and experience with past projects.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 07/02/2024 14:32:23 PM |
| Division Approval | ethick1 | 07/02/2024 14:32:25 PM |
| Department Approval | ethick1 | 07/02/2024 14:32:28 PM |
| Contract Manager Approval | ethick1 | 07/02/2024 14:32:31 PM |
| Budget Analyst Approval | rjacob3 | 07/18/2024 10:03:07 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: **29703**

| | |
|--|--|
| Agency Name: DCNR - PARKS DIVISION | Legal Entity Name: LVW LLC |
| Agency Code: 704 | Contractor Name: LVW LLC |
| Appropriation Unit: 4162-00 | Address: |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89123 |
| If "No" please explain: Not Applicable | Contact/Phone: 7029140198 |
| | Vendor No.: |
| | NV Business ID: NV20131152147 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2027 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 35 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Weddings**

5. Purpose of contract:

This is a new revenue contract to conduct weddings ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/23/2024 11:13:02 AM |
| Division Approval | ethick1 | 08/23/2024 11:13:04 AM |
| Department Approval | ethick1 | 08/23/2024 11:13:07 AM |
| Contract Manager Approval | ethick1 | 08/23/2024 11:13:10 AM |
| Budget Analyst Approval | rjacob3 | 08/26/2024 13:07:48 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: **29622**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Love Story Weddings and Events LLC**
Contractor Name: **Love Story Weddings and Events LLC**
Address:
City/State/Zip: **LAS VEGAS, NV 89101**
Contact/Phone: **102.405.6849**
Vendor No.:
NV Business ID: **NV20181880329**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 45 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Weddings**

5. Purpose of contract:

This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Special commercial use permit

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Special commercial use permit

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/06/2024 12:15:57 PM |
| Division Approval | ethick1 | 08/06/2024 12:16:00 PM |
| Department Approval | ethick1 | 08/06/2024 12:16:03 PM |
| Contract Manager Approval | ethick1 | 08/06/2024 12:16:06 PM |
| Budget Analyst Approval | rjacob3 | 08/16/2024 07:39:49 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: **29455**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-14**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Lumos & Associates, INC.
Contractor Name: **Lumos & Associates, INC.**
Address: **9222 PROTOTYPE DR**
City/State/Zip: **RENO, NV 89521-8989**
Contact/Phone: 775.827.6111
Vendor No.: T80912843A
NV Business ID: NV19791006982
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % NV WATER CONS INFRAS INITIATIV |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/18/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 74 days**

4. Type of contract: **Contract**

Contract description: **RP RV Dump station**

5. Purpose of contract:

This is a new contract to provide engineering design for a RV dump station at Rye Patch Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,535.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract is to provide engineering design from schematic design through 100% construction drawings, for the upgrades to the existing RV dump station at Rye Patch State Recreation Area. Upgrades include but are not limited to, replacing the existing septic tank, replacing the leach field, any additional treatment determined to be necessary, and any utilities required to complete the project.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the skills or expertise to execute the project.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

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 | ethick1 | 07/03/2024 08:52:50 AM |
| Division Approval | ethick1 | 07/03/2024 08:52:52 AM |
| Department Approval | ethick1 | 07/03/2024 08:52:54 AM |
| Contract Manager Approval | ethick1 | 07/03/2024 08:52:57 AM |
| Budget Analyst Approval | rjacob3 | 07/18/2024 10:02:01 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29621**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MTAYLOR Inc.**
Contractor Name: **MTAYLOR Inc.**
Address:
City/State/Zip: **Las Vegas, NV 89129**
Contact/Phone: **702.702.9799**
Vendor No.:
NV Business ID: **NV20141734914**
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **2 years and 45 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Weddings**

5. Purpose of contract:

This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/06/2024 10:53:14 AM |
| Division Approval | ethick1 | 08/06/2024 10:53:17 AM |
| Department Approval | ethick1 | 08/06/2024 10:53:20 AM |
| Contract Manager Approval | ethick1 | 08/06/2024 10:53:24 AM |
| Budget Analyst Approval | rjacob3 | 08/16/2024 07:37:36 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: **29602**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Maverick Helicopters, Inc.**
Contractor Name: **Maverick Helicopters, Inc.**
Address:
City/State/Zip: **Las Vegas, NV 89119**
Contact/Phone: **7023035551**
Vendor No.:
NV Business ID: **NV19951067637**

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**

Contract term: **2 years and 25 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP VOF Weddings**

5. Purpose of contract:

This is a new revenue contract to conduct helicopter wedding ceremonies and group events at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | ethick1 | 08/01/2024 10:31:19 AM |
| Division Approval | ethick1 | 08/01/2024 10:31:22 AM |
| Department Approval | ethick1 | 08/01/2024 10:31:25 AM |
| Contract Manager Approval | ethick1 | 08/01/2024 10:31:28 AM |
| Budget Analyst Approval | vmilazz1 | 08/06/2024 10:27:29 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: **29521**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Pershing County Sheriffs Office**
Contractor Name: **Pershing County Sheriffs Office**
Address:
City/State/Zip: **LOVELOCK, NV 89419**
Contact/Phone: **7752732641**
Vendor No.:
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Revenue |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/24/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/15/2024**

Contract term: **22 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Burning Man 2024**

5. Purpose of contract:

This is a new interlocal agreement to provide Law Enforcement Rangers to assist with Burning Man 2024.

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?

Nevada Division of State Parks shall provide Category I Law Enforcement Rangers to assist with the Burning Man event held in the Black Rock Desert within Pershing County. NDSP Rangers, upon approval from the Pershing County Sheriff, may issue citations, make arrests, render aid, patrol, and perform all other law enforcement activities during the event.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Interlocal agreement to assist Pershing County Sheriff Department

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 | ethick1 | 07/22/2024 13:53:26 PM |
| Division Approval | ethick1 | 07/22/2024 13:53:29 PM |
| Department Approval | ethick1 | 07/22/2024 13:53:33 PM |
| Contract Manager Approval | ethick1 | 08/22/2024 07:20:08 AM |
| Budget Analyst Approval | rjacob3 | 08/22/2024 13:37:27 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: **29509**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **THE OLYMPIC CLUB**
Contractor Name: **THE OLYMPIC CLUB**
Address:
City/State/Zip: **San Francisco, CA 94102**
Contact/Phone: 4153455213
Vendor No.:
NV Business ID: NV20131212494

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 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/01/2025**

Contract term: **1 year and 9 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Relay race LTR**

5. Purpose of contract:

This is a new revenue contract to conduct relay races at Lake Tahoe Region State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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 | 07/17/2024 10:50:12 AM |
| Division Approval | ethick1 | 07/17/2024 10:50:15 AM |
| Department Approval | ethick1 | 07/17/2024 10:50:18 AM |
| Contract Manager Approval | ethick1 | 07/17/2024 10:50:22 AM |
| Budget Analyst Approval | rjacob3 | 07/23/2024 14:16:00 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29508**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Tahoe Multisport LLC**
Contractor Name: **Tahoe Multisport LLC**
Address:
City/State/Zip: **INCLINE VILLAGE, NV 89451**
Contact/Phone: **775.750.7386**
Vendor No.:
NV Business ID: **NV20141334057**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2025**

Contract term: **281 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Tours LTR**

5. Purpose of contract:

This is a new revenue contract to provide tours and guided expeditions at Lake Tahoe Region State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Commercial operation using State Park Facilities

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Park employees do not have the expertise or time to accomplish.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 | ethick1 | 07/17/2024 10:26:48 AM |
| Division Approval | ethick1 | 07/17/2024 10:26:50 AM |
| Department Approval | ethick1 | 07/17/2024 10:26:52 AM |
| Contract Manager Approval | ethick1 | 07/17/2024 10:26:55 AM |
| Budget Analyst Approval | rjacob3 | 07/23/2024 14:14:23 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 29508 Agency Name: DCNR - PARKS DIVISION Agency Code: 704 Appropriation Unit: 4162-00 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 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. | Amendment Number: 1 Legal Entity Name: Tahoe Multisport LLC Contractor Name: Tahoe Multisport LLC Address: City/State/Zip: INCLINE VILLAGE, NV 89451 Contact/Phone: 775.750.7386 Vendor No.: NV Business ID: NV20141334057 |
|---|---|

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/23/2024**

Anticipated BOE meeting date: 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2025**

Contract term: **281 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Tours LTR**

5. Purpose of contract:

This is the first amendment to the original revenue contract which provides tours and guided expeditions at Lake Tahoe Region State Parks. This amendment increases the maximum amount from \$10,000 to \$40,000 due to the increase of usage.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|---|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$10,000.00 | \$10,000.00 | \$10,000.00 | Yes - Info |
| 2. Amount of current amendment (#1): | \$30,000.00 | \$30,000.00 | \$40,000.00 | Yes - Info |
| 3. New maximum contract amount: | \$40,000.00 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Commercial operation using State Park Facilities

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Park employees do not have the expertise or time to accomplish.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 | ethick1 | 08/26/2024 13:37:40 PM |
| Division Approval | ethick1 | 08/26/2024 13:37:48 PM |
| Department Approval | ethick1 | 08/26/2024 13:37:54 PM |
| Contract Manager Approval | ethick1 | 08/26/2024 13:38:01 PM |
| Budget Analyst Approval | rjacob3 | 08/26/2024 13:42:02 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: **29631**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Tahoe Tony, LLC**
Contractor Name: **Tahoe Tony, LLC**
Address:
City/State/Zip: **INCLINE VILLAGE, NV 89451**
Contact/Phone: **775.450.4757**
Vendor No.:
NV Business ID: **NV20201807343**
To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2025**

Contract term: **292 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP Tahoe Tony**

5. Purpose of contract:

This is a new revenue contract to provide guided kayak tours at Lake Tahoe State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SPECIAL COMMERCIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL COMMERCIAL USE PERMIT

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/07/2024 09:23:06 AM |
| Division Approval | ethick1 | 08/07/2024 09:23:09 AM |
| Department Approval | ethick1 | 08/07/2024 09:23:12 AM |
| Contract Manager Approval | ethick1 | 08/07/2024 09:23:15 AM |
| Budget Analyst Approval | rjacob3 | 08/12/2024 13:58:09 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29679**

| | |
|--|---|
| Agency Name: DCNR - PARKS DIVISION | Legal Entity Name: TAHOE FENCE CO INC |
| Agency Code: 704 | Contractor Name: TAHOE FENCE CO INC |
| Appropriation Unit: 4170-10 | Address: 36 BROWN DR |
| Is budget authority available?: Yes | City/State/Zip: MOUND HOUSE, NV 89706-7746 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/882-1063 |
| | Vendor No.: T27036525 |
| | NV Business ID: NV20181264256 |
| To what State Fiscal Year(s) will the contract be charged? | 2025 |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-------------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % GIFTS AND DONATIONS |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2025**

Contract term: **187 days**

4. Type of contract: **Contract**

Contract description: **SH FENCE INSTALL**

5. Purpose of contract:

This is a new contract to provide fence installation at Sand Harbor State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,960.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to install three separate fences on eroding slopes and along the east shore trail at Hidden Beach. The purpose of this fencing installation is to help prevent user-created trails from contributing to further erosion and degradation of native vegetation and affecting lake water quality. Additionally, this contract includes East Shore Trail fencing repair and replacement caused by damage to a rock fall.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees do not possess the skills or tools to complete this installation.

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?

Lowest bid

d. Last bid date: 04/25/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/21/2024 10:24:21 AM |
| Division Approval | ethick1 | 08/21/2024 10:24:23 AM |
| Department Approval | ethick1 | 08/21/2024 10:24:26 AM |
| Contract Manager Approval | ethick1 | 08/21/2024 10:24:29 AM |
| Budget Analyst Approval | rjacob3 | 08/26/2024 13:20:11 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29566**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-12**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **KEN MORGAN**
Contractor Name: **KEN MORGAN**
Address: **GREAT BASIN CONTROL SYSTEMS
325 NEILSON RD
RENO, NV 89521-7839**
City/State/Zip: **RENO, NV 89521-7839**
Contact/Phone: **775/741-1408**
Vendor No.: **T32006048**
NV Business ID: **NV20171212863**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Utility Surcharge |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **127 days**

4. Type of contract: **Contract**

Contract description: **Rye Patch Telemetry**

5. Purpose of contract:

This is a new contract to provide replacement of the drinking water well and tank telemetry system located at Rye Patch Reservoir.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,240.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The well site at Rye patch is utilizing an older generation well controller that has met its service life. This system needs to be updated with the newest and current technology of remote telemetry systems. A touch screen system that can provide backup operation, alarming and data storage.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the necessary skills or expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/01/2024 09:05:32 AM |
| Division Approval | ethick1 | 08/01/2024 09:05:37 AM |
| Department Approval | ethick1 | 08/01/2024 09:05:46 AM |
| Contract Manager Approval | ethick1 | 08/01/2024 09:05:50 AM |
| Budget Analyst Approval | rjacob3 | 08/26/2024 13:27:26 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29648**

| | |
|--|--|
| Agency Name: DCNR - PARKS DIVISION | Legal Entity Name: TRIUMPH ELECTRIC |
| Agency Code: 704 | Contractor Name: TRIUMPH ELECTRIC |
| Appropriation Unit: 4605-12 | Address: 1360 GREG ST STE 106 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431-6074 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/355-1965 |
| | Vendor No.: T29015079 |
| | NV Business ID: NV20061333657 |
| To what State Fiscal Year(s) will the contract be charged? 2025 | |

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Utility Surcharge |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **308 days**

4. Type of contract: **Contract**

Contract description: **SH generator**

5. Purpose of contract:

This is a new contract to provide a standby generator at Sand Harbor State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,025.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The restaurant concession at Sand Harbor State Park has suffered a recent power outage and has been informed by Park staff and NV Energy that future outages are likely to occur. When power outages occur the Park is liable for any losses or damages that result from such outages. The Park requires the installation of an emergency standby generator to reduce future losses to the State by providing limited power to the refrigeration systems located in the restaurant concession space.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the appropriate skills

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ethick1 | 08/14/2024 09:00:57 AM |
| Division Approval | ethick1 | 08/14/2024 09:01:01 AM |
| Department Approval | ethick1 | 08/14/2024 09:01:03 AM |
| Contract Manager Approval | ethick1 | 08/14/2024 09:01:12 AM |
| Budget Analyst Approval | rjacob3 | 08/26/2024 13:22:29 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29395**

| | |
|---|--|
| Agency Name: DCNR - STATE LANDS | Legal Entity Name: JP FENCE LLC |
| Agency Code: 707 | Contractor Name: JP FENCE LLC |
| Appropriation Unit: 4206-39 | Address: 16 JOHNES ROAD |
| Is budget authority available?: Yes | SUITE E |
| If "No" please explain: Not Applicable | City/State/Zip: MOUND HOUSE, NV 89703 |
| | Contact/Phone: JASON PLAUT 775-671-7912 |
| | Vendor No.: T32013686 |
| | NV Business ID: NV20161006532 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|----------------|-----------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2024**

Anticipated BOE meeting date **07/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **162 days**

4. Type of contract: **Contract**

Contract description: **Cave Rock Fence Inst**

5. Purpose of contract:

This is a new contract to provide fence installation at Cave Rock State Park, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,987.00**

Payment for services will be made at the rate of \$46.00 per Foot of fence installed

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 321.5953 allows for the establishment and management of programs by the Nevada Division of State Lands to preserve, enhance and restore lands in the Lake Tahoe Basin. As part of the above statutory authority, installation of a fence to preserve an eroding hillside in Cave Rock State Park meets the standard of land preservation within the Lake Tahoe Basin.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of State Lands does not have the personnel available to perform these services. Fencing installation must be completed by a licensed, professional fencing contractor.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

THOLL FENCE
JP FENCE LLC
FLORENCE FENCE
FINEST LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

JP Fence submitted the lowest bid for the project, and the bid packet submitted evidenced clear knowledge and technical understanding of the work required.

d. Last bid date: 05/17/2024 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:

CHRIS LACASSE, ES III Ph: 775-684-

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | avance | 06/18/2024 14:07:00 PM |
| Division Approval | avance | 06/18/2024 14:07:06 PM |
| Department Approval | kwilliam | 07/15/2024 17:24:29 PM |
| Contract Manager Approval | avance | 07/22/2024 08:48:15 AM |
| Budget Analyst Approval | rjacob3 | 07/22/2024 09:02:33 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: **29150**

| | |
|---|--|
| Agency Name: DCNR - ENVIRONMENTAL PROTECTION | Legal Entity Name: SONOMA TECHNOLOGY INC |
| Agency Code: 709 | Contractor Name: SONOMA TECHNOLOGY INC |
| Appropriation Unit: 3185-19 | Address: 1450 N MCDOWELL BLVD STE 200 |
| Is budget authority available?: Yes | City/State/Zip: Petaluma, CA 94954 |
| If "No" please explain: Not Applicable | Contact/Phone: Bryan Penfold 707-297-7843 |
| | Vendor No.: T29046260 |
| | NV Business ID: NV20131220910 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2024**

Anticipated BOE meeting date **09/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **1 year and 322 days**

4. Type of contract: **Contract**

Contract description: **Electronic Logbook**

5. Purpose of contract:

This is a new contract to provide Electronic Site Information Management System (eSIMS) software to manage the states Air Monitoring Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

US Environmental Protection Agency requires the state to provide real-time ambient air data to the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state doesn't have the software or cloud storage to complete this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Sonoma Technology
Agilaire LLC
DR DAS**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meet the requirements we needed at the best price

d. Last bid date: 02/22/2024 Anticipated re-bid date: 04/01/2027

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | abarchu1 | 08/08/2024 13:06:08 PM |
| Division Approval | atucke3 | 08/08/2024 17:19:48 PM |
| Department Approval | atucke3 | 08/08/2024 17:21:28 PM |
| Contract Manager Approval | mgowe1 | 08/08/2024 17:23:06 PM |
| EITS Approval | ljean | 08/12/2024 11:32:20 AM |
| Budget Analyst Approval | rjacob3 | 08/12/2024 14:10:44 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29548**

| | |
|---|--|
| Agency Name: DCNR - ENVIRONMENTAL PROTECTION | Legal Entity Name: RMUS LLC |
| Agency Code: 709 | Contractor Name: RMUS LLC |
| Appropriation Unit: 3187-51 | Address: 595 N 1250 W Ste3 |
| Is budget authority available?: Yes | City/State/Zip: Centerville, UT 84014 |
| If "No" please explain: Not Applicable | Contact/Phone: John VonLunen 801/316-3250 |
| | Vendor No.: T32015932 |
| | NV Business ID: NV20243169177 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X | Fees | 22.50 % Hazardous Waste Fund Fees |
| X Federal Funds | 77.50 % | | 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 **08/14/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/24/2027**

Contract term: **2 years and 222 days**

4. Type of contract: **Contract**

Contract description: **Unmanned RO Systems**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWV-NV24-21572 which provides unmanned and remotely operated vehicle systems and related services. This service agreement includes purchase of a drone, related accessory, a three year service plan, and one year training academy for two staff members.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,042.01**

Payment for services will be made at the rate of \$0.00 per upon invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Purchase of this drone equipment and related services provides BCA Abandoned Mine Lands Program staff aerial access to remote mine sites throughout the State where safety concerns and inaccessibility have been identified.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This agreement allows for purchase of equipment and service plans not offered by State entities or organizations.

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?

Utilizing Master Service Agreement, Contract 99SWC-NV24-21572

d. Last bid date: 04/18/2024 Anticipated re-bid date: 03/01/2027

- 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:

Under State MSA 99SWC-NV24-21572 contractor is in good standing.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | mfrien1 | 08/07/2024 11:18:34 AM |
| Division Approval | jcollin5 | 08/07/2024 13:50:48 PM |
| Department Approval | jcollin5 | 08/07/2024 13:50:59 PM |
| Contract Manager Approval | kvalde1 | 08/07/2024 14:00:33 PM |
| Budget Analyst Approval | rjacob3 | 08/14/2024 15:00:43 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: **29629**

| | |
|---|---|
| Agency Name: DCNR - ENVIRONMENTAL PROTECTION | Legal Entity Name: WALKER RIVER PAIUTE TRIBE |
| Agency Code: 709 | Contractor Name: WALKER RIVER PAIUTE TRIBE |
| Appropriation Unit: 3187-75 | Address: 1022 Hospital Road |
| Is budget authority available?: Yes | City/State/Zip: SCHURZ, NV 89427 |
| If "No" please explain: Not Applicable | Contact/Phone: Andrea Martinez 775/773/2306 |
| | Vendor No.: T80903895 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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 % | X | Fees | 100.00 % |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: **DEP 25-016**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/22/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **3 years and 313 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Walker Paiute Tribe**

5. Purpose of contract:

This is a new interlocal agreement to provide technical support and Tribal monitoring services for the interpretation of reports, studies or related decisions and filed activities at the Anaconda Copper Mine Site for the Walker River Paiute Tribe.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$0.00 per Upon invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Terms of the Anaconda Copper Mine Site Interim Administrative Settlement Agreement and Order On Consent stipulate NDEP will provide the Walker River Paiute Tribe funding for approved independent technical support and tribal monitor services at the Site.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDEP staff does not have the ability to provide independent technical support and tribal monitor services to the Walker River Paiute Tribe.

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 | mfrien1 | 08/20/2024 14:48:27 PM |
| Division Approval | jcollin5 | 08/21/2024 08:19:36 AM |
| Department Approval | jcollin5 | 08/21/2024 08:20:11 AM |
| Contract Manager Approval | kvalde1 | 08/22/2024 08:27:04 AM |
| Budget Analyst Approval | rjacob3 | 08/22/2024 08:52:31 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29565**

Agency Name: **B&I - BUSINESS AND INDUSTRY**
Agency Code: **740**
Appropriation Unit: **4683-10**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Colleen Platt
Contractor Name: **Platt Law Group**
Address: **11025 Bondshire Dr.**
City/State/Zip: **Reno, NV 89511-6234**
Contact/Phone: 775-848-2810
Vendor No.: T32003750
NV Business ID: NV20151428689
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 % | X | Fees | 100.00 % |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 740

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **1 year and 304 days**

4. Type of contract: **Contract**

Contract description: **Bond Counsel Svcs**

5. Purpose of contract:

This is a new contract to provide bond issuer counsel services.

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 \$225.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency requires specialized legal services for reviewing draft bond documents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in agency do to not have the specialized training required to perform these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The vendor has previous experience in reviewing draft bond documents and has performed satisfactorily. NRS 349.610 (d) states that: "The bonds may be sold in one or more series at par, or below or above par, in the manner and for the price or prices which the Director determines in his or her discretion. As an incidental expense to any project to be financed by the bonds, the Director may employ financial and legal consultants in regard to the financing of the 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:

Agency 740 - Previously held contract for the same purpose - performed services satisfactorily.
Agency 744 - Current contract for legal counsel - performs services satisfactorily.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ecerv1 | 08/07/2024 06:50:19 AM |
| Division Approval | ecerv1 | 08/07/2024 06:55:58 AM |
| Department Approval | ecerv1 | 08/07/2024 06:56:02 AM |
| Contract Manager Approval | ecerv1 | 08/12/2024 10:12:23 AM |
| Budget Analyst Approval | jhelto1 | 08/30/2024 08:30:50 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: 27968 | Amendment Number: 1 |
| Agency Name: B&I - INDUSTRIAL RELATIONS DIV | Legal Entity Name: CENTRALSQUARE TECHNOLOGIES, LLC |
| Agency Code: 742 | Contractor Name: CENTRALSQUARE TECHNOLOGIES, LLC |
| Appropriation Unit: 4682-26 | Address: 1000 Business Center Dr. |
| Is budget authority available?: Yes | City/State/Zip: Lake Mary, FL 32746 |
| If "No" please explain: Not Applicable | Contact/Phone: Steve Castle, Senior Manager, Renewals / Ryan T. Northrup, J.D., CIPP-US, Senior Legal Counsel 407-304-3235 |
| | Vendor No.: T29047163 |
| | NV Business ID: NV20101844335 |

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 % | X Other funding | 100.00 % WORKERS' COMPENSATION AND SAFETY FUND |

Agency Reference #: **742**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2023**
 Anticipated BOE meeting date **10/2024**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Software System JO**

5. Purpose of contract:
This is the first amendment to the original contract which provides cloud-based software, maintenance, and support services to manage the licensing and permitting for asbestos abatement and photovoltaic system programs. This amendment extends the termination date from August 31, 2024 to August 31, 2025 and increases the maximum amount from \$13,591.56 to \$28,419.69 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: | \$13,891.56 | \$13,891.56 | \$13,891.56 | Yes - Info |
| 2. Amount of current amendment (#1): | \$14,528.13 | \$14,528.13 | \$28,419.69 | Yes - Info |
| 3. New maximum contract amount: | \$28,419.69 | | | |
| and/or the termination date of the original contract has changed to: | 08/31/2025 | | | |

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada OSHA would be unable to comply with the provisions under: Control of Asbestos NRS 618.750-850, NAC 618.850-907; and Photovoltaic System Projects NRS 618.910-936, NAC 618.450-507.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Includes custom features to provide photovoltaic and asbestos licensing and permitting modules required for Control of Asbestos under NRS 618.750-850 and for Photovoltaic System Projects under NRS 618.910-936.

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?

Sole Source Contract (As Approved by Agency Head 6.21.23) - Contract is under \$25,000 per year, thus purchasing approval is not required.

The Division took proactive steps to determine if the current vendor is the most economical option. State Purchasing released RFI 74BAI-S1899 for a new system on February 3, 2022. Vendors responded to the RFI with costs to develop a new system that ranged from \$175,000 to \$2.5 million. These costs are much higher than the costs of keeping the ongoing hosting, maintenance, and support of the system through the originally purchased system contract #14806.

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:

B&I, Division of Industrial Relations. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | lpined3 | 05/29/2024 13:11:04 PM |
| Division Approval | lpined3 | 05/29/2024 13:11:28 PM |
| Department Approval | ecerv1 | 06/13/2024 08:42:44 AM |
| Contract Manager Approval | ecerv1 | 06/13/2024 08:43:02 AM |
| EITS Approval | ljean | 06/13/2024 11:44:33 AM |
| Budget Analyst Approval | jhelto1 | 08/21/2024 11:03:03 AM |

RECEIVED

By Jeremy Jimenez at 9:38 am, Jun 16, 2023

Purchasing Use Only:

Approval#:



**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

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

| | | | |
|---|--|--|--|
| 1a | Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below: | | |
| | STATE AGENCY NAME REQUIRED: | | |
| | Contact Name and Title | Phone Number | Email Address |
| | Julie A White, Management Analyst II, CCM | (702) 486-9187 | jawwhite@dir.nv.gov |
| | Victoria Carreón, Administrator | (702) 486-9116 | vcarreon@dir.nv.gov |
| William Gardner, Chief Administrative Officer | (702) 486-9032 | wgardner@dir.nv.gov | |

| | | |
|----------------|--|--|
| 1b | Vendor Information: | |
| | Vendor Name: | CentralSquare Technologies, LLC (T29043270, VEN2026) Originally known as Praeses, LLC (T27033138) |
| | Contact Name: | Steve Castle, Senior Manager, Renewals Ryan T. Northrup, J.D., CIPP-US, Senior Legal Counsel |
| | Complete Address: City, State, and Zip Code | 1000 Business Center Drive Lake Mary, FL 32746-5585 |
| | Telephone Number: | Office: (407) 304-3965, Mobile (970) 481-7948 Office: (407) 304-3890 |
| Email Address: | stephen.castle@centralsquare.com ryan.northrup@CentralSquare.com | |

| | | |
|-----------|---|---|
| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | |
| | Professional Service Exemption: | X |

| | | | | |
|-----------|--|------|---|-----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? Check One: | Yes: | X | No: |
| | If 'No' Enter Amendment Number: | # | | |
| | Enter CETS Number: | # | | |

| | | | | |
|-----------|-----------------------------------|-------------|---------------|----------------------|
| 1e | Term: | | | |
| | One (1) Time Purchase? Check One: | Yes: | No: | X |
| | Contract: | Start Date: | Upon Approval | End Date: 06/30/2024 |

| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

| | | |
|-----------|---------------------|--|
| 1f | Funding: | |
| | State Appropriated: | 4682-26 |
| | Federal Funds: | 0% |
| | Grant Funds: | 0% |
| | Other (Explain): | 100% Workers' Compensation & Safety Fund |

| | |
|-----------|--|
| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | The total cost for the “ongoing hosting, maintenance, and support cost” is \$1,157.63 per month or \$13,891.50 annually. |

| | |
|----------|--|
| 2 | Provide a description of work/services to be performed or services with goods to be purchased: |
| | <p>The Contractor has been providing the State with continuous ongoing access to their Internet-based application software known as Jurisdiction Online which includes maintenance & support from the original project contracted on September 10, 2013. The Contractor has been through multiple name changes (e.g., Acquisitions, Mergers) without a State contract in place since the expiration of contract number 14806 that expired on June 30, 2017. The State is contracting now with the Contractor to come into compliance with NRS Chapter 333, NAC Chapter 333, and SAM Chapter 0300.</p> <p>Ongoing Maintenance & Support</p> <p>The Contractor will provide ongoing support and operation of the Jurisdiction Online system and help desk support for the state.</p> <p>Business Areas</p> <p>The following are the State business areas that are included in the scope of the project.</p> <ul style="list-style-type: none"> • Licensing and permitting for asbestos abatement and photovoltaic programs <p>Functional Requirements</p> <p>The Contractor will, at a minimum, provide the following Core Solution Functionality for Asbestos and Photovoltaic to include the following:</p> <p>Location Add/Edit/Search Module</p> <p>Module features include:</p> <ul style="list-style-type: none"> • Add new location to system • Search for existing locations in system • Generate reports from search results • Edit or update location information real time • Standardize submitted addresses consistent with USPS requirements <p>Examples of location data supported include:</p> <ul style="list-style-type: none"> • Location name • Address, city, state & zip, FIPS code, Nature of Business |

Shared contacts are implemented to allow users to associate a single contact with multiple locations, invoices, etc. Primary, Invoice, Certificate and Owner contacts can be configured for each location.

Fields for contacts will be available at the location to manage information for the

- Primary
- Owner
- Invoice (mail to)
- Certificate (mail to)

Accounting Module

- Module features include:
- Add ad hoc fees
- Ability to generate invoices, 2nd notice, and 3rd notice invoices
- Manage payments for the invoices
- Ability to post payments to license and/or project invoices
- Ability to print and reprint Acceptance of Asbestos Abatement Projects

Reporting Suite

Reporting suite to extract data from the system is available from each search page can be directed to specific summary and detail reports. This feature allows the user to generate ad-hoc reports quickly and easily for various date ranges, etc.

Additional Modules

Additional Modules that are part of core offerings include:

- Saved Queries
- Contact Management
- Online Help

License Module

Where appropriate, the licensing module will be utilized to register and account for individuals and businesses performing work in the jurisdictions. Module features include:

- Ability to enter individual, business, and license application data for different license types.
- Auto-generation of License numbers in State specified format
- Ability to apply the appropriate fees to each license type
- Ability to apply any penalty or violation fees to each license type
- Ability to search and edit individual, business, and license data
- Ability to renew licenses and update individual, business, and license data
- Ability to invoice for licenses (initial, renewals, replacements)
- Ability to post payments to license invoices
- Ability to search and edit invoices and payments associated with licenses
- Ability to print licenses (initial, renewals, replacements) and support different formats for

Consultant, Contractor, Installer, Supervisor, vs. Worker licenses

- Automated management of license status, start and expiration dates

- Restricted access to confidential data such as tax IDs and date of birth
- Ability to associate employers with licensed individuals and update

Projects Module

- Ability to search and edit individual, business, and license data
- Ability to renew licenses and update individual, business, and license data
- Ability to invoice for licenses (initial, renewals, replacements)
- Ability to post payments to license invoices
- Ability to search and edit invoices and payments associated with licenses

Data Ownership

The State is the owner of its data, including data related to permits, inspections, objects, and state related accounting data.

The vendor will provide copies of the State's data to the State in the format (e.g. SQL Server export, MS Access, etc.) and frequency desired by the state or mutually agreed upon by both parties.

If the contract is terminated, by either the State or the Contractor, the Contractor will provide a final data extract of all the State's data in a timely manner so that the State can make a reasonable transition to another system.

Protection of Sensitive Data

The Contractor will implement and maintain appropriate mechanisms and practices to ensure that sensitive data is protected . This includes, but not limited to the following:

- Any confidential data sent over the internet that links a person, organization, or business to that data must be encrypted with SSL.
- Login credentials must be encrypted with SSL.
- State maintained data related to licensees which may be considered sensitive or private, such as home addresses and home phone numbers cannot be accessible by third parties, unless authorized by the State in writing.
- The Contractor will perform criminal background checks on employees and 3rd party contractors that have access to State data or Contractor systems that contain the data.

Business Continuity/Backup and Recovery

The Contractor must follow standard industry practices for system backup and recovery. The Contractor must ensure its system(s) and the State's data are properly backed up and that there is an adequate plan to recover in a timely manner (no more than 2 workdays) . The vendor must be able to provide the State at least a "high-level" overview of the backup and recovery process if requested by the state.

The Contractor must take reasonable steps to ensure their hosting facility for the Jurisdiction Online system has redundant power and Internet connectivity to reduce the likelihood of interruptions in system availability to the State.

Validation of Contractor's Operation

| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

The Jurisdiction Online system is hosted and maintained by the Contractor. The State reserves the right to perform onsite inspections of the Contractor's facility (where the system is hosted and maintained) as well as conduct interviews with key staff to verify that appropriate infrastructure and procedures are in place to protect the State's data.

3 **What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?**

The current vendor can provide ongoing support and operation of the custom Jurisdiction Online system that the state purchased on contract #14806 in 2013. This includes custom features to provide photovoltaic and asbestos licensing and permitting modules required for Control of Asbestos under NRS 618.750-850 and for Photovoltaic System Projects under NRS 618.910-936.

The contract for creation of Jurisdiction Online ended on June 30, 2017. The Division continued to use the system through a monthly service fee but did not have a formal contract in place. The Division would like to establish a formal service contract for continued use of Jurisdiction Online to be fully in compliance with State purchasing requirements.

4 **Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:**

The Division took proactive steps to determine if the current vendor is the most economical option. State Purchasing released RFI 74BAI-S1899 for a new system on February 3, 2022. Vendors responded to the RFI with costs to develop a new system that ranged from \$175,000 to \$2.5 million. These costs are much higher than the costs of keeping the ongoing hosting, maintenance, and support of the system through the originally purchased system contract #14806.

| | | | |
|----------|---|-------------------|----|
| | Were alternative services or commodities evaluated? | Check One: | |
| | | Yes | No |
| | | X | |
| 5 | a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility. | | |
| | State Purchasing released RFI 74BAI-S1899 for a new system on February 3, 2022. Vendors responded to the RFI with costs to develop a new system that ranged from \$175,000 to \$2.5 million. These costs are much higher than the costs of keeping the ongoing hosting, maintenance, and support of the system through the originally purchased system contract #14806. Therefore, the Department decided not to request funds for a new system in the FY 24-FY 25 budget and would like to continue using the existing system. | | |
| | b. <i>If not</i> , why were alternatives not evaluated? | | |
| | N/A | | |

| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

| | | | | | | |
|-------------------|---|-------------|--|--|---|---------------|
| 6 | Has the agency purchased these services/services with goods in the past? Check One: | | | | Yes | No |
| | <i>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></i> | | | | X | |
| | a. If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>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 | | | | | |
| 10/01/22 | 09/30/23 | \$13,891.50 | TriTech Software Systems, a Central Square Company (T29043270) Ongoing hosting, maintenance, and support (Licensing and Permitting \$1,157.63 per month) | Vendor Renewal No. Q-101158 (Auto Renewal) | Vendor Renewal Contract only-contracting now to become compliant with NRS Chapter 333, NAC Chapter 333, and SAM Chapter 0300. | |
| 10/01/21 | 09/30/22 | \$13,230.00 | TriTech Software Systems, a Central Square Company (T29043270) Ongoing hosting, maintenance, and support (Licensing and Permitting \$1,102.50 per month) | Vendor Renewal No. Q-55062 | Vendor Renewal Contract Only | |
| 10/01/20 | 09/30/21 | \$12,600.00 | TriTech Software Systems, a Central Square Company (T29043270) Ongoing hosting, maintenance, and support (Licensing and Permitting \$1,050 per month) | Vendor Renewal No. Q-10910 | Vendor Renewal Contract Only | |

| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

| | | | | | |
|----------|----------|-------------|--|-----------------------------|---|
| | | | <p>Tritech Software Systems (T29043270) Jul 2020 – Sep 2020 3 x \$1,000 = \$3,000</p> <p>Jurisdiction Online (T27043003) Sept 2018 – Mar 2019 7 x \$3000 = \$21,000 Apr 2019 – Jun 2020 14 x \$1000 = \$15,000 Total = \$36,000</p> <p>Aptean, Inc (T32002408) Apr 2018 – Aug 2018 5 x \$3000 = \$15,000</p> <p>Praeses LLC (T27033138) July 2017 - Mar 2018 9 x \$3000 = \$27,000</p> <p>Ongoing hosting, maintenance, and support (Elevator \$2,000 & Licensing through April 2019 and Permitting \$1,000 per month)</p> | | <p>None Contract 14806 expired 06/30/2017</p> <p>Elevator no longer charged beginning Apr 2019</p> <p>This vendor has been providing continuous ongoing maintenance & support from the original project that has been through multiple name changes (e.g., Acquisitions, Mergers) without a contract.</p> |
| 07/01/17 | 09/30/20 | \$81,000.00 | | | |
| 05/07/15 | 06/30/17 | \$72,000.00 | <p>Praeses, LLC (T27033138)</p> <p>Ongoing hosting, maintenance, and support (Elevator & Licensing \$3,000 per month)</p> | Amd#1 | 14806 |
| 09/10/13 | 06/30/15 | 231,000.00 | <p>Praeses, LLC (T27033138)</p> <p>Original System</p> | Solicitation Waiver #121001 | 14806 |

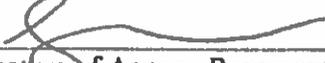
| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

| | |
|----------|--|
| 7 | <p>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</p> <p>Nevada OSHA would be unable to comply with the provisions under: Control of Asbestos NRS 618.750-850, NAC 618.850-907; and Photovoltaic System Projects NRS 618.910-936, NAC 618.450-507.</p> |
|----------|--|

| | |
|----------|---|
| 8 | <p>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> <p>State Purchasing released RFI 74BAI-S1899 for a new system on February 3, 2022. Vendors responded to the RFI with costs to develop a new system that ranged from \$175,000 to \$2.5 million. These costs are much higher than the costs of keeping the ongoing hosting, maintenance, and support of the system through the originally purchased system contract #14806.</p> |
|----------|---|

| | | | |
|----------|---|-----|----|
| 9 | <p>Will this purchase obligate the State to this vendor for future purchases? Check One:</p> <p><u>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p> | Yes | No |
| | <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p>The cost for the "ongoing hosting, maintenance, and support" is currently \$1,157.63 per month or \$13,891.50 annually. Over the past three (3) years, each year the annual cost has increased by 5%.</p> | X | |
| | | | |

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.



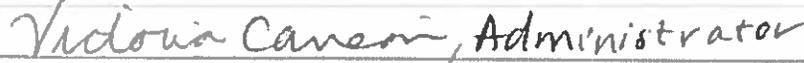
 Signature of Agency Representative Initiating Request

Julie A White, Management Analyst II, CCM

 Print Name of Agency Representative Initiating Request

6/15/23

 Date



 Signature of Agency Head Authorizing Request

Victoria Carreón, Administrator

 Print Name of Agency Head Authorizing Request

6/15/2023

 Date

Signature of Agency Head Authorizing Request



 Print Name of Agency Head Authorizing Request

6-21-23

 Date

REVIEWED
 By Emily Cervi at 2:35 pm, Jun 21, 2023

| | |
|-----------------------------|--|
| Purchasing Use Only: | |
| Approval#: | |

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.

| | |
|---|--|
| 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:

Contract is under \$25,000 per year. Purchasing approval is not required

 Administrator, Purchasing Division or Designee

 Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29323**

| | |
|--|---|
| Agency Name: B&I - ATTORNEY FOR INJURED WORKERS | Legal Entity Name: NV JFG Systems, LLC |
| Agency Code: 753 | Contractor Name: NV JFG Systems, LLC |
| Appropriation Unit: 1013-26 | Address: 2701 NORTHGATE LN STE 5 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89706-1674 |
| If "No" please explain: Not Applicable | Contact/Phone: Alex Sehr, Vice President 775/882-5743 |
| | Vendor No.: T32015048 |
| | NV Business ID: NV20232841112 |

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 % | X Other funding | 100.00 % WORKERS' COMPENSATION AND SAFETY FUND |

Agency Reference #: 74-BAI-S2815

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2024**
Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
Contract term: **1 year and 328 days**

4. Type of contract: **Contract**
Contract description: **NAIW IT Maintenance**

5. Purpose of contract:
This is a new contract to provide IT hardware and software maintenance for Nevada Attorney for Injured Workers computer network.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$64,575.00**
Other basis for payment: \$31,500.00 - Year 1 IT Managed Services, \$33,075 - Year 2 IT Managed Services

II. JUSTIFICATION

7. What conditions require that this work be done?
Nevada Attorney for Injured Worker require general end-user support for hardware and software, support of Time Matters software (agency case tracking software), back-up and recovery of servers and administer SQL Servers which the database software for Time Matters requires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees are not able to complete this work efficiently and effectively making a contract the appropriate solution.

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):

JFG Systems
Smart IT Pros Inc

Infinite Consulting Services Inc
Insight Public Sector Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one to answer the bid.

d. Last bid date: 04/24/2024 Anticipated re-bid date: 01/12/2026

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 has had contracts with NAIW for since 2010. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Nathaniel Brown, Mgt Analyst II Ph: 775-684-2924

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | ghilgar | 06/14/2024 11:20:51 AM |
| Division Approval | ghilgar | 06/18/2024 10:41:43 AM |
| Department Approval | ecerv1 | 06/25/2024 07:02:35 AM |
| Contract Manager Approval | ecerv1 | 06/25/2024 07:02:39 AM |
| EITS Approval | ljean | 06/25/2024 12:08:37 PM |
| Budget Analyst Approval | jhelto1 | 08/06/2024 12:11:10 PM |

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Evan Beavers, Esq., Administrator, NAIW
Grace Hilgar-Devito, Administrative Services Officer, B&I
Grant Reynolds, IT Manager, B&I

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Sean Montierth, Computing Services Unit, OCIO
Michael D. Smith, Support Services Unit, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – NAIW – TIN 956 – *NAIW System Support Services* – BA 1013

DATE: April 26, 2024

We have completed our review for the Nevada Attorney for Injured Workers' (NAIW) – *NAIW System Support Services* – TIN 956.

The submitted TIN, for an estimated value of \$35,000.00 in the FY24/FY25 biennium and \$36,750.00 in the FY26/FY27 biennium (Workers Compensation & Safety Fund), is to employ a qualified contractor to provide comprehensive IT support services to NAIW.

NAIW, based out of two offices located in Carson City and Las Vegas, employing approximately 32 staff members, provides legal representation to individuals who have sustained injuries at work or are suffering

from occupational diseases, facilitating their access to workers' compensation benefits without charging a legal fee.

NAIW's IT infrastructure comprises two servers per office, with case management conducted through the LexisNexis Time Matters software hosted on local servers. Staff members utilize thin-client HP workstations, with desktop software running server-side.

Comprehensive IT support services are needed over a two-year period due to NAIW's limited in-house capability to fully support its IT needs, particularly regarding skills specific to the Time Matters case management system, thin client technology, and SQL Server administration.

The scope of services required includes general end-user support, administration of user access, desktop software, and updates, along with supporting and ensuring the functionality of the Time Matters case management system. Additional expectations include installing upgrades, troubleshooting, backup and recovery operations, server administration, and adherence to state policies and best practices to ensure business continuity. Other required qualifications are knowledge of setting up and maintaining local area networks and understanding industry system security standards.

NAIW recognizes the critical importance of cybersecurity in protecting the sensitive personal identification information (PII) of its clients. In response, NAIW mandates that any engaged contractor adhere to rigorous federal and other applicable security standards throughout the solution's lifecycle, including but not limited to the transportation, storage, and processing of PII. This commitment is enforced through the implementation of industry best practices and state policies, with specific attention to the integrity of the local server environments and network systems. Furthermore, regular testing of recovery plans and the application of timely updates and patches are integral to maintaining robust security measures, ensuring that the agency's IT systems are resilient against potential cyber threats.

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.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29489**

| | |
|--|---|
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: ALPINE LOCK, LLC DBA ICON LOCKSMITH |
| Agency Code: 901 | Contractor Name: ALPINE LOCK, LLC DBA ICON LOCKSMITH |
| Appropriation Unit: 3269-04 | Address: 3250 RETAIL DR Suite 120 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89706 |
| If "No" please explain: Not Applicable | Contact/Phone: Christopher McClung 775-885-0719 |
| | Vendor No.: T29048579 |
| | NV Business ID: NV20232795326 |

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **3880-29-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**
Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **N. NV Locksmith**

5. Purpose of contract:

This is a new contract to provide ongoing locksmith services to all northern Nevada Bureau of Disability Adjudication offices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Normal Business Hours (8:00 AM - 5:00 PM, Monday to Friday). Hourly Rate: \$100 per hour. Service Call Fee: \$100 for the first 10 miles. Non-Normal Business Hours (5:01 PM - 7:59 AM, Monday to Friday; weekends and public holidays) - Hourly Rate: \$300 per hour. - Service Call Fee: \$300 for the first 10 miles. Emergency Lockout Services: - Hourly Rate: \$100 per hour (Except During Non-Normal Business Hours). - Service Call Fee: \$100 for the first 10 miles. The cost of parts and materials used in the performance of services will be billed separately and are not included in the hourly rates or service call fees, not to exceed 20% over cost to vendor. The hourly rates and service call fees specified above will increase by 10% per year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA must continually ensure that all door locks, cabinet, locks and desk drawer locks work and function properly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools to provide this 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):

Accurate Mobile Locksmith
Alpine Lock LLC dba Icon Locksmith
Reno Alpine Lock and Key Inc
Comstock Lock
Andy's Lock & Key

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor with lowest cost.

d. Last bid date: 05/15/2024 Anticipated re-bid date: 05/15/2028

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?

Yes If "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 state agencies since March 2024.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Morgan, Management Analyst 2 Ph: 775-885-3738

Eduardo Gutierrez, IT Professional 3 Ph: 775-885-3769

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sruch | 08/02/2024 17:57:43 PM |
| Division Approval | cedlefse | 08/05/2024 07:24:30 AM |
| Department Approval | cedlefse | 08/05/2024 07:24:33 AM |
| Contract Manager Approval | wcune1 | 08/07/2024 08:13:38 AM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29486**

| | |
|---|---|
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: NV LOCKSMITH, LLC |
| Agency Code: 901 | Contractor Name: NV LOCKSMITH, LLC |
| Appropriation Unit: 3269-04 | Address: 8628 CANYON VIEW DR |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89117-5820 |
| If "No" please explain: Not Applicable | Contact/Phone: EDAN GAL 702-600-0919 |
| | Vendor No.: T29043333 |
| | NV Business ID: NV20181495674 |
| To what State Fiscal Year(s) will the contract be charged? | 2025-2029 |
| What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. | |
| General Funds 0.00 % | Fees 0.00 % |
| X Federal Funds 100.00 % | Bonds 0.00 % |
| Highway Funds 0.00 % | Other funding 0.00 % |
| Agency Reference #: 3879-29-BDA | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date 10/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **S. NV Locksmith**

5. Purpose of contract:

This is a new contract to provide ongoing locksmith services to all southern Nevada Bureau of Disability Adjudication offices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$85 Service Fee (8AM -5PM Mon - Fri). Per Hour \$145 (5:01PM - 7:59AM Mon-Fri) Per Hour. Emergency Lockout Services will be priced according to type of relevant service and material. Hardware, Parts or Materials will be charged accordingly and not to exceed 20% over cost to vendor. Total Contract or installments payable at: As invoiced by the vendor and approved by the State. Total Contract Not to Exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per a Security Audit, performed by the Federal Social Security Administration, BDA is required to ensure that all door locks, cabinet locks and desk drawer locks work and function properly, at all times.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools to provide this 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):

Key Boss Master
NV Locksmith, LLC
Pop-A-Lock
Silver State Locksmith
Top Master Locksmith

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only respondent to the solicitation.

d. Last bid date: 05/15/2024 Anticipated re-bid date: 05/15/2028

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?

Yes If "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 service to BDA and Public and Behavioral Health since November 2020.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Eduardo Gutierrez, IT Professional 3 Ph: 775-885-3769

Lisa Morgan, Management Analyst 2 Ph: 775-885-3738

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sruch | 08/02/2024 17:56:38 PM |
| Division Approval | cedlefse | 08/07/2024 08:50:45 AM |
| Department Approval | cedlefse | 08/07/2024 08:50:49 AM |
| Contract Manager Approval | wcune1 | 08/07/2024 08:52:50 AM |
| Budget Analyst Approval | twollan1 | 08/21/2024 09:06:33 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: **29340**

| | | | |
|---------------------------------|-----------------------------------|--------------------|--|
| Agency Name: | DETR - EMPLOYMENT SECURITY | Legal Entity Name: | Board of Regents, Nevada System of Higher Education On behalf of the University of Nevada, Reno |
| Agency Code: | 902 | Contractor Name: | Board of Regents, Nevada System of Higher Education On behalf of the University of Nevada, Reno |
| Appropriation Unit: | 4770-04 | Address: | UNR Controller's Office MAIL STOP 0124 |
| Is budget authority available?: | Yes | City/State/Zip: | Reno , NV 89557 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Veronica Dahir, PhD. 775-784-6915 |
| | | Vendor No.: | D35000816 |
| | | NV Business ID: | Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|------------------------|-----------------|---------------|--------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 3874-25-WISS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/30/2025**

Contract term: **287 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **FLC Wage Survey**

5. Purpose of contract:

This is a new Contract to provide and distribute a wage survey to agriculture employers in the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,248.42**

Payment for services will be made at the rate of \$14,248.42 per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Foreign Labor Certification Survey (FLC Wage Survey). The survey includes the questions that the Department of Labor requested on Form ETA-232. All surveys will be developed as a collaborative effort between DETR and UNR.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the expertise required to perform 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?

Interlocal Agreement pursuant to NRS 277.180

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

31.0%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 service to DETR and other various state agencies 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 | athomps8 | 08/02/2024 16:08:16 PM |
| Division Approval | athomps8 | 08/02/2024 16:09:39 PM |
| Department Approval | zhoeflin | 08/05/2024 09:04:07 AM |
| Contract Manager Approval | wcune1 | 08/05/2024 10:20:01 AM |
| Budget Analyst Approval | mranki1 | 08/16/2024 14:40:48 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: **29478**

| | |
|--|---|
| Agency Name: DETR - EMPLOYMENT SECURITY | Legal Entity Name: ACCO Engineered Systems |
| Agency Code: 902 | Contractor Name: ACCO Engineered Systems |
| Appropriation Unit: 4771-11 | Address: 888 E Walnut |
| Is budget authority available?: Yes | City/State/Zip: Pasadena, CA 91101-1895 |
| If "No" please explain: Not Applicable | Contact/Phone: Richard Walker 775-742-4250 |
| | Vendor No.: T27042871 |
| | NV Business ID: NV19551000749 |
| 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 % | X Other funding | 100.00 % ARPA P&I |

Agency Reference #: **3863-28-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **1 year and 137 days**

4. Type of contract: **Contract**

Contract description: **SAO Boiler**

5. Purpose of contract:

This is a new contract to provide the replacement of the boiler.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,946.00**

Payment for services will be made at the rate of \$132.00 per hour

Other basis for payment: Boiler Replacement: \$82,946. Invoices payable upon approval by the State. Total Contract not to exceed: \$82,946.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Mechanical Compliance Section (MCS) of Dept. of Business and Industry regulates the two industrial boilers located at SAO. The boilers must be maintained to industry codes and standards for the operations permits to remain authorized. The current boiler no longer meets industry standards to receive an operations permit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not certified or qualified to perform this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

ACCO
EMCOR
RHP
Nevada Chiller & Boiler

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost proposal.

d. Last bid date: 04/18/2024 Anticipated re-bid date: 06/25/2025

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:

This vendor has provided satisfactory services to various state agencies since September 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 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 | eparra | 07/23/2024 07:30:12 AM |
| Division Approval | athomps8 | 08/02/2024 11:51:27 AM |
| Department Approval | zhoeflin | 08/02/2024 11:52:20 AM |
| Contract Manager Approval | wcune1 | 08/02/2024 15:17:07 PM |
| Budget Analyst Approval | mranki1 | 08/16/2024 13:45:59 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29660**

| | |
|--|--|
| Agency Name: DETR - EMPLOYMENT SECURITY | Legal Entity Name: K Pro Painting, LLC |
| Agency Code: 902 | Contractor Name: K Pro Painting, LLC |
| Appropriation Unit: 4771-11 | Address: 2357 Melody Lane |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89512 |
| If "No" please explain: Not Applicable | Contact/Phone: Kevin Canales 775-338-7689 |
| | Vendor No.: T29047679 |
| | NV Business ID: NV20212142202 |
| 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 % | X Other funding | 100.00 % ARPA P&I |

Agency Reference #: **3893-26-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/29/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **1 year and 124 days**

4. Type of contract: **Contract**

Contract description: **SAO Interior Paint**

5. Purpose of contract:

This is a new contract to provide interior painting services for the Department of Employment, Training and Rehabilitation's State Administration Office in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,470.00**

Payment for services will be made at the rate of \$18,470.00 per project

Other basis for payment: Contract Payable upon acceptance of vendor's invoice by the State. Contract not to exceed \$18,470.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Interior painting as a preventive maintenance must be undertaken to maintain the esthetics of the building to the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the equipment or the time to undertake 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):

Painting Pros
Radcliff Painting
K Pro
DP Painting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost

d. Last bid date: 07/17/2024 Anticipated re-bid date: 07/31/2025

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:

The vendor has provided satisfactory services to the Museums and History Division and DETR since February 2024.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | eparra | 08/21/2024 13:48:07 PM |
| Division Approval | cjacob | 08/21/2024 16:00:08 PM |
| Department Approval | cjacob | 08/21/2024 16:00:12 PM |
| Contract Manager Approval | wcune1 | 08/22/2024 16:33:02 PM |
| Budget Analyst Approval | twollan1 | 08/29/2024 07:45:20 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: **29165** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **Mesa Energy Systems dba Emcor**

Agency Code: **902** Contractor Name: **Mesa Energy Systems dba Emcor**

Appropriation Unit: **4771-11** Address: **4098 S. McCarran Blvd**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **Tracey Cost 775-271-1613**

Vendor No.: **T27027115A**

NV Business ID: **NV20071267110**

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 % | X Other funding | 100.00 % ARPA P&I |

Agency Reference #: **3860-25-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/21/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **1 year and 224 days**

4. Type of contract: **Contract**

Contract description: **EMCOR-FALLON HVAC**

5. Purpose of contract:

This is the second amendment to the original contract to replace a 5-ton HVAC unit on the roof of the DETR's Fallon office. This amendment extends the termination date from June 30, 2025 to December 31, 2025 and increase the maximum amount from \$19,438.67 to \$42,050.67 due the addition of the installation of a 2nd HVAC unit.

6. CONTRACT AMENDMENT

| | Trans \$ | Info Accum \$ | Action Accum \$ | Agenda |
|--|-------------|---------------|-----------------|------------|
| 1. The max amount of the original contract: | \$19,438.67 | \$19,438.67 | \$19,438.67 | Yes - Info |
| 2. Amount of current amendment (#1): | \$22,612.00 | \$22,612.00 | \$42,050.67 | Yes - Info |
| 3. New maximum contract amount: | \$42,050.67 | | | |
| 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 Fallon building is undergoing issues with their heating, ventilation and air conditioning (HVAC) unit. These issues have caused the 1st building HVAC unit to fail which has resulted in excessive heating or cooling issues. The 2nd HVAC unit started failing during the height of summer, which mandates this amendment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the qualification, training or certification to perform this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

ACCO
RHP
Mesa Energy

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to propose

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 DETR since September 2013 and other state agencies since May 2011.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

athomps8

08/05/2024 12:23:05 PM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | athomps8 | 08/05/2024 12:25:46 PM |
| Department Approval | zhoeflin | 08/06/2024 08:02:30 AM |
| Contract Manager Approval | wcune1 | 08/06/2024 08:40:32 AM |
| Budget Analyst Approval | mranki1 | 08/15/2024 11:17:47 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: **29552**

| | |
|---|---|
| Agency Name: DETR - ADMINISTRATIVE SERVICES | Legal Entity Name: ACCO Engineered Systems |
| Agency Code: 908 | Contractor Name: ACCO Engineered Systems |
| Appropriation Unit: 3272-04 | Address: 888 E Walnut |
| Is budget authority available?: Yes | City/State/Zip: Pasadena, CA 91101-1895 |
| If "No" please explain: Not Applicable | Contact/Phone: Richard Walker 775-742-4250 |
| | Vendor No.: T27042871 |
| | NV Business ID: NV19551000749 |
| 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 % | X Other funding 100.00 % Cost Allocation |
| Agency Reference #: 3881-26-OM | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2024**
Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **1 year and 318 days**

4. Type of contract: **Contract**

Contract description: **HVAC Service**

5. Purpose of contract:

This is a new contract to provide HVAC preventative maintenance service and emergency services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,750.00**

Other basis for payment: State Administrative Office (Carson City): \$9,800/Year; Elko EmployNV Hub: \$4,700/Year; Fallon EmployNV Hub: \$1,685/Year. Service Rates not covered under Annual Maintenance Package (also for emergency service) Straight Time: \$132/hour per technician � Normal working hours 7:00am � 4:30pm; Time and A Half: \$198/hour per technician � All labor after 8 hours and weekend work; Double Time: \$264/hour per technician � All State and Federal Holidays. Truck Charge: \$60 - All service calls. Invoices payable only upon review and approval by the state. Total contract not to exceed: \$49,750.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR is required to maintain the HVAC units for 3 state owned buildings in Carson City, Fallon and Elko.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or licensed to perform service on the HVAC systems.

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):

S&S Mechanical
Nevada Chiller
Mission Critical
EMCOR
ACCO

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost

d. Last bid date: 06/21/2024 Anticipated re-bid date: 03/02/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to various state agencies since September 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 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 | jjense6 | 07/31/2024 11:32:39 AM |
| Division Approval | zhoeflin | 07/31/2024 11:46:51 AM |
| Department Approval | zhoeflin | 07/31/2024 11:46:55 AM |
| Contract Manager Approval | wcune1 | 08/02/2024 11:48:58 AM |
| Budget Analyst Approval | mranki1 | 08/16/2024 15:28:12 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: **29445**

| | |
|--|---|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Numbers, Inc. |
| Agency Code: BDC | Contractor Name: Numbers, Inc. |
| Appropriation Unit: B009 - All Categories | Address: 1285 Baring Blvd. #309 |
| Is budget authority available?: Yes | City/State/Zip: Sparks, NV 89434 |
| If "No" please explain: Not Applicable | Contact/Phone: Carol Woods 775-742-2962 |
| | Vendor No.: |
| | NV Business ID: NV20031345377 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X | Fees | 100.00 % License and Regulatory Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Professional Srvc**

5. Purpose of contract:

This is a new contract to provide ongoing bookkeeping and payroll services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,680.00**

Payment for services will be made at the rate of \$2,460.00 per Quarter

Other basis for payment: Upon invoice as services are provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain its own financial reporting and payroll systems. The Board is funded entirely by licensing and regulatory fees and is not part of the State financial or payroll systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board has limited staff with the expertise necessary to perform these functions.

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 has previously provided services to the Board, and the 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:

Board of Occupational Therapy-quality of services satisfactory
Nevada Funeral & Cemetery Services Board--current vendor
Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board--quality of services satisfactory
Physical Therapy Board - quality of services 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 | sbmcgee7 | 06/28/2024 14:05:34 PM |
| Division Approval | sbmcgee7 | 06/28/2024 14:05:58 PM |
| Department Approval | sbmcgee7 | 06/28/2024 14:06:01 PM |
| Contract Manager Approval | sbmcgee7 | 06/28/2024 14:06:03 PM |
| Budget Analyst Approval | mbro28 | 08/19/2024 10:53:29 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: **29349**

| | |
|--|---|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Casey Paving, LLC |
| Agency Code: BDC | Contractor Name: Casey Paving, LLC |
| Appropriation Unit: B015 - All Categories | Address: 439 W. Plumb Lane |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89505 |
| If "No" please explain: Not Applicable | Contact/Phone: Bill Casey (775)224-486 |
| | Vendor No.: |
| | NV Business ID: NV20071136980 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|---------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2024**

Anticipated BOE meeting date **08/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2024**

Contract term: **94 days**

4. Type of contract: **Contract**

Contract description: **Casey Paving 2024**

5. Purpose of contract:

This is a new contract to provide paving and striping services for the parking lot at the Reno location.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,475.00**

Payment for services will be made at the rate of \$10,475.00 per per job

II. JUSTIFICATION

7. What conditions require that this work be done?

The parking lot of the building at 9600 Gateway Drive is in need of repair and resurface. This building is owned by the board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board do not have the expertise or equipment necessary to repair and resurface the parking lot.

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):

**Casey Paving, LLC
Advanced Asphalt
Vega Asphalt Paving, Inc.**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on price and experience

d. Last bid date: 05/24/2024 Anticipated re-bid date: 05/01/2029

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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- October 2020- verified as satisfactory.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | 5522 | 07/01/2024 11:33:15 AM |
| Division Approval | 5522 | 07/01/2024 11:33:17 AM |
| Department Approval | 5522 | 07/01/2024 11:33:20 AM |
| Contract Manager Approval | 5522 | 07/01/2024 11:33:22 AM |
| Budget Analyst Approval | stillley | 07/29/2024 10:05:10 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: **29346**

| | |
|--|--|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: HALSTEAD LAW OFFICES, LLC |
| Agency Code: BDC | Contractor Name: HALSTEAD LAW OFFICES, LLC |
| Appropriation Unit: B015 - All Categories | Address: 615 S ARLINGTON AVE |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89509-1507 |
| If "No" please explain: Not Applicable | Contact/Phone: Patricia Halstead 775/322-2244 |
| | Vendor No.: T29034847 |
| | NV Business ID: NV20131658465 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|---------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/19/2024**

Anticipated BOE meeting date **06/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **315 days**

4. Type of contract: **Contract**

Contract description: **Halstead 2024**

5. Purpose of contract:

This is a new contract to provide ongoing hearing officer services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,632.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: **Monthly upon invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to retain a hearing officer to the Board's list of available hearing officers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 - through 05/2024 - verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|--------|------------------------|
| Budget Account Approval | 5522 | 07/01/2024 11:28:58 AM |
| Division Approval | 5522 | 07/01/2024 11:29:00 AM |
| Department Approval | 5522 | 07/01/2024 11:29:03 AM |
| Contract Manager Approval | 5522 | 07/01/2024 11:29:06 AM |
| Budget Analyst Approval | mbro28 | 08/19/2024 10:58:08 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: **29536**

| | |
|--|--|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Snell & Wilmer LLP |
| Agency Code: BDC | Contractor Name: Snell & Wilmer LLP |
| Appropriation Unit: B019 - All Categories | Address: 50 W Liberty Street, Suite 510 |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89501 |
| If "No" please explain: Not Applicable | Contact/Phone: Michael Cabrera (775) 785-54 |
| | Vendor No.: |
| | NV Business ID: NV20011000455 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|---|
| General Funds | 0.00 % | X | Fees | 100.00 % Application and Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/04/2024**

Anticipated BOE meeting date **10/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **299 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide ongoing legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,800.00**

Other basis for payment: Upon Invoice with hourly rates in tenth of an hour increments.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Board of Dispensing Opticians has authority under NRS 637.050 to contract with professional consultants and service providers, including without limitation, attorneys, as the Board deems necessary to carry out the provisions of NRS Chapter 637. The Board has determined it requires regular legal services and support exceeding those provided by the Attorney General's Office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Other Board employees are not licensed or qualified to provide the legal services and support required by the Board.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLP

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | vwind1 | 07/24/2024 12:56:26 PM |
| Division Approval | vwind1 | 07/24/2024 12:56:29 PM |
| Department Approval | vwind1 | 07/24/2024 12:56:36 PM |
| Contract Manager Approval | vwind1 | 07/24/2024 12:56:40 PM |
| Budget Analyst Approval | stilley | 09/04/2024 17:16:37 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28896**

| | |
|--|--|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Carrara Group, LLC |
| Agency Code: BDC | Contractor Name: Carrara Group, LLC |
| Appropriation Unit: B024 - All Categories | Address: 6360 S Rainbow Blvd |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: Rocky Finseth 702-785-8026 |
| | Vendor No.: |
| | NV Business ID: NV20021131481 |

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 % | X | Fees | 100.00 % Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **Yes**

If "Yes", please explain

The original contract was prepared timely but was mis-routed by the post office and significantly delayed in arriving at the Governor's Finance Office for approval. These services are needed by the board.

3. Termination Date: **12/31/2025**

Contract term: **1 year and 213 days**

4. Type of contract: **Contract**

Contract description: **Government Affairs**

5. Purpose of contract:

This is a new contract to provide government affairs services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$200/hour; \$2300 per month during legislative session 1/1/25 - 6/30/25

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS Chapter 635 requires the Board to recommend the creation and/or amendment of laws regarding the practice of podiatry in the State of Nevada. To complete the legislative requirement, it is necessary for the Board to obtain expert advice on government affairs. Services include responding to legislative issues, and professional assistance with statute and regulation changes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. This expertise is needed both during a legislative session as well as the interim sessions of the legislature. The Board operates with a staff of one part time person and does not have the availability, expertise or knowledge that can be performed by the contractor.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Carrara Group
Kaempfer Crowell
Keith Lee

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Contractor is able to provide services according to the Board's needs and specifications

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 Board of Podiatry

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | wwind1 | 02/13/2024 16:06:39 PM |
| Division Approval | wwind1 | 02/13/2024 16:06:42 PM |
| Department Approval | wwind1 | 02/13/2024 16:06:45 PM |
| Contract Manager Approval | wwind1 | 02/13/2024 16:06:48 PM |
| Budget Analyst Approval | stilly | 07/31/2024 10:55:14 AM |



Joe Lombardo
Governor

Nevada State Board of Podiatry

6170 Mae Anne Avenue, Suite 1 • Reno, Nevada 89523 • podiatry.nv.gov • Phone 775-746-9424

July 29, 2024

Shauna Tilley
State Finance-Budget Division
209 E. Musser St., Room 200
Carson City, NV 89701

Re: Fennemore Craig and Carrara contract explanation letter

Dear Ms. Tilley:

Thank you for allowing me to explain why the contracts have taken so long to get to your desk for consideration. The contracts were mailed certified post on April 23, 2024. Per the tracking on both contracts on April 25, 2024 they were left with an individual at 10:13 A.M. On May 11, 2024 both contracts were unclaimed and being returned to sender. On June 10, 2024 one of the contracts was returned to me. The other was returned within a few days. Both had stickers on the envelopes that said, "return to sender unclaimed, unable to forward return to sender". The Fennemore contract is for legal services and the Carrara contract is for government affairs services. Both are necessary service providers.

Please contact me at (775) 746-9424 or nvpodiatry@bop.nv.gov if you require any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Cramer", is written over the typed name.

Carolyn J. Cramer
Executive Director

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28905**

| | |
|--|--|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Fennemore Craig, P. C. |
| Agency Code: BDC | Contractor Name: Fennemore Craig, P. C. |
| Appropriation Unit: B024 - All Categories | Address: 9275 W Russell Rd, Suite 240 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89148 |
| If "No" please explain: Not Applicable | Contact/Phone: Richard Dreitzer 702-692-8026 |
| | Vendor No.: |
| | NV Business ID: NV20061183222 |

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|---------------|--------|----------|---------------|---------------------------|
| General Funds | 0.00 % | X | Fees | 100.00 % Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/18/2024**

Anticipated BOE meeting date 08/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **347 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$225.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessary engagement of Independent Contractor for purpose of accomplishing work of the Board under authority of NRS 284.173. In addition NRS Chapter 635 authorizes the hiring of attorney for legal counsel services. The legal services provided include representation in law suits, disciplinary actions, administrative hearings, legislative assistance and in providing staff and the Board with specific legal advice.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board requires independent legal counsel and does not have the legal expertise within the agency. Legal services to be provided regarding a specific knowledge of area and a need for continuity of services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Podiatry

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 | vwind1 | 02/13/2024 16:21:49 PM |
| Division Approval | vwind1 | 02/13/2024 16:21:51 PM |
| Department Approval | vwind1 | 02/13/2024 16:21:53 PM |
| Contract Manager Approval | vwind1 | 02/13/2024 16:21:55 PM |
| Budget Analyst Approval | stilley | 07/18/2024 17:43:09 PM |

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29406**

| | | | |
|---------------------------------|---|--------------------|---|
| Agency Name: | BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: | Watkins Jackson, CPAs, LLC |
| Agency Code: | BDC | Contractor Name: | Watkins Jackson, CPAs, LLC |
| Appropriation Unit: | B026 - All Categories | Address: | 5550 Painted Mirage Road Suite 320 |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 89149 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Jason Watkins 702-326-6424 |
| | | Vendor No.: | |
| | | NV Business ID: | NV20161342235 |

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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 % | X | Fees | 100.00 % Licensure |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **Yes**

If "Yes", please explain

There was a processing delay in the Governor's Finance Office, and the services are needed without delay.

3. Termination Date: **07/31/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

This is a new contract to provide ongoing audit services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,000.00**

Other basis for payment: \$16,000 FY 25; \$18,000 FY 26 - payment upon completion and approval

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 218G.400 requires an audit of the financial statements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The audit must be conducted by an outside certified public accountant.

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?

The vendor has conducted the annual audit previously and at a reasonable cost; services are 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:

Board of Osteopathic Medicine; services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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 | lp310000 | 06/18/2024 14:11:03 PM |
| Division Approval | lp310000 | 06/18/2024 14:11:06 PM |
| Department Approval | lp310000 | 06/18/2024 14:11:09 PM |
| Contract Manager Approval | lp310000 | 06/18/2024 14:11:12 PM |
| Budget Analyst Approval | stilley | 08/13/2024 17:11:14 PM |

Shauna S. Tilley

From: Frank DiMaggio
Sent: Monday, August 12, 2024 3:35 PM
To: Shauna S. Tilley
Subject: contract # C29406 Watkins Jackson

Ms. Tilley: I am requesting retroactive approval of the above-referenced contract with Watkins Jackson because of processing delay.

Sincerely,

Frank DiMaggio
Executive Director
Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
(702) 732-2147 x223
Toll Free (877) 325-7828
Fax: (702) 732-2079
Email: fdimaggio@bom.nv.gov

THIS TRANSMISSION IS CONFIDENTIAL COMMUNICATION INTENDED ONLY FOR THE PERSON OR PERSONS NAMED ABOVE. IF YOU ARE NOT THAT PERSON, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR THE DELIVERY OF THE FOLLOWING INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO U S BY U.S. MAIL. WE WILL GLADLY REIMBURSE YOUR TELEPHONE AND POSTAGE EXPENSES. THANK YOU FOR YOUR ANTICIPATED COOPERATION.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29487**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: | Flynn Giudici Government Affairs, LLC |
| Agency Code: | BDC | Contractor Name: | Flynn Giudici Government Affairs, LLC |
| Appropriation Unit: | B029 - All Categories | Address: | 708 N Center St Ste 200 |
| Is budget authority available?: | Yes | City/State/Zip: | Reno, NV 89501 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Nick Vander Poel 702-324-8781 |
| | | Vendor No.: | |
| | | NV Business ID: | NV20212145952 |

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 % | X | Fees | 100.00 % Licensure Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 163

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/19/2024**

Anticipated BOE meeting date 09/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **1 year and 134 days**

4. Type of contract: **Other (include description): Contract for Services**

Contract description: **Lobbyist Services**

5. Purpose of contract:

This is a new contract to provide lobbyist/consultant services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$2,000.00 per Month

Other basis for payment: During Legislative session, \$3,500 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The upcoming Legislative Session and following Interim Session will have items that the BESW needs to address. BESW needs consulting/lobbyist services to assist with the Social Work Interstate Compact being proposed by the Dept. of Defense and the Council on State Government. BESW will need to address a high volume of inquiries from Nevada stakeholders e.g. legislators, public, licensees, Board members; and the answer inquiries from national stakeholders as well.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

With only a handful of staff, BESW needs assistance to best represent Nevada as increasing questions come up that are directed to our regulatory board. Dealing with these questions will require preparedness to be able to give a thoughtful response to relevant, challenging, complex issues in a fast-moving 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):

Flynn Giudici Government Affairs, LLC
The Ferraro Group
Ekay Economic Consultants

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The other 2 vendors did not respond to my solicitation email.

d. Last bid date: 03/09/2024 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 | vericks8 | 07/11/2024 13:15:15 PM |
| Division Approval | vericks8 | 07/11/2024 13:15:19 PM |
| Department Approval | vericks8 | 07/11/2024 13:15:23 PM |
| Contract Manager Approval | vericks8 | 07/11/2024 13:40:58 PM |
| Budget Analyst Approval | mbro28 | 08/19/2024 10:59:16 AM |

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: September 11, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Shayne Powell, Budget Division
Governor's Finance Office
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the 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 September 11, 2024 for FY 2024. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

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. The Extradition Coordinator budget account is the responsibility of the Office of the Attorney General.

Below is the available balance for each account prior to any projected outstanding claims:

| | |
|---|-------------------|
| Tort Claim Fund | \$ 2,638.79 |
| Statutory Contingency Account | \$ 2,563,338.57 |
| State Claims Account | \$ 3,347,420.10 |
| Emergency Account | \$ 500,000.00 |
| Disaster Relief Account | \$ 12,512,757.35 |
| IFC Contingency Unrestricted General Fund | \$ 13,174,826.04 |
| IFC Contingency Unrestricted Highway Fund | \$ 1,184,685.35 |
| IFC Contingency Restricted General Fund | \$ 126,569,722.00 |
| IFC Contingency Restricted Highway Fund | \$ 19,142,217.00 |
| Extradition Coordinator Budget Account 1002 | \$ 59,916.08 |

Please see attached reconciliations with projected outstanding claims and balances.

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266,
353.268, 353.2735, 179.225 and AB469, SB453, SB504
of the 2023 Legislative Session.

REVIEWED: BM

INFORMATION ITEM: _____

**BA 1348 Tort Claim Fund
NRS 331.187
FY 2024 (September 11th, 2024)**

Revenues:

| | | |
|--|--------------|------------------------|
| Beginning Cash | 1,270,641.00 | |
| Insurance Premiums - Revenue from Boards | 150,057.34 | |
| Insurance Premiums - Cost Allocation | 5,847,972.41 | |
| AG Loan Repayment | 5,000.00 | |
| Salary Adjustment | 25,102.57 | |
| | 7,298,773.32 | \$ 7,298,773.32 |
| Total Revenue YTD | | |

Expenditures:

| | | |
|---------------------------------------|----------------|--------------------|
| Attorney General's Office (Operating) | (253,213.54) | |
| Posted Tort Claims | (7,042,920.99) | |
| | (7,296,134.53) | \$ 2,638.79 |
| Account Balance | | |

Claims Approved but not Posted:

| | | |
|------------------------|------|--------------------|
| Submitted for Payment | \$ - | \$ 2,638.79 |
| Account Balance | | |

Outstanding Expenditures:

| | | |
|----------------------------|---|--------------------|
| Total Outstanding Payments | - | \$ 2,638.79 |
| Account Balance | | |

Outstanding Revenues:

| | | |
|----------------------------------|---|--------------------|
| Total Outstanding Receipts | - | \$ 2,638.79 |
| Projected Revenue Balance | | |

Expenditure Projections through SFYE:

| | | |
|--|---|--------------------|
| Claims | - | |
| Misc Operating | - | |
| Personnel | - | |
| Tort Overhead | - | |
| | - | \$ 2,638.79 |
| Total Projected Expenses Through End of Fiscal Year | | |

**BA 4892 Statutory Contingency Account
NRS 353.264
FY 2024 (September 11th, 2024)**

Revenues:

| | | |
|----------------------|---------------|-------------------------|
| Beginning Cash | 13,409,009.00 | |
| Total Revenue | | \$ 13,409,009.00 |

Paid Claims:

| | | |
|---|------------------------|------------------------|
| Wrongful Convictions | (10,000.00) | |
| **Post Conviction Relief Stale Claims Clark County (Clerk Approved) | (89,059.71) | |
| **Post Conviction Relief Stale Claims Rural Counties (Clerk Approved) | (6,118.42) | |
| **Post Conviction Relief Stale Claims Washoe County (Clerk Approved) | (2,210.00) | |
| NDOC Settlements (BOE Approved) | (5,399,000.00) | |
| Tort Claims (BOE Approved) | (2,099,500.00) | |
| Tort Claims (Clerk Approved) | (133,632.18) | |
| Attorney General Special Counsel (Clerk Approved) | (323,984.78) | |
| Professional Services | (28,051.52) | |
| Transfer to Public Defender (Clerk Approved) | (397,638.17) | |
| Transfer to DCFS | - | |
| Transfer to Child & Family Services | (6,829.65) | |
| Board of Examiners Salary Adjustment to Gaming Control Board | (56,932.00) | |
| Transfers to Clark County | (939,475.00) | |
| Transfer to Secretary of State | (1,353,239.00) | |
| Total Payments | (10,845,670.43) | |
| Account Balance | | \$ 2,563,338.57 |

BOE Requests

| | |
|--|------------------------|
| Account Balance (includes requests) | \$ 2,563,338.57 |
|--|------------------------|

Projected Expenditures: FY24

| | | |
|---|-------------|------------------------|
| Contractor Support | - | |
| Miscellaneous Expenses | - | |
| Total Projected Expenditures | \$ - | |
| Ending Account Balance (includes Projected Expenditures FY24): | | \$ 2,563,338.57 |

Projected Expenditures: FY25

| | | |
|---|----------------|------------------------|
| BA 1002 FY25. FY25 funding transferred to FY24. Based on FY24 actuals | (3,314,747.45) | |
| Account Balance (includes Projected Expenditures FY25): | | \$ (751,408.88) |

NOTE Starting FY25 Post Conviction Relief Stale Claims will be paid out of BA1499 Public Defender

BA 4888 State Claims Account

NRS 353.097

FY 2024 (September 11th, 2024)

Revenues:

| | | | |
|----------------------|----|--------------|------------------------|
| Beginning Cash | \$ | 1,044,762.00 | |
| Appropriations | \$ | 4,419,410.00 | |
| Total Revenue | | | \$ 5,464,172.00 |

Paid Claims:

| | | | |
|---|----|----------------|------------------------|
| Post Conviction Claims | \$ | (5,064.02) | |
| Governor's Office | \$ | (3,297.98) | |
| Nuclear Projects | \$ | (8,057.60) | |
| State Treasurer's Office | \$ | (3,801.10) | |
| Supreme Court | \$ | (1,510.08) | |
| SPWD | \$ | (252,423.65) | |
| Taxation | \$ | (5,114.13) | |
| Veterans Affairs | \$ | (3,682.80) | |
| Public Defender | \$ | (134.79) | |
| Dept. of Education | \$ | (34,010.12) | |
| Historical Society | \$ | (252.98) | |
| Nevada State Library | \$ | (8,059.51) | |
| Museum | \$ | (6,689.46) | |
| UNLV | \$ | (42,858.00) | |
| DHHS - Medicaid | \$ | (1,703.13) | |
| Adjutant General | \$ | (40,973.95) | |
| Health Care Financing and Policy | \$ | (215,016.34) | |
| DHHS - Aging Services | \$ | (86,327.30) | |
| DHHS - Health Division | \$ | (203,680.01) | |
| DHHS - Mental Health Inst | \$ | (17,696.94) | |
| DHHS LV Mental Health | \$ | (1,499.87) | |
| DHHS - SO Nev Adult Mental Health | \$ | (881.87) | |
| DHHS-Rural Clinics | \$ | (621.36) | |
| DHHS - Mental Health and Dev Services | \$ | (52,993.09) | |
| DHHS - NO Nev Mental Health | \$ | (11,156.22) | |
| DHHS - SO Nev Mental Health | \$ | (135,603.38) | |
| DHHS - LV Children's Behavioral Services | \$ | (82,955.62) | |
| Motion Pictures | \$ | (1,449.35) | |
| Public Safety - Parole & Probation | \$ | (242.78) | |
| DHHS - RNO Children's Behavioral Services | \$ | (7,800.50) | |
| DCFS - Nevada Youth Training Center | \$ | (2,800.11) | |
| Gaming Control Board | \$ | (2,184.00) | |
| Parks | \$ | (20,996.27) | |
| DCNR - Forestry | \$ | (11,942.42) | |
| Dept. of Administration | \$ | (272.60) | |
| Dept. of Corrections | \$ | (795,800.22) | |
| Public Safety - Parole & Probation | \$ | (4,355.33) | |
| Public Safety - Investigations | \$ | (2,116.32) | |
| DHHS-Youth Service Division | \$ | (710.67) | |
| DHHS-Child and Family Services | \$ | (40,016.03) | |
| Total Payments | \$ | (2,116,751.90) | |
| Account Balance | | | \$ 3,347,420.10 |

Approved but not submitted

| | | | |
|------------------------|----|---|------------------------|
| Total Payments | \$ | - | |
| Account Balance | | | \$ 3,347,420.10 |

Projected Outstanding Claims :

| | | | |
|---|----|--------------|------------------------|
| Wrongful termination settlement Gregory | \$ | (428,471.42) | |
| Submitted for Payment | \$ | - | |
| Account Balance | \$ | (428,471.42) | \$ 2,918,948.68 |
| Account Balance (with Projected Claims): | | | \$ 2,918,948.68 |

BA 1335 Disaster Relief Account

NRS 353.2735

FY 2024 (September 11th, 2024)

Revenues:

| | | |
|------------------------------------|----|---------------|
| Beginning Cash | \$ | 10,442,714.00 |
| Treasurer's Interest - 1st Quarter | \$ | 102,841.03 |
| Treasurer's Interest - 2nd Quarter | \$ | 110,357.44 |
| Treasurer's Interest - 3rd Quarter | \$ | 120,550.61 |
| Treasurer's Interest - 4th Quarter | \$ | 106,031.13 |
| Transfer from General Fund | \$ | 2,000,000.00 |

Total Revenue \$ 12,882,494.21

Paid Claims:

| | | |
|---------------------------------------|----|---------------------|
| Amtospheric River & Hurricane Hillary | \$ | (19,562.00) |
| Eldorado Valley | \$ | (115,892.00) |
| Transfer to DEM Subaccount 1336 | \$ | (234,282.86) |
| Total Payments | \$ | <u>(369,736.86)</u> |

Account Balance \$ 12,512,757.35

Pending Claims :

Total Pending Claims \$ -

Account Balance \$ 12,512,757.35

Reserve for Reversion to GF:

Total Reversions \$ -

Account Balance \$ 12,512,757.35

Projected Revenue

Account Balance (with Projected Claims): \$ 12,512,757.35

**IFC Contingency Fund BA 2630
NRS 353.266 & NRS 353.268
FY 2024 (September 11th, 2024)**

| | | | | |
|----------------|--|----|------------------|-------------------------|
| | Revenues: | | | |
| Appropriations | | \$ | 10,283,094.00 | |
| Beginning Cash | | \$ | 477,533,781.00 | |
| | Total Revenue | | | 487,816,875.00 |
| | <u>Operating (Meeting Costs):</u> | | | |
| | LCB - Payroll | \$ | (30,025.23) | |
| | LCB - Operating | \$ | (28,504.09) | |
| | Total Operating Expenses | \$ | (58,529.32) | |
| | <u>Unrestricted General Fund Expenditures:</u> | | | |
| | Attorney General - Special Counsel | \$ | (127,947.00) | Prior Actions |
| | Emergency Management (Formula 1 & NFL) | \$ | (179,863.00) | ↓ |
| | Emergency Management (NFL) | \$ | (330,933.00) | |
| | Education - Special Education Services | \$ | (337,914.00) | |
| | State Library - Supplement to Archives | \$ | (35,125.00) | |
| | Military - CIO LAN Equipment | \$ | (88,382.00) | |
| | Business & Industry - Deputy Director (FY24) | \$ | (150,000.00) | |
| | State Parks - Ice Age Fossils State Park | \$ | (225,332.00) | |
| | Education - Longitudinal Data System Contract | \$ | (193,750.00) | |
| | Office of New Americans - Grant Revenue Shortfall | \$ | (21,880.00) | |
| | Public Safety - Dignitary Protection | \$ | (85,175.00) | |
| | DETR - State Match Shortfall | \$ | (492,216.00) | |
| | Forestry - Maintenance & Utilities | \$ | (114,156.00) | |
| | Forestry - Fire Suppression | \$ | (6,404,612.00) | |
| | Water Resources | \$ | (250,000.00) | |
| | NDOC Utilities | \$ | (3,119,234.00) | |
| | Highway Patrol | \$ | (165,207.00) | |
| | Total of Unrestricted General Fund Expenditures | \$ | (12,321,726.00) | \$ (12,321,726.00) |
| | Operating Costs | \$ | (58,529.32) | |
| | Unrestricted General Fund Starting Balance | \$ | 25,555,081.36 | |
| | Current Unrestricted General Fund Account Balance | \$ | 13,174,826.04 | \$ 13,174,826.04 |
| | <u>Unrestricted Highway Fund Expenditures:</u> | | | |
| | DMV - Field Services Contract | \$ | (453,383.00) | Prior Actions |
| | Total of Unrestricted Highway Fund Expenditures | \$ | (453,383.00) | ↓ |
| | Unrestricted Highway Fund Starting Balance | \$ | 1,638,068.35 | |
| | Current Unrestricted Highway Fund Account Balance | \$ | 1,184,685.35 | \$ 1,184,685.35 |
| | <u>Restricted General Fund Expenditures:</u> | | | |
| | AB 468 Core.NV (GF) | \$ | (45,029,616.00) | Prior Actions |
| | SB 511 Agriculture ASO Contractor | \$ | (50,000.00) | ↓ |
| | AB 525 Las Vegas Museum of Art | \$ | (5,000,000.00) | |
| | AB 518 Indigent Defense - Davis vs Nevada | \$ | (3,592,585.00) | |
| | AB 525 NSHE Leaderverse | \$ | (500,000.00) | |
| | SB 231 School District Payments | \$ | (249,882,786.00) | |
| | Total of Restricted General Fund Expenditures | \$ | (304,054,987.00) | \$ (304,054,987.00) |
| | Restricted General Fund Starting Balance | \$ | 430,919,004.00 | |
| | Current Restricted General Fund Balance | \$ | 126,864,017.00 | 126,864,017.00 |
| | <u>Restricted Highway Fund Expenditures:</u> | | | |
| | AB 468 Core.NV (HF) | \$ | (10,562,503.00) | |
| | Total of Restricted Highway Fund Expenditures | \$ | (10,562,503.00) | |
| | Restricted Highway Fund Starting Balance | \$ | 29,704,720.00 | |
| | Current Restricted Highway Fund Balance | \$ | 19,142,217.00 | 19,142,217.00 |
| | <u>Upcoming Proposed Unrestricted General Fund Action Items:</u> | | | |
| | Formula One | \$ | (306,483.00) | Proposed Actions |
| | Total of Expenditures | \$ | (306,483.00) | \$ (306,483.00) |
| | Unrestricted General Fund Balance with proposed Items | \$ | 12,868,343.04 | |
| | <u>Upcoming Proposed Unrestricted Highway Fund Action Items:</u> | | | |
| | Total of Expenditures | \$ | - | |
| | Unrestricted Highway Fund Balance with proposed Items | \$ | 1,184,685.35 | |
| | <u>Upcoming Proposed Restricted General Fund Action Items:</u> | | | |
| | Total Restricted General Fund Balance with Proposed Items | \$ | 126,864,017.00 | \$ - |
| | <u>Upcoming Proposed Restricted Highway Fund Action Items:</u> | | | |
| | Total of Expenditures | \$ | - | \$ - |
| | Total Restricted Highway Fund Balance with Proposed Items | \$ | 19,142,217.00 | |

**BA 1002 Extradition Coordinator
FY 2024 (September 11th, 2024)**

Revenues:

| | | |
|-------------------------------------|---------------------|--------------------------------------|
| Beginning Cash Appropriations | 1,170,623.00 | |
| Transfer FY25 appropriation to FY24 | 570,840.00 | |
| Transfer FY25 appropriation to FY24 | 391,337.00 | |
| Recoveries | 117,378.67 | |
| Salary Adjustment Funds | 7,394.91 | |
| | <u>2,257,573.58</u> | |
| Actual Revenue YTD | | <u><u>\$ 2,257,573.58</u></u> |

Expenditures

| | | |
|-------------------------------------|-----------------------|---------------------------------------|
| AGO (Operating) | (212,337.78) | |
| Extraditions | <u>(1,985,319.72)</u> | |
| Total Expenses | | \$ (2,197,657.50) |
| Account Balance Per DAWN | | <u><u>\$ 59,916.08</u></u> |

Projected Revenues

Projected Revenues \$ -

Projected Expenditures

| | | |
|---|---|-------------|
| Claims Received, Not Paid | - | |
| Projected Operating Expenses | - | |
| Projected Extradition Claims Not received | - | |
| Projected Expenditures | | \$ - |

Projected Balance \$ 59,916.08

Statutory Contingency request

July BOE Request for SCF
August BOE Request for SCF

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: August 13, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Richard Jacobs, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**STATE DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –
DIVISION OF STATE LANDS**

Agenda Item Write-up:

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 April 1, 2024 through June 30, 2024.

Additional Information:

There were no acquisitions of land under the Nevada Land Bank Program during this quarter. There were two transfers of interest in real property that occurred during this quarter. The Tahoe Mitigation budget account had \$4,545,580.89 available in realized funding as of July 2, 2024.

Statutory Authority:

NRS 321.5954

| |
|---|
| REVIEWED:  |
| INFO ITEM: _____ |



MEMORANDUM

DATE: July 2nd, 2024

TO: Amy Stephenson, Director, Governor's Finance Office

FROM: Charles Donohue, Administrator and State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS 4th QUARTER FY 2024 REPORT FOR THE NEVADA LAND BANK PROGRAM**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred by the Nevada Land Bank Program shall be reported quarterly to the State Board of Examiners.

Nevada Land Bank Program:

The Nevada Land Bank is a program housed in the Nevada Division of State Lands (NDSL) and operated by the Nevada Tahoe Resource Team (NTRT) on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank acquires sensitive parcels, facilitates land coverage transactions, and mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin by permanently retiring land coverage or by transferring more environmentally sensitive land coverage to less sensitive land types. Land coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage on a given parcel is determined by the sensitivity of a parcel's land class: Classes 1 through 3 are more environmentally sensitive lands; Classes 4 through 7 are less sensitive lands. These activities contribute to the protection of the environment at Lake Tahoe. The Nevada Land Bank activities are funded through program revenue and land coverage mitigation fees collected by TRPA that are transferred to NDSL to carry out the program.

This memorandum is to report real property or interests in real property transferred under this program for the quarter ending June 30, 2024 (April 1, 2024 – June 30, 2024).

There were no acquisitions of land during the 4th quarter.

TWO (2) transfers of interest in real property occurred during the 4th quarter:

On **April 4, 2024**, a transaction was finalized for the sale of 657 square feet of Class 1a, Restored Soft Land Coverage to Alexander Steele, as required by one of the conditions for TRPA permit ERSP2023-0265 to authorize the construction of a new single-family residence to be located at 1296 Highway 50 in Glenbrook, Douglas County, Nevada, APN: 1418-34-110-047. This transaction generated a total of \$29,565.00 in proceeds for the Nevada Land Bank.

On **April 4, 2024**, a transaction was finalized for the sale of 1483 square feet of Class 1a, Potential Land Coverage to Ben and Heather Stefanski, as required by one of the conditions for TRPA permit ERSP2023-0337 to authorize the construction of a new single-family residence to be located at 1138 Altdorf Terrace in Incline Village, Washoe County, Nevada, APN: 126-082-68. This transaction generated a total of \$55,612.50 in proceeds for the Nevada Land Bank.

Revenue generated from the Nevada Land Bank program is deposited in the Tahoe Mitigation Land Bank budget account (BA 4200). The realized funding available in BA 4200 was \$4,545,580.89, as of July 2, 2024. The Nevada Land Bank utilizes revenue received by land coverage sales to improve the Nevada Lake Tahoe environment, including acquiring sensitive parcels, restoring and permanently retiring land coverage, and transferring more environmentally sensitive land coverage to less sensitive land types, in support of TRPA environmental threshold standards and the Regional Plan.

In the event you have any questions or would like additional information, please contact Dawnne Hirt, Tahoe Land Agent at Dhirt@lands.nv.gov or (775) 684-2735.

CD/knf

CC: Chad Stephens, Deputy Director

Joe Lombardo
Governor



Amy Stephenson
Director

David Johnson
Deputy Director

Curtis Palmer
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: September 5, 2024

To: Amy Stephenson, Director
Governor's Finance Office

From: Shayne Powell, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

FISCAL YEAR 2024 – 4th QUARTER OVERTIME REPORT

Agenda Item Write-up:

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 4th Quarter Overtime Report and analysis for fiscal year 2024.

Additional Information:

As of the 4th quarter of fiscal year 2024, year to date overtime pay and accrued compensatory leave accounted for a total of approximately \$116 million, or 8.9% of total pay, a 0.8% increase from fiscal year 2023.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for the quarter accounted for 52.7% of the total:

1. Corrections – \$12.2 million
2. Health and Human Services – \$6.7 million
3. Public Safety – \$3.3 million
4. Transportation – \$1.8 million
5. Conservation and Natural Resources – \$574 thousand

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for the 4th quarter of FY24 were:

1. Corrections – 23.4%
2. Public Safety – 12.6%
3. Veterans Services – 11.7%
4. State Controller – 9.2%
5. Health and Human Services – 6.5%

The Department of Corrections overtime and comp time decreased by \$1.8 million or 13.1% from the prior quarter and continued to be driven by correctional centers and medical personnel. Overtime and comp time for the 4th quarter of FY24 were highest at these 6 locations in addition to medical care expenses, which accounted for 90.1% of the total overtime for the department:

1. High Desert State Prison – \$3.2 million
2. Southern Desert Correctional Center – \$2.0 million
3. Northern Nevada Correctional Center – \$1.6 million
4. Ely State Prison – \$1.5 million
5. Lovelock Correctional Center – \$1.3 million
6. McClure Women's Correctional Center – \$1.2 million
7. Prison Medical Care – \$309 thousand

By event code, the highest four causes accounted for 85.8% of the overtime:

1. Annual and Military Leave Coverage – \$5.7 million
2. Muster Pay – \$3.0 million
3. Hospital Coverage – \$1.1 million
4. Workload – \$734 thousand

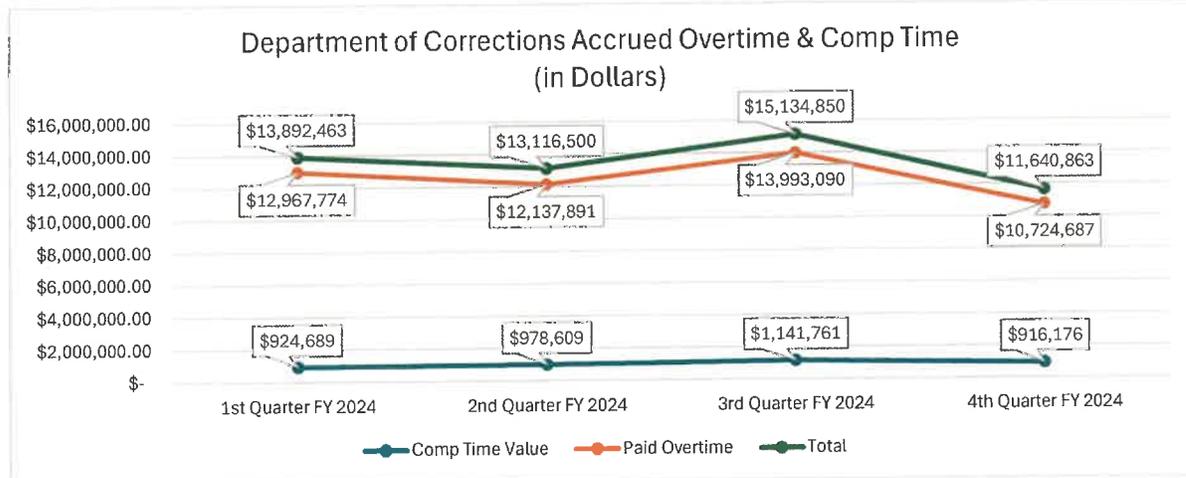
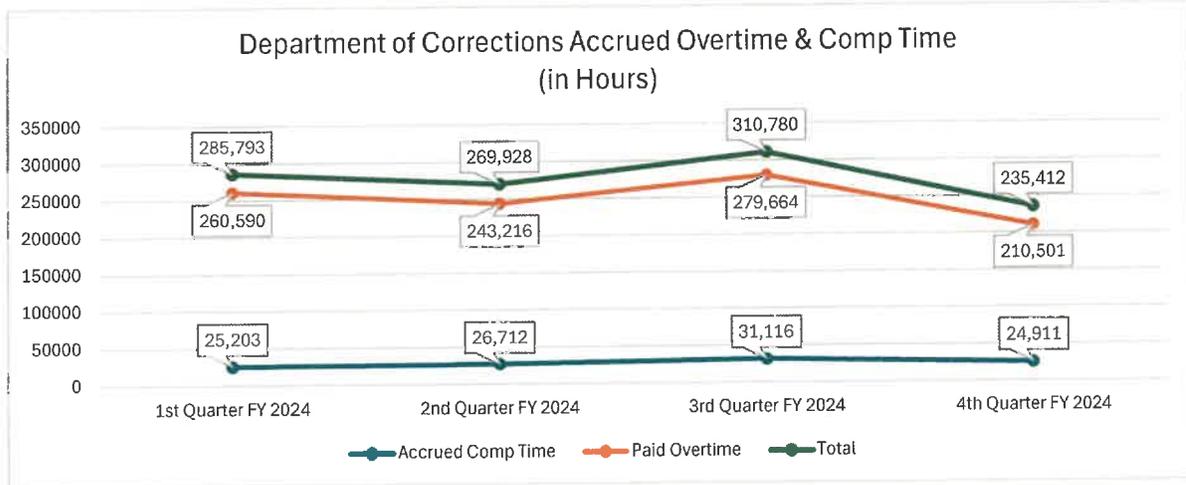
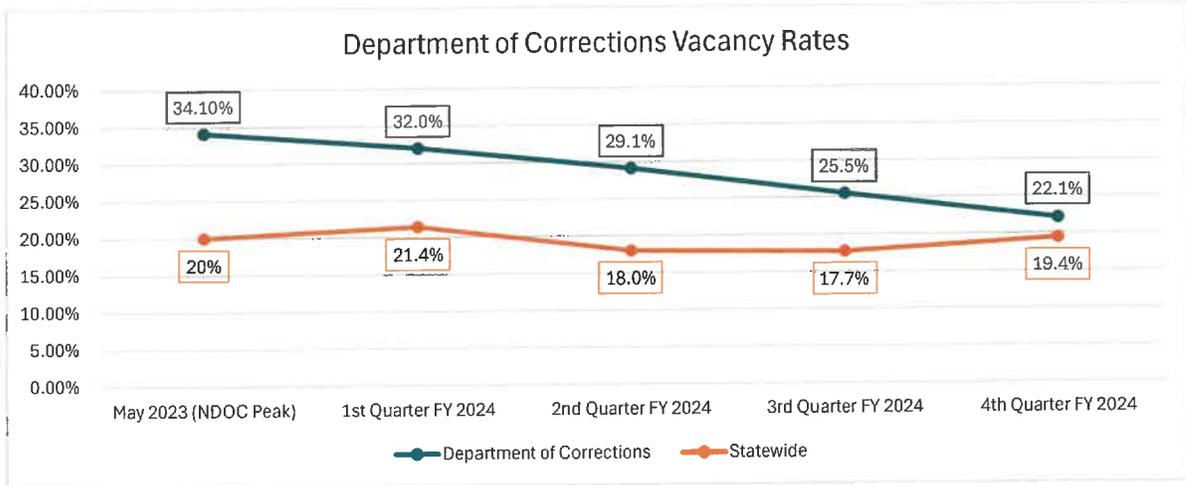
The Department of Health and Human Services' total overtime of \$6.7 million for the 4th quarter of FY24 is a composite of its six divisions:

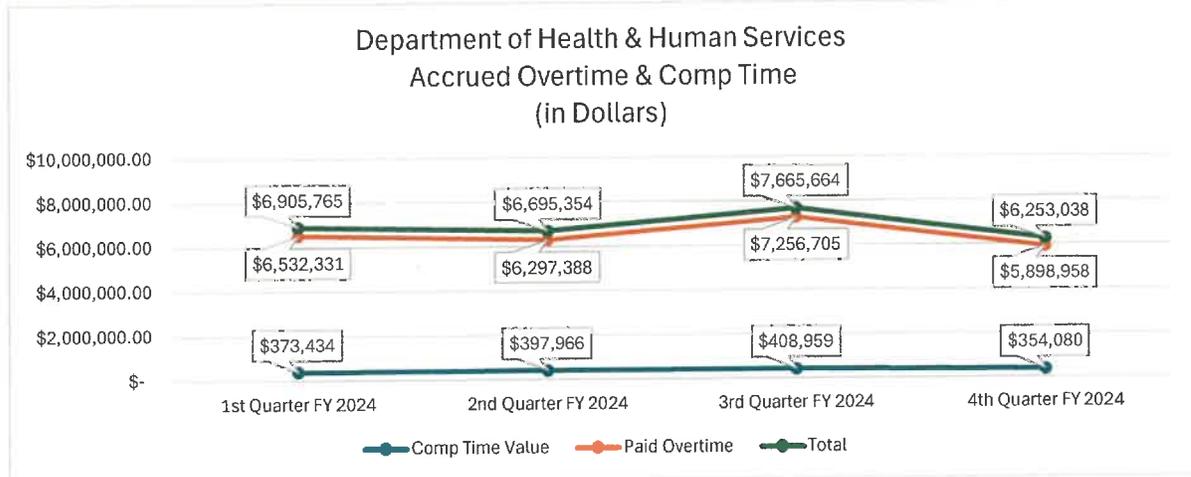
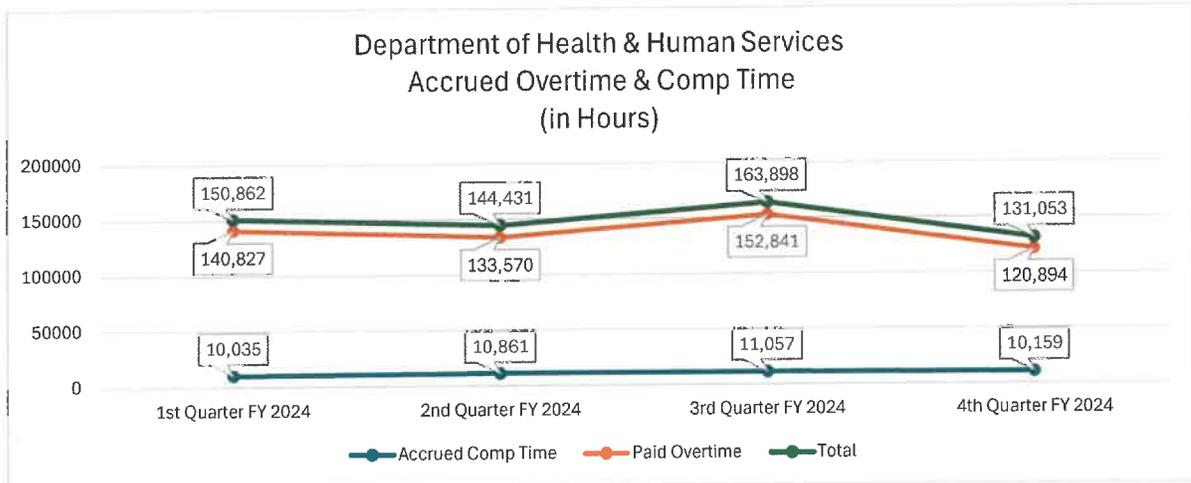
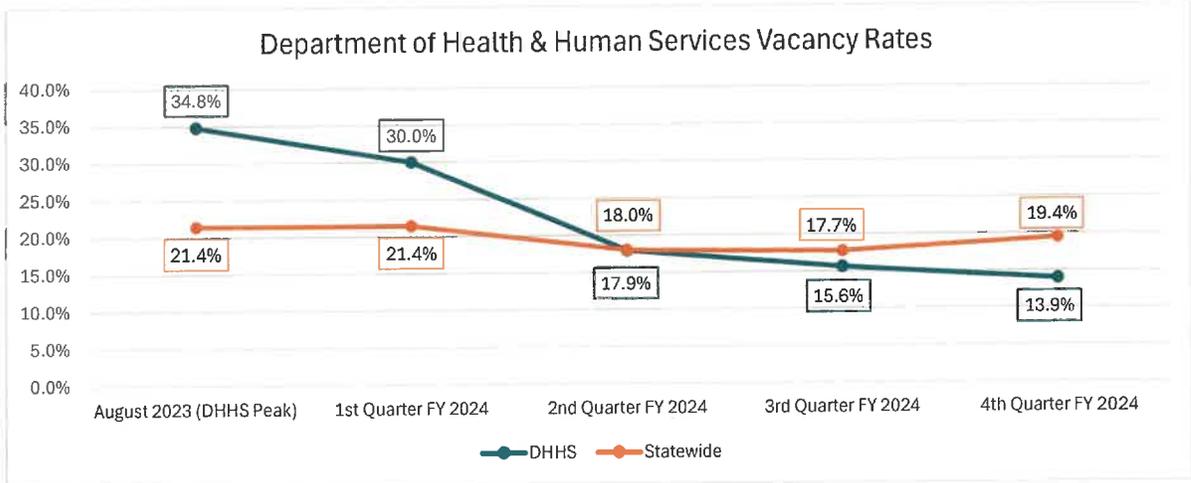
1. Welfare and Supportive Services – \$3.0 million
2. Public and Behavioral Health – \$1.6 million
3. Child and Family Services – \$1.4 million
4. Aging and Disability Services – \$676 thousand
5. Director's Office – \$49 thousand
6. Health Care Financing & Policy – \$29 thousand

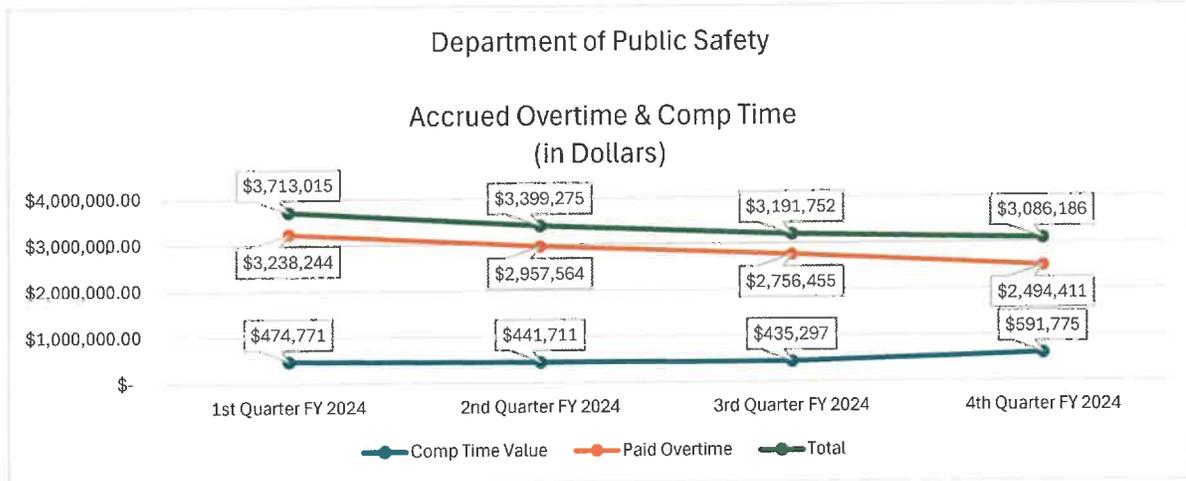
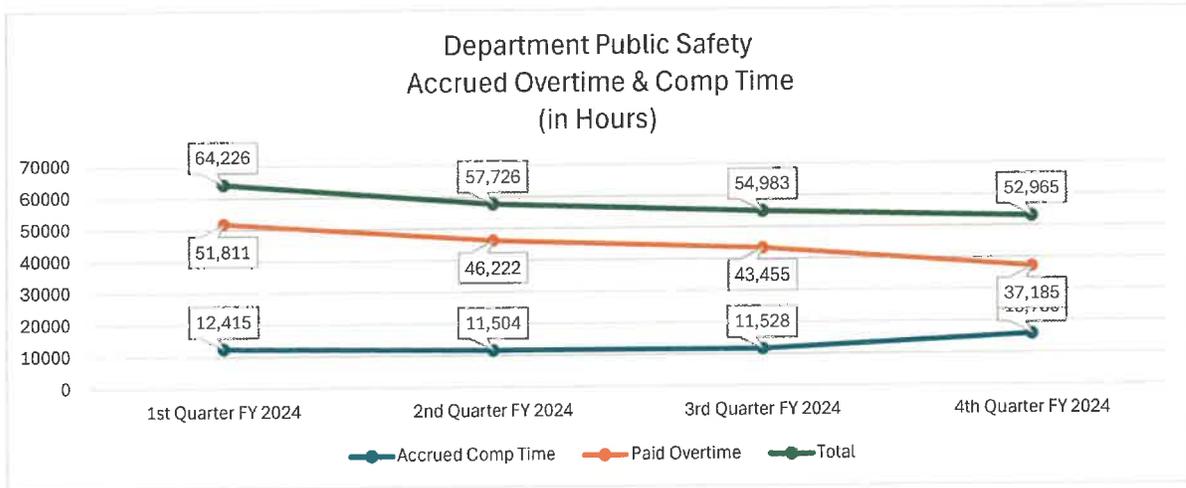
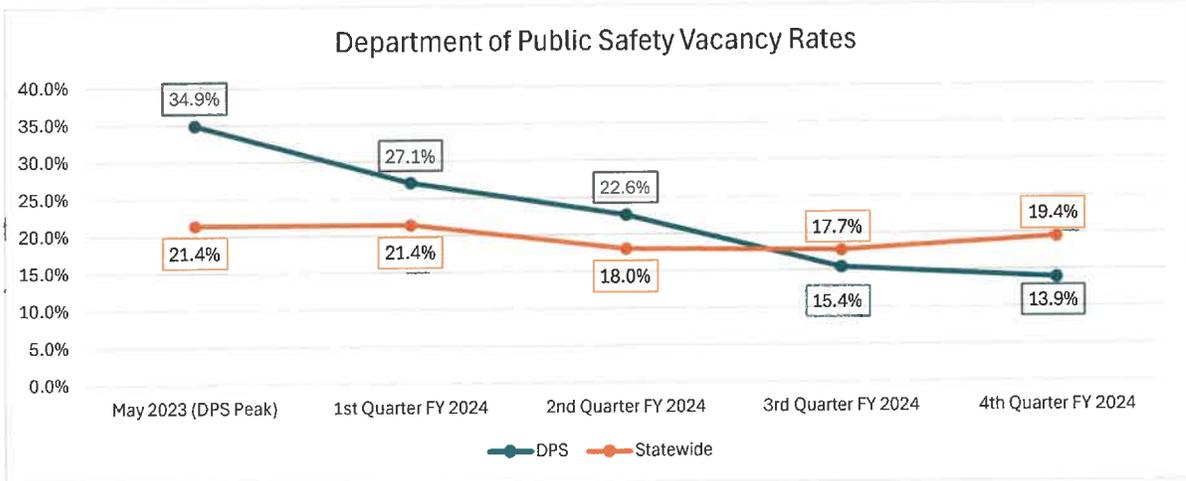
By event code, the highest four causes accounted for 77.4% of the overtime at the department level:

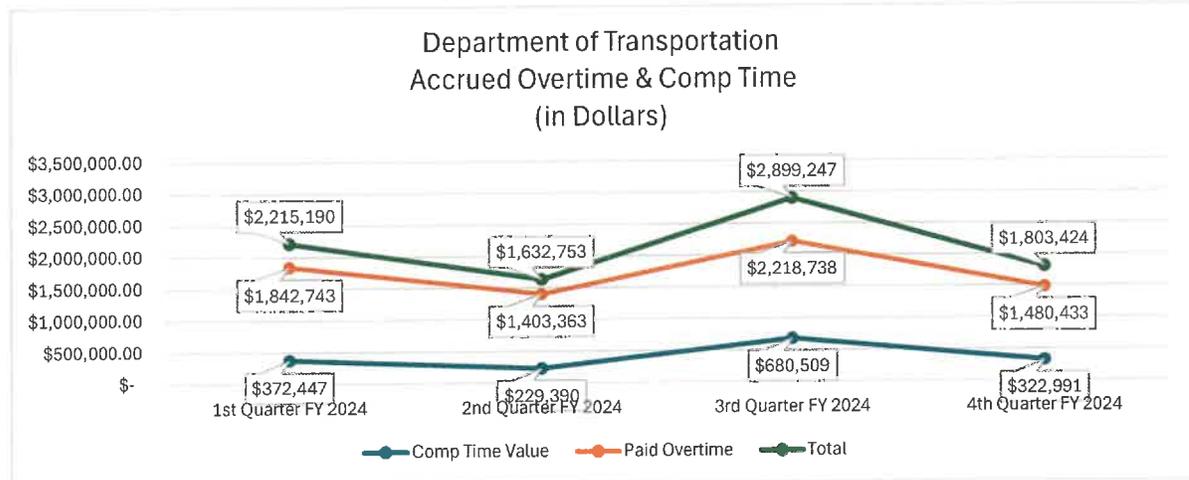
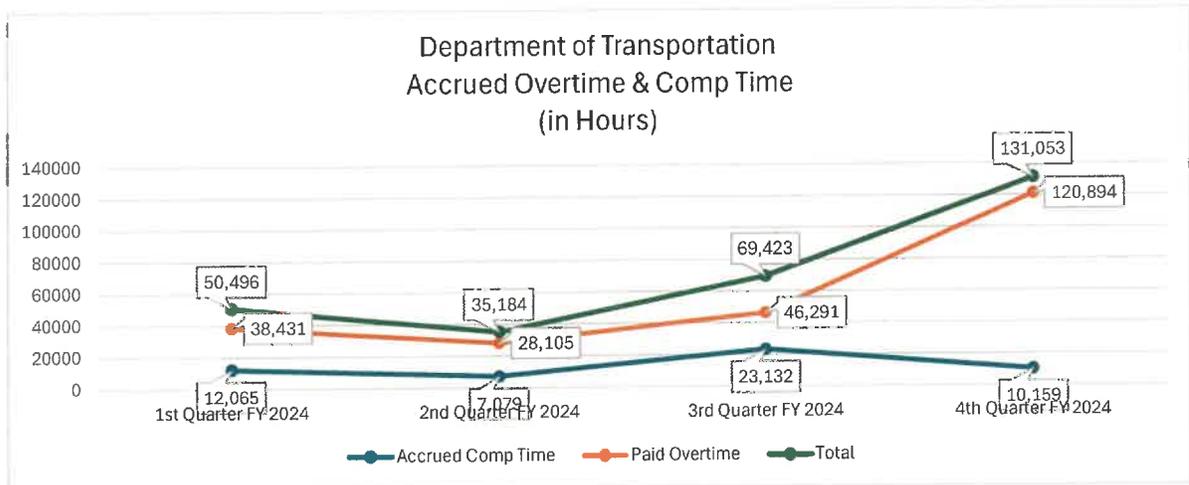
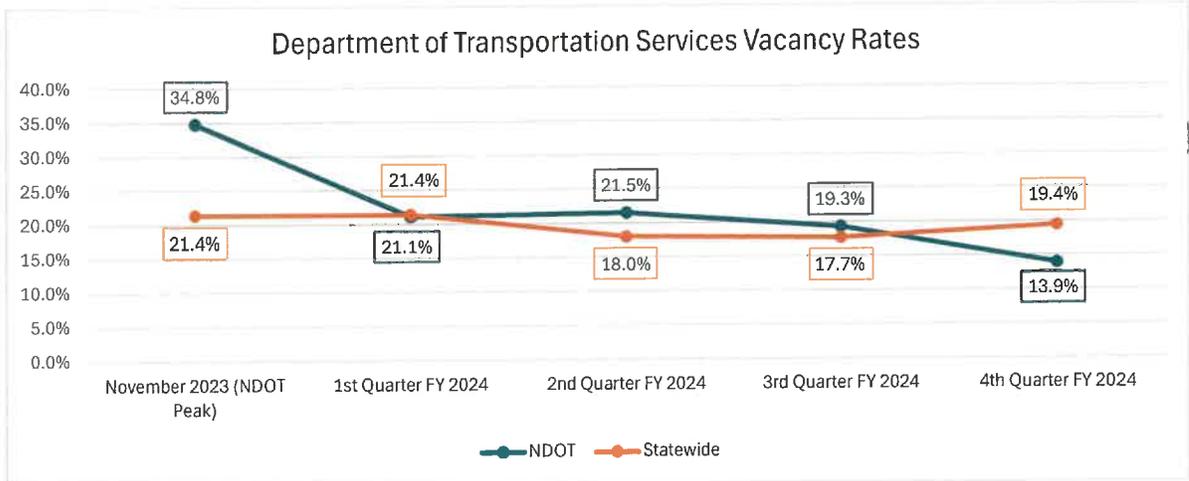
1. Backlog Reduction – \$2.6 million
2. 24-Hour Coverage – \$1.5 million
3. Agency-Specific OT Code – \$658 thousand
4. Vacancy Coverage – \$416 thousand

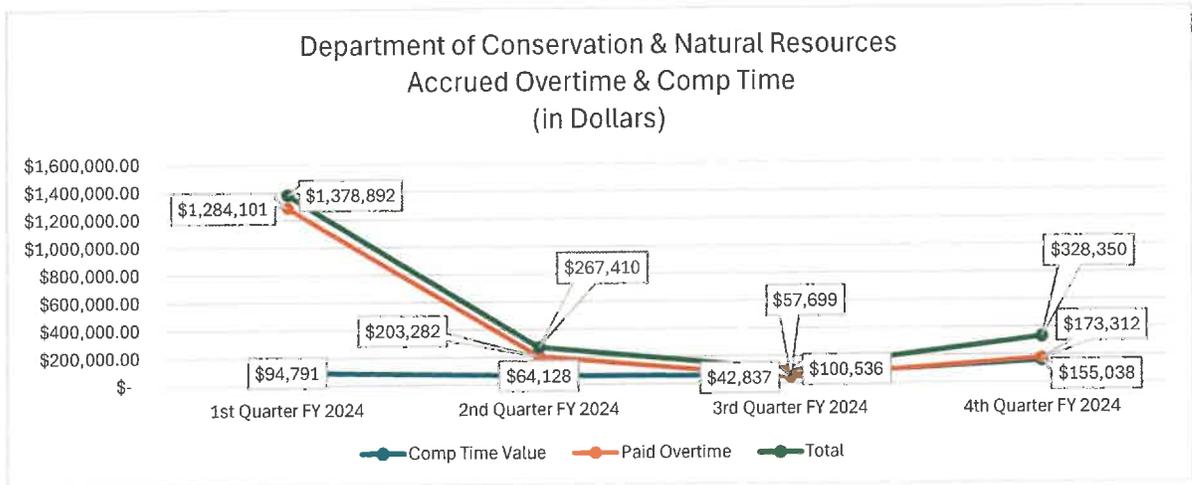
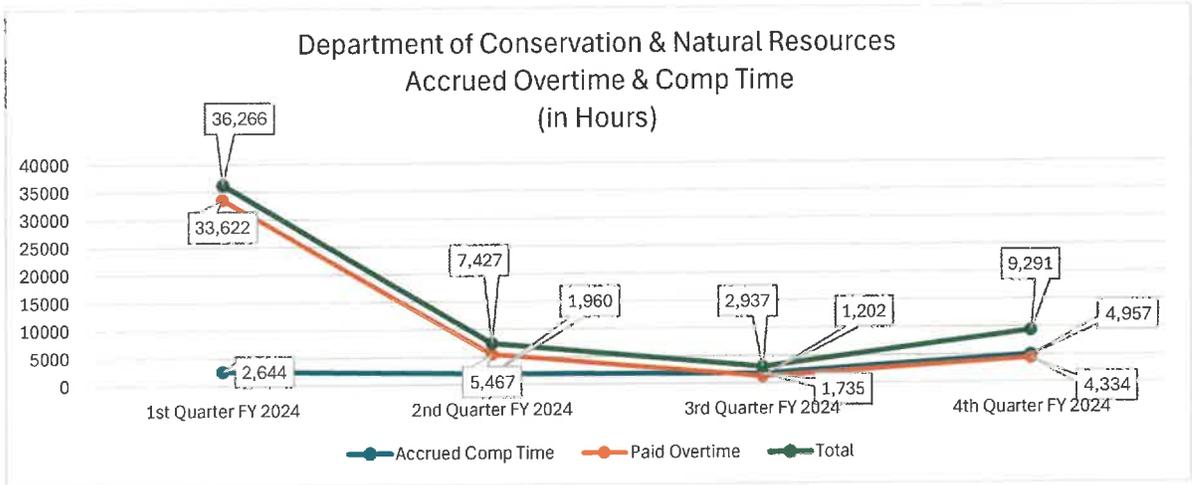
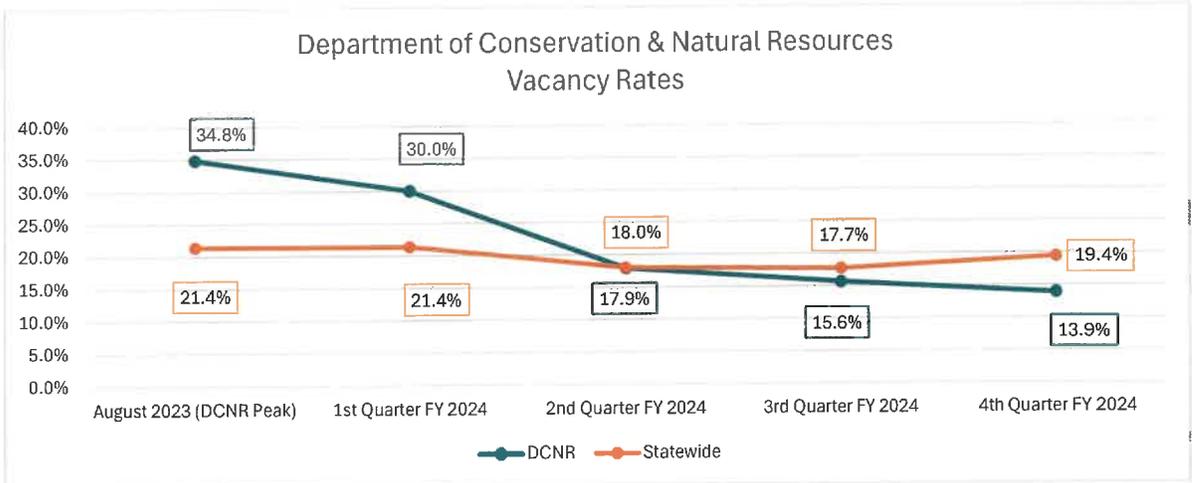
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| REVIEWED: |  |
| INFO ITEM: | |



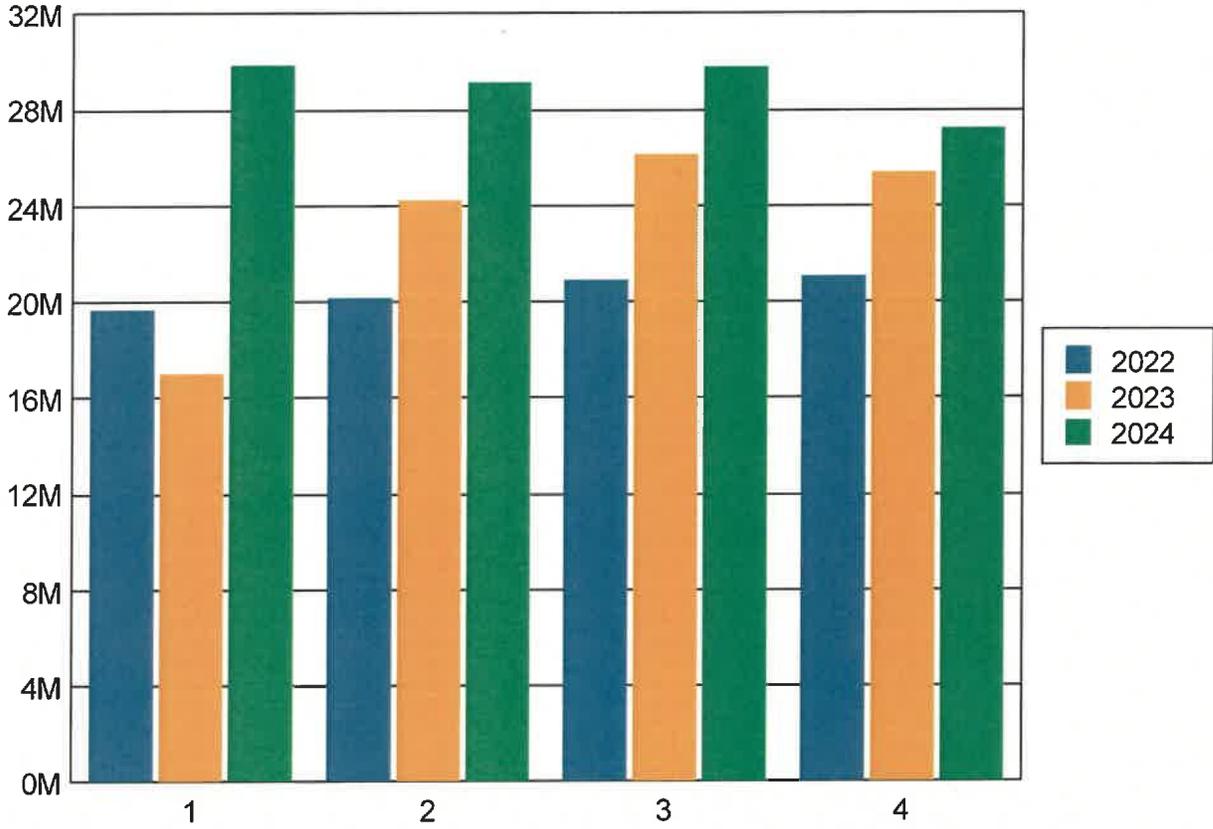








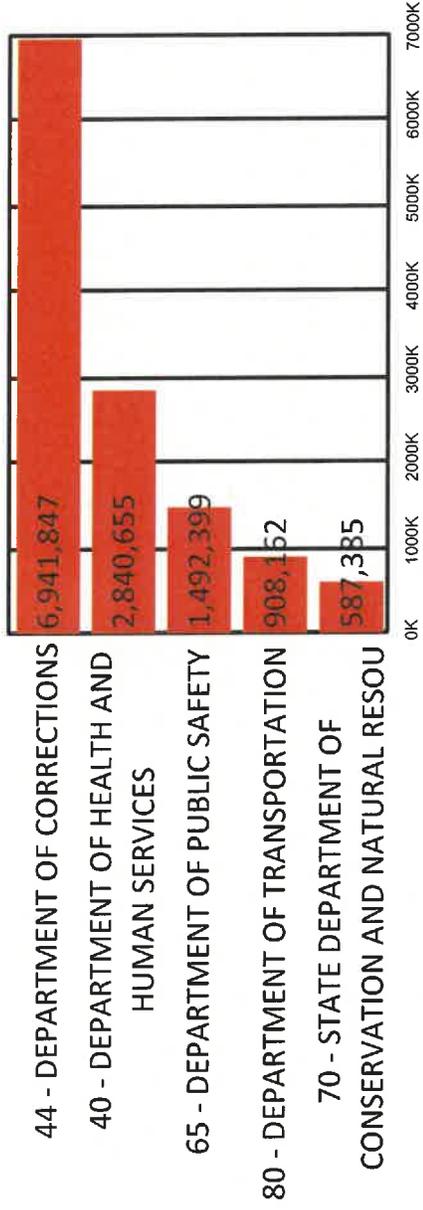
Statewide OT/Comp Distribution by Quarter



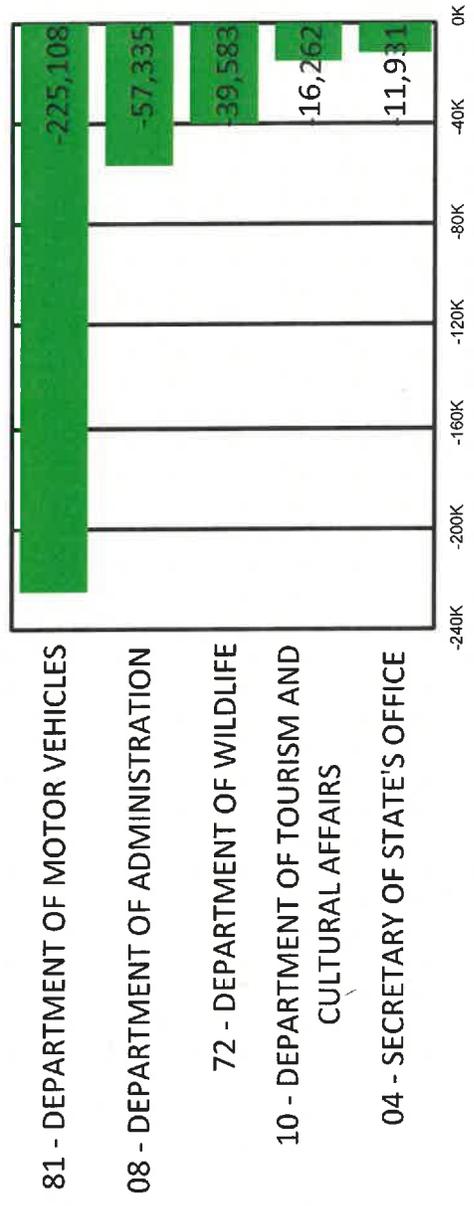
| | Q1 Base Pay | Q2 Base Pay | Q3 Base Pay | Q4 Base Pay |
|-------------|---------------|---------------|---------------|---------------|
| 2022 | \$237,552,015 | \$275,989,497 | \$242,464,371 | \$287,711,518 |
| 2023 | \$234,508,163 | \$277,151,068 | \$245,334,557 | \$294,534,263 |
| 2024 | \$255,395,196 | \$310,996,109 | \$318,604,125 | \$307,689,999 |

FY2024 - QTR1

Greatest increases in OT/Comp expenditures vs FY2023

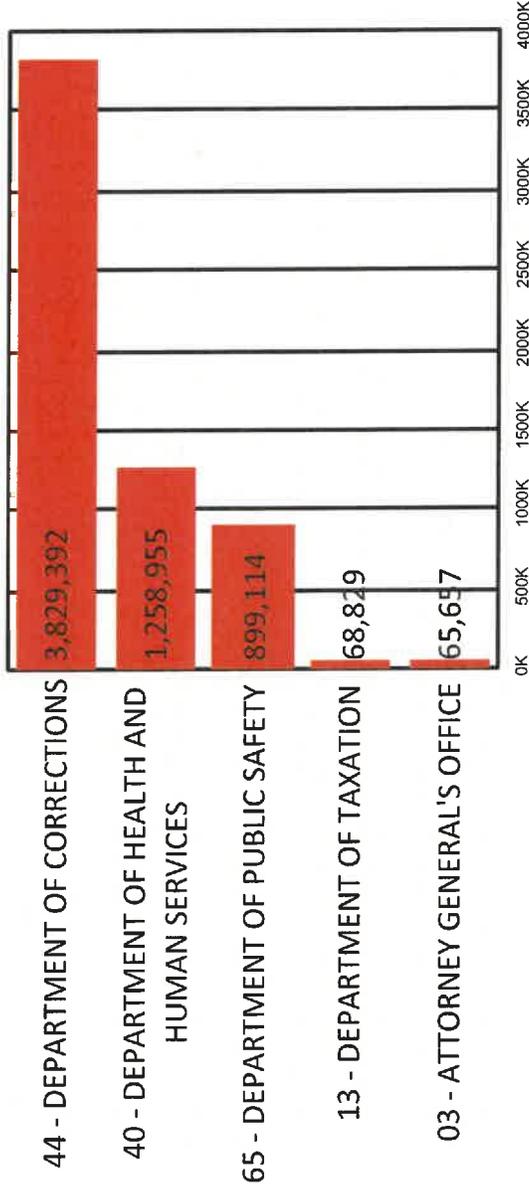


Greatest reductions in OT/Comp expenditure vs FY2023

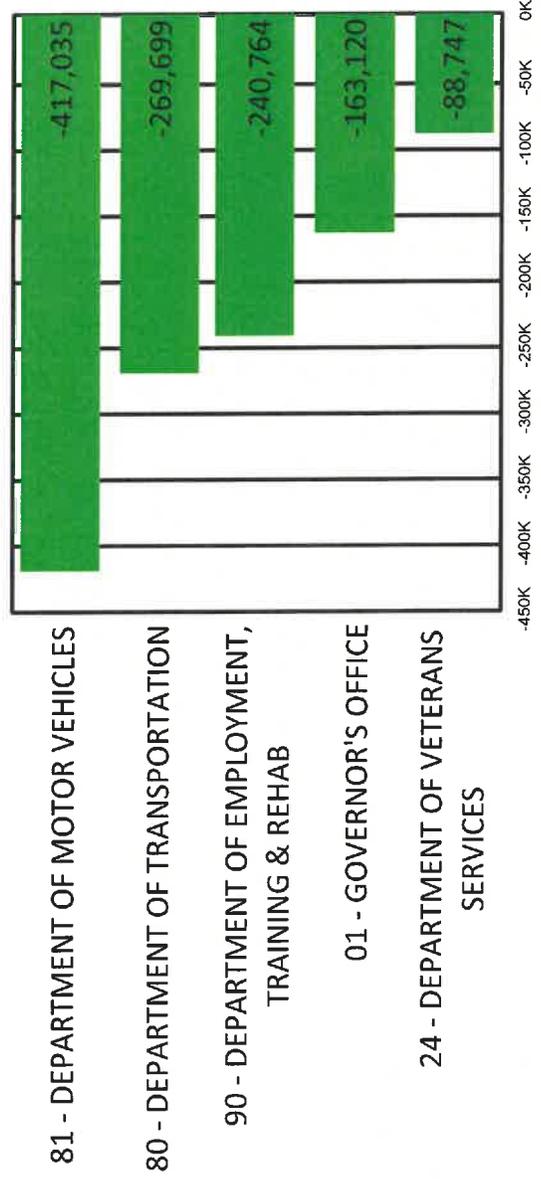


FY2024 - QTR2

Greatest increases in OT/Comp expenditures vs FY2023

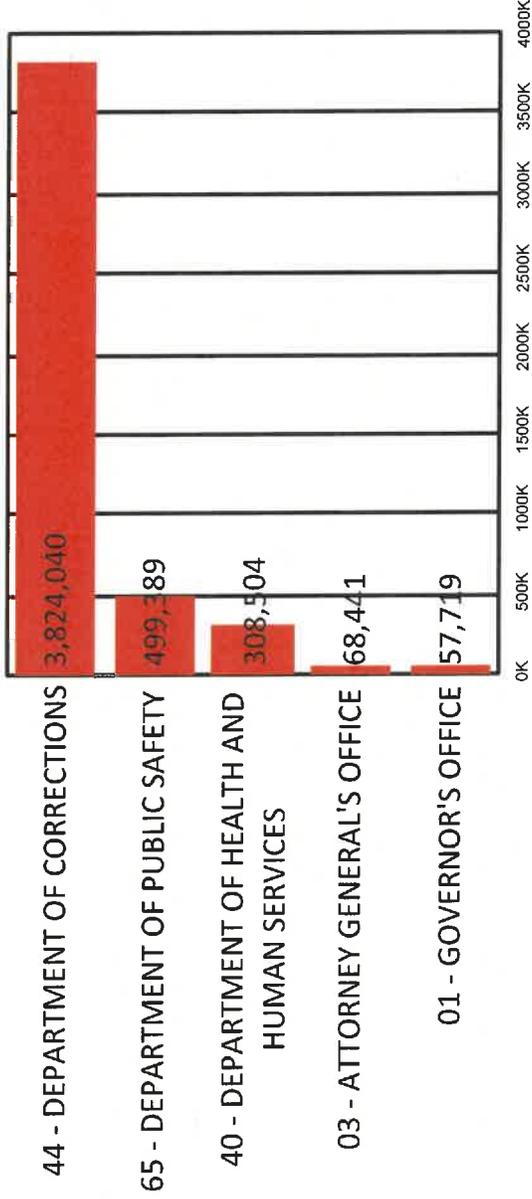


Greatest reductions in OT/Comp expenditure vs FY2023

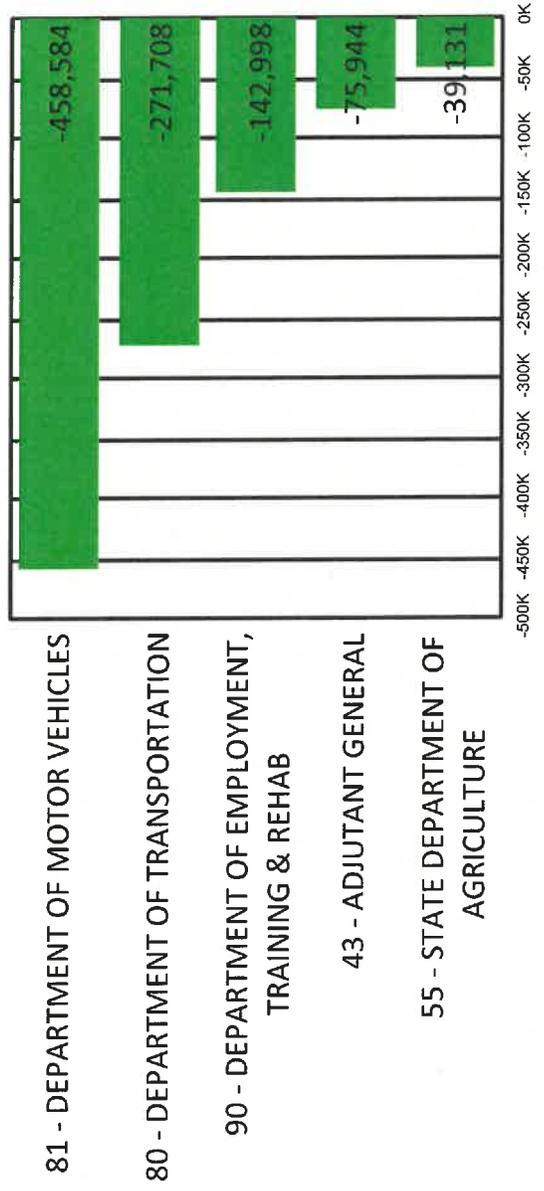


FY2024 - QTR3

Greatest increases in OT/Comp expenditures vs FY2023

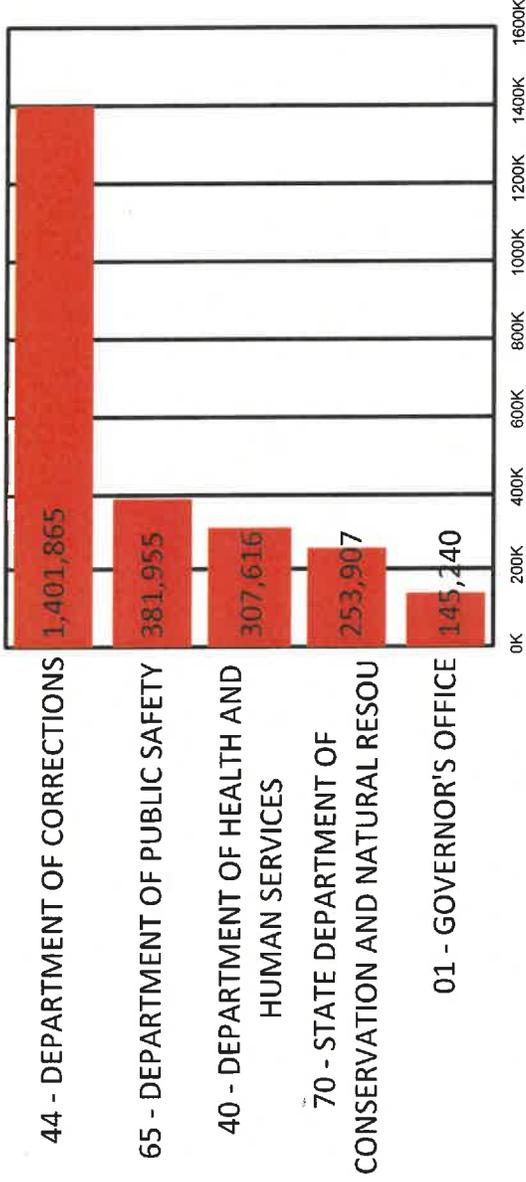


Greatest reductions in OT/Comp expenditure vs FY2023

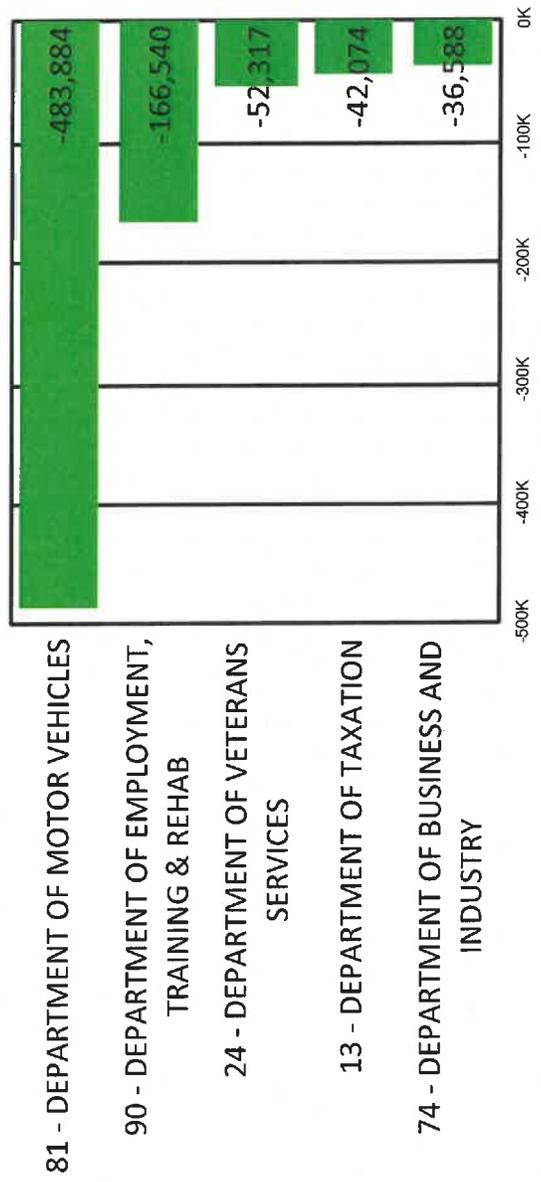


FY2024 - QTR4

Greatest increases in OT/Comp expenditures vs FY2023

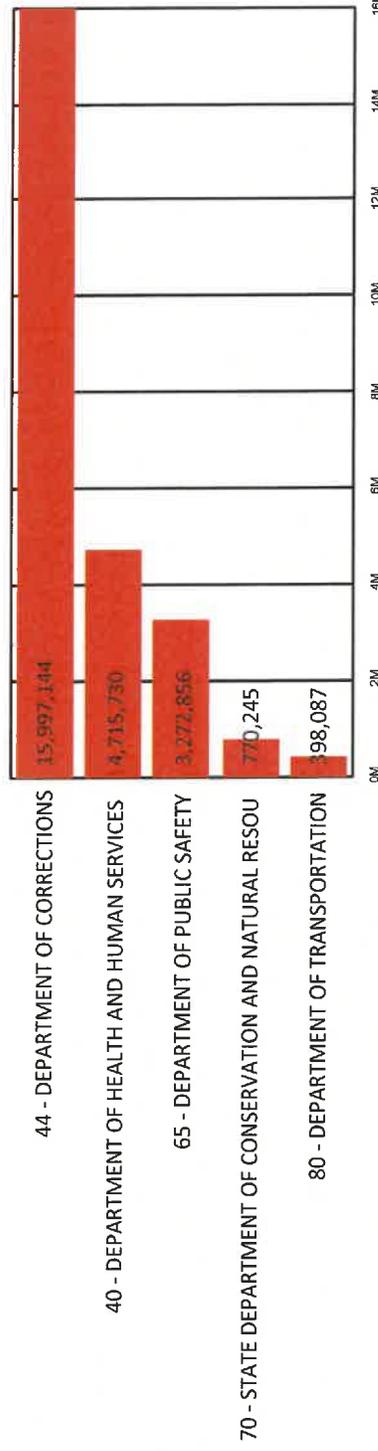


Greatest reductions in OT/Comp expenditure vs FY2023

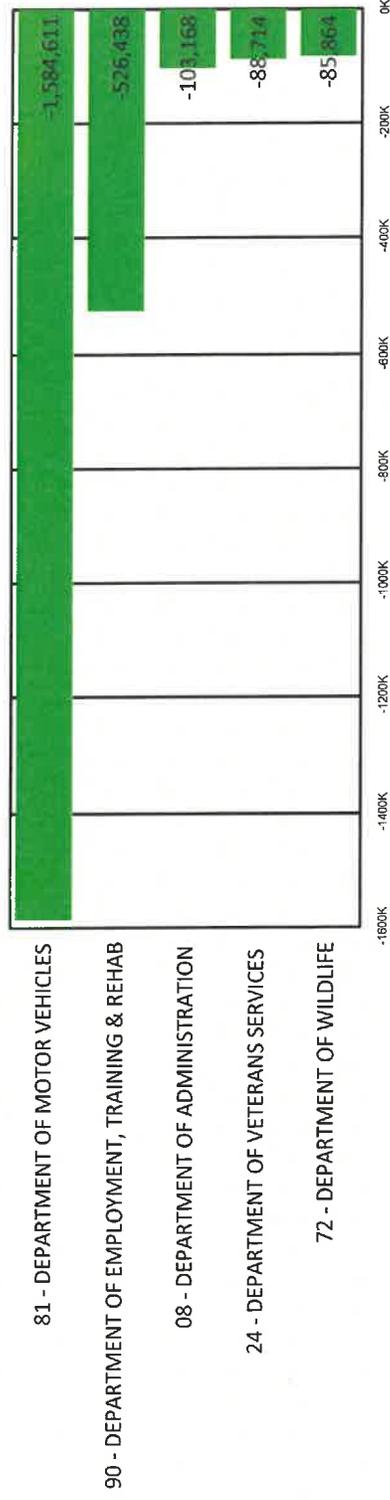


FY2024 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2023



Greatest reductions in OT/Comp expenditure vs FY2023



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2024 SUMMARY (QTR 4)
NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, September 10, 2024

CUMULATIVE STATEWIDE TOTALS (QTR 4)

| | 2022 | 2023 | 2024 |
|---------------------------------|-----------------|-----------------|-----------------|
| BASE PAY | \$1,043,717,401 | \$1,051,528,051 | \$1,192,685,429 |
| OVERTIME PAY + ACCRUED COMP | \$81,769,713 | \$92,841,109 | \$116,056,784 |
| TOTAL PAY | \$1,125,487,114 | \$1,144,369,161 | \$1,308,742,213 |
| OT/COMP AS A SHARE OF TOTAL PAY | 7.27% | 8.11% | 8.87% |

Highest OT/Comp expenditures in dollars

| Agency Code | Department | Overtime and Accrued Comp | OT/Comp as a Share of Total Pay |
|-------------|---|---------------------------|---------------------------------|
| 44 | DEPARTMENT OF CORRECTIONS | \$12,177,963 | 23.39% |
| 40 | DEPARTMENT OF HEALTH AND HUMAN SERVICES | \$6,734,861 | 6.53% |
| 65 | DEPARTMENT OF PUBLIC SAFETY | \$3,270,098 | 12.55% |
| 80 | DEPARTMENT OF TRANSPORTATION | \$1,784,643 | 5.99% |
| 70 | STATE DEPARTMENT OF CONSERVATION AND NATURAL RESO | \$573,795 | 4.19% |

Highest percentages of OT/Comp as a share of Total Pay

| Agency Code | Department | Overtime and Accrued Comp | OT/Comp as a Share of Total Pay |
|-------------|---|---------------------------|---------------------------------|
| 44 | DEPARTMENT OF CORRECTIONS | \$12,177,963 | 23.39% |
| 65 | DEPARTMENT OF PUBLIC SAFETY | \$3,270,098 | 12.55% |
| 24 | DEPARTMENT OF VETERANS SERVICE | \$431,733 | 11.72% |
| 06 | CONTROLLER'S OFFICE | \$84,648 | 9.18% |
| 40 | DEPARTMENT OF HEALTH AND HUMAN SERVICES | \$6,734,861 | 6.53% |

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2024 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, September 10, 2024



| | FY2024QTR1 | | | FY2024QTR2 | | | FY2024QTR3 | | | FY2024QTR4 | | | Difference in OT Pay/ Comp versus FY2023 | | | |
|---|-------------------------------|---------------|---------------------------------|--|-------------------------------|---------------|---------------------------------|--|-------------------------------|---------------|---------------------------------|--|--|---------------|--------|--------------|
| | Overtime Pay and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/ Comp versus FY2023 | Overtime Pay and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/ Comp versus FY2023 | Overtime Pay and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/ Comp versus FY2023 | | | | |
| 01 - GOVERNOR'S OFFICE | \$115,985 | \$5,455,150 | 2.12% | \$40,178 | \$90,841 | \$7,183,852 | 1.26% | \$-163,120 | \$142,721 | \$7,369,619 | 1.94% | \$57,719 | \$177,519 | \$6,832,768 | 2.60% | \$145,240 |
| 02 - LIEUTENANT GOVERNOR'S OFFICE | \$0 | \$136,272 | 0.00% | \$0 | \$0 | \$179,315 | 0.00% | \$0 | \$0 | \$184,304 | 0.00% | \$0 | \$0 | \$172,137 | 0.00% | \$0 |
| 03 - ATTORNEY GENERAL'S OFFICE | \$101,582 | \$6,921,387 | 1.47% | \$76,250 | \$105,755 | \$8,786,936 | 1.20% | \$65,657 | \$107,344 | \$8,999,729 | 1.19% | \$68,441 | \$77,392 | \$8,498,163 | 0.91% | \$18,558 |
| 04 - SECRETARY OF STATE'S OFFICE | \$29,909 | \$1,748,920 | 1.71% | \$-11,931 | \$17,045 | \$2,234,136 | 0.76% | \$-34,217 | \$41,983 | \$2,389,075 | 1.76% | \$2,401 | \$95,558 | \$2,301,609 | 1.54% | \$-18,786 |
| 05 - TREASURER'S OFFICE | \$20,568 | \$742,125 | 2.77% | \$16,902 | \$26,488 | \$947,776 | 2.79% | \$20,035 | \$16,545 | \$986,098 | 1.68% | \$-760 | \$14,936 | \$1,015,801 | 1.47% | \$-1,245 |
| 06 - CONTROLLER'S OFFICE | \$31,594 | \$753,682 | 4.31% | \$-1,685 | \$24,102 | \$889,607 | 2.71% | \$-28,463 | \$27,309 | \$932,737 | 2.93% | \$-4,025 | \$84,648 | \$922,377 | 9.18% | \$65,756 |
| 08 - DEPARTMENT OF ADMINISTRATION | \$80,346 | \$5,260,867 | 1.53% | \$-57,335 | \$88,024 | \$6,822,422 | 1.29% | \$-19,364 | \$115,547 | \$7,188,259 | 1.61% | \$-13,354 | \$101,924 | \$6,684,833 | 1.2% | \$-13,115 |
| 09 - JUDICIAL BRANCH | \$0 | \$0 | \$-11,692 | \$0 | \$0 | \$0 | 0.00% | \$0 | \$0 | \$0 | 0.00% | \$0 | \$0 | \$0 | 0.00% | \$0 |
| 10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS | \$9,022 | \$1,546,928 | 0.58% | \$-16,262 | \$17,422 | \$2,011,723 | 0.87% | \$6,993 | \$9,264 | \$2,085,600 | 0.44% | \$905 | \$20,152 | \$1,944,808 | 1.04% | \$8,199 |
| 11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES | \$0 | \$236,564 | 0.00% | \$0 | \$1,303 | \$391,945 | 0.33% | \$1,303 | \$0 | \$374,032 | 0.00% | \$0 | \$0 | \$358,683 | 0.00% | \$-103 |
| 12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT | \$0 | \$672,878 | 0.00% | \$-100 | \$0 | \$921,627 | 0.00% | \$-471 | \$0 | \$914,529 | 0.00% | \$-446 | \$0 | \$877,607 | 0.00% | \$0 |
| 13 - DEPARTMENT OF TAXATION | \$54,387 | \$4,571,357 | 1.19% | \$17,037 | \$103,458 | \$5,870,913 | 1.76% | \$68,829 | \$109,863 | \$5,966,126 | 1.84% | \$-13,180 | \$103,902 | \$5,598,403 | 1.86% | \$-42,074 |
| 15 - COMMISSION ON ETHICS | \$0 | \$107,588 | 0.00% | \$0 | \$0 | \$156,705 | 0.00% | \$0 | \$95 | \$154,948 | 0.06% | \$95 | \$103 | \$134,691 | 0.08% | \$103 |
| 16 - DEPARTMENT OF SENTENCING POLICY | \$0 | \$81,229 | 0.00% | \$0 | \$0 | \$103,326 | 0.00% | \$0 | \$0 | \$119,393 | 0.00% | \$0 | \$0 | \$123,502 | 0.00% | \$0 |
| 22 - JUDICIAL DISCIPLINE COMMISSION | \$0 | \$135,947 | 0.00% | \$0 | \$0 | \$172,346 | 0.00% | \$0 | \$0 | \$172,346 | 0.00% | \$0 | \$0 | \$161,012 | 0.00% | \$0 |
| 23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING | \$123 | \$241,145 | 0.05% | \$-555 | \$2,332 | \$291,094 | 0.80% | \$-13 | \$511 | \$287,724 | 0.18% | \$-125 | \$1,488 | \$277,485 | 0.54% | \$-366 |
| 24 - DEPARTMENT OF VETERANS SERVICES | \$16,514 | \$3,197,105 | 16.16% | \$89,057 | \$545,000 | \$3,985,757 | 13.67% | \$-88,747 | \$21,643 | \$4,080,613 | 12.78% | \$-36,707 | \$431,733 | \$3,682,418 | 11.72% | \$-52,317 |
| 27 - CANNABIS COMPLIANCE BOARD | \$34,380 | \$1,228,738 | 2.80% | \$-5,323 | \$33,825 | \$1,534,785 | 2.20% | \$8,542 | \$21,625 | \$1,571,561 | 1.42% | \$3,256 | \$24,489 | \$1,476,772 | 1.66% | \$-16,531 |
| 30 - DEPARTMENT OF EDUCATION | \$42,580 | \$2,941,565 | 1.45% | \$-4,681 | \$41,207 | \$3,789,121 | 1.09% | \$8,689 | \$56,301 | \$4,054,735 | 1.39% | \$95,615 | \$114,304 | \$3,915,426 | 2.92% | \$23,179 |
| 31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY | \$5,455 | \$470,584 | 1.16% | \$-5,958 | \$16,742 | \$598,375 | 2.80% | \$9,918 | \$15,257 | \$641,882 | 2.38% | \$5,349 | \$14,764 | \$670,179 | 2.20% | \$9,241 |
| 43 - DEPARTMENT OF HEALTH AND HUMAN SERVICES | \$6,468,791 | \$84,697,440 | 7.64% | \$2,840,655 | \$7,390,504 | \$107,933,050 | 7.18% | \$1,258,955 | \$7,235,039 | \$106,326,997 | 6.80% | \$308,504 | \$6,734,861 | \$103,118,364 | 6.53% | \$307,616 |
| 43 - ADJUTANT GENERAL | \$212,174 | \$2,329,454 | 9.11% | \$98,642 | \$154,959 | \$2,903,807 | 5.34% | \$41,750 | \$156,875 | \$3,180,355 | 4.93% | \$-75,944 | \$140,105 | \$3,122,764 | 4.49% | \$-31,645 |
| 44 - DEPARTMENT OF CORRECTIONS | \$13,541,239 | \$44,201,340 | 30.64% | \$6,941,847 | \$14,334,417 | \$54,456,433 | 26.32% | \$3,829,392 | \$14,015,145 | \$55,550,655 | 25.23% | \$3,824,040 | \$12,177,963 | \$52,075,437 | 23.39% | \$-1,401,865 |
| 50 - COMMISSION ON MINERAL RESOURCES | \$7,749 | \$216,111 | 3.59% | \$4,211 | \$0 | \$216,787 | 0.00% | \$0 | \$1,085 | \$265,537 | 0.41% | \$-1,465 | \$10,176 | \$279,528 | 3.64% | \$-893 |
| 55 - STATE DEPARTMENT OF AGRICULTURE | \$39,669 | \$2,158,285 | 1.84% | \$21,617 | \$18,430 | \$2,783,069 | 0.65% | \$-5,019 | \$7,091 | \$2,753,138 | 0.26% | \$-39,131 | \$17,437 | \$2,580,803 | 0.68% | \$-12,554 |
| 58 - PUBLIC UTILITIES COMMISSION | \$0 | \$1,898,946 | 0.00% | \$0 | \$0 | \$2,447,273 | 0.00% | \$0 | \$0 | \$2,508,709 | 0.00% | \$0 | \$0 | \$2,432,180 | 0.00% | \$0 |
| 61 - GAMING CONTROL BOARD | \$161,741 | \$6,256,990 | 2.58% | \$31,714 | \$194,106 | \$7,979,259 | 2.43% | \$28,491 | \$186,475 | \$7,991,667 | 2.33% | \$45,092 | \$206,646 | \$7,608,667 | 2.72% | \$63,182 |
| 65 - DEPARTMENT OF PUBLIC SAFETY | \$3,731,680 | \$22,408,219 | 16.65% | \$1,492,399 | \$3,459,460 | \$27,389,621 | 12.63% | \$899,114 | \$3,008,800 | \$27,322,011 | 11.01% | \$499,389 | \$3,270,098 | \$26,051,835 | 12.55% | \$381,955 |
| 69 - COLORADO RIVER COMMISSION | \$5,505 | \$704,594 | 0.78% | \$1,472 | \$1,828 | \$863,441 | 0.21% | \$-765 | \$8,829 | \$859,646 | 1.03% | \$7,054 | \$1,822 | \$819,384 | 0.22% | \$-265 |
| 70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES | \$1,429,930 | \$12,854,464 | 11.12% | \$587,385 | \$168,515 | \$13,102,551 | 1.29% | \$-39,476 | \$113,177 | \$12,873,169 | 0.88% | \$-31,571 | \$573,795 | \$13,679,715 | 4.19% | \$253,907 |
| 72 - DEPARTMENT OF WILDLIFE | \$66,728 | \$3,783,721 | 1.76% | \$-39,583 | \$51,489 | \$4,609,777 | 1.12% | \$-12,554 | \$63,716 | \$4,649,706 | 1.37% | \$-22,543 | \$86,078 | \$4,364,041 | 1.97% | \$-11,183 |
| 74 - DEPARTMENT OF BUSINESS AND INDUSTRY | \$113,434 | \$9,017,470 | 1.26% | \$15,055 | \$73,228 | \$11,537,389 | 0.63% | \$-23,628 | \$120,859 | \$11,849,634 | 1.02% | \$-9,935 | \$151,240 | \$11,246,462 | 1.30% | \$-36,588 |
| 80 - DEPARTMENT OF TRANSPORTATION | \$2,135,395 | \$29,254,506 | 7.30% | \$908,162 | \$1,636,259 | \$28,786,634 | 5.68% | \$-269,699 | \$2,947,986 | \$30,459,848 | 9.68% | \$-271,708 | \$1,784,643 | \$29,769,420 | 5.99% | \$31,332 |
| 81 - DEPARTMENT OF MOTOR VEHICLES | \$228,113 | \$13,589,385 | 1.68% | \$-225,108 | \$193,747 | \$17,923,256 | 1.08% | \$-417,035 | \$301,073 | \$18,073,943 | 1.67% | \$-458,584 | \$368,020 | \$16,910,294 | 2.16% | \$-483,984 |
| 90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB | \$665,199 | \$14,783,887 | 4.50% | \$23,865 | \$354,090 | \$14,321,569 | 2.47% | \$-240,764 | \$477,586 | \$14,324,172 | 3.33% | \$-142,998 | \$470,786 | \$14,201,612 | 3.32% | \$-166,340 |
| 95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM | \$550 | \$321,465 | 1.73% | \$3,104 | \$8,040 | \$510,145 | 1.58% | \$8,040 | \$0 | \$549,028 | 0.00% | \$-512 | \$22,485 | \$507,239 | 4.45% | \$6,098 |
| 96 - SILVER STATE HEALTH INSURANCE EXCHANGE | \$943 | \$339,175 | 0.25% | \$-618 | \$1,133 | \$514,075 | 0.22% | \$-618 | \$1,133 | \$470,342 | 0.00% | \$0 | \$0 | \$492,648 | 0.00% | \$-1,957 |
| Total | \$29,856,186 | \$285,251,382 | 10.47% | \$12,828,719 | \$29,153,788 | \$340,149,897 | 8.57% | \$4,912,506 | \$29,827,741 | \$348,431,866 | 8.56% | \$3,734,874 | \$27,219,069 | \$334,909,067 | 8.13% | \$1,826,183 |



OVERTIME/ACCRUED COMP USE BY DEPARTMENT
FISCAL YEAR 2024 COMPARATIVE YEAR-TO-DATE ANALYSIS (QTR1-QTR4) VS FY2022-FY2023
 NEVADA DEPARTMENT OF ADMINISTRATION
 Tuesday, September 10, 2024

| | FY 2022 QTR1-QTR4 | | | | FY 2023 QTR1-QTR4 | | | | FY 2024 QTR1-QTR4 | | | |
|---|---------------------------|------------------|---------------------------------|--|---------------------------|------------------|---------------------------------|--|---------------------------|------------------|---------------------------------|--|
| | Overtime and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/Comp vs Prior Fiscal Year | Overtime and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/Comp vs Prior Fiscal Year | Overtime and Accrued Comp | Total Pay | OT/Comp as a Share of Total Pay | Difference in OT Pay/Comp vs Prior Fiscal Year |
| 01 - GOVERNOR'S OFFICE | \$127,071 | \$10,051,153 | 1.26% | \$-405,311 | \$447,050 | \$10,917,357 | 4.09% | \$319,979 | \$527,067 | \$26,845,390 | 1.96% | \$80,017 |
| 02 - LIEUTENANT GOVERNOR'S OFFICE | \$0 | \$305,016 | 0.00% | \$0 | \$0 | \$509,184 | 0.00% | \$0 | \$0 | \$672,028 | 0.00% | \$0 |
| 03 - ATTORNEY GENERAL'S OFFICE | \$184,699 | \$28,605,359 | 0.58% | \$-2,975 | \$163,167 | \$28,128,721 | 0.58% | \$-1,532 | \$392,073 | \$33,200,214 | 1.18% | \$229,906 |
| 04 - SECRETARY OF STATE'S OFFICE | \$118,976 | \$7,053,157 | 1.69% | \$106,213 | \$187,028 | \$7,188,995 | 2.60% | \$66,102 | \$124,495 | \$8,673,740 | 1.44% | \$-62,533 |
| 05 - TREASURER'S OFFICE | \$14,026 | \$2,913,083 | 0.48% | \$7,735 | \$43,604 | \$2,978,632 | 1.46% | \$29,578 | \$78,536 | \$3,691,799 | 2.13% | \$34,932 |
| 06 - CONTROLLER'S OFFICE | \$139,655 | \$2,930,223 | 4.77% | \$36,103 | \$136,071 | \$3,162,240 | 4.30% | \$-3,584 | \$167,653 | \$3,478,404 | 4.82% | \$31,582 |
| 08 - DEPARTMENT OF ADMINISTRATION | \$412,536 | \$32,592,461 | 1.27% | \$-31,686 | \$489,009 | \$34,151,081 | 1.49% | \$76,473 | \$385,841 | \$25,956,382 | 1.49% | \$-104,168 |
| 09 - JUDICIAL BRANCH | \$51,194 | \$31,524,302 | 0.16% | \$49,593 | \$98,300 | \$31,630,176 | 0.31% | \$47,106 | \$0 | \$0 | 0.00% | \$-11,692 |
| 10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS | \$42,009 | \$5,559,029 | 0.76% | \$26,997 | \$56,085 | \$6,113,521 | 0.92% | \$34,075 | \$55,859 | \$7,591,059 | 0.74% | \$-225 |
| 11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES | \$0 | \$1,785,910 | 0.00% | \$0 | \$103 | \$1,653,017 | 0.01% | \$103 | \$1,303 | \$1,361,225 | 0.10% | \$1,201 |
| 12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT | \$0 | \$2,983,440 | 0.00% | \$-120 | \$1,016 | \$2,948,669 | 0.03% | \$1,016 | \$0 | \$3,386,641 | 0.00% | \$-1,016 |
| 13 - DEPARTMENT OF TAXATION | \$199,668 | \$18,201,398 | 1.10% | \$52,923 | \$340,998 | \$19,137,855 | 1.78% | \$141,331 | \$371,610 | \$24,008,798 | 1.69% | \$30,612 |
| 15 - COMMISSION ON ETHICS | \$0 | \$484,652 | 0.00% | \$0 | \$0 | \$454,966 | 0.00% | \$0 | \$198 | \$553,933 | 0.04% | \$198 |
| 16 - DEPARTMENT OF SENTENCING POLICY | \$0 | \$286,645 | 0.00% | \$0 | \$0 | \$342,342 | 0.00% | \$0 | \$0 | \$427,449 | 0.00% | \$0 |
| 21 - JUDICIAL DISCIPLINE COMMISSION | \$0 | \$488,972 | 0.00% | \$0 | \$0 | \$570,121 | 0.00% | \$0 | \$0 | \$641,651 | 0.00% | \$0 |
| 23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING | \$3,892 | \$1,036,670 | 0.38% | \$2,281 | \$5,512 | \$1,008,568 | 0.55% | \$1,619 | \$4,453 | \$1,097,448 | 0.41% | \$-1,059 |
| 24 - DEPARTMENT OF VETERANS SERVICES | \$2,144,641 | \$13,132,512 | 16.33% | \$148,351 | \$2,103,004 | \$13,170,109 | 15.97% | \$-41,037 | \$2,014,890 | \$14,945,893 | 13.48% | \$-88,714 |
| 27 - CANNABIS COMPLIANCE BOARD | \$60,136 | \$3,784,481 | 1.59% | \$-109,610 | \$124,374 | \$4,959,896 | 2.51% | \$64,238 | \$114,318 | \$5,767,855 | 1.98% | \$-10,056 |
| 30 - DEPARTMENT OF EDUCATION | \$196,116 | \$11,731,423 | 1.67% | \$74,402 | \$191,590 | \$12,413,560 | 1.54% | \$-4,526 | \$254,392 | \$14,700,847 | 1.73% | \$62,802 |
| 31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY | \$60,951 | \$1,730,383 | 3.52% | \$4,767 | \$33,668 | \$2,048,664 | 1.64% | \$-27,283 | \$52,218 | \$2,381,020 | 2.19% | \$18,550 |
| 40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES | \$22,696,437 | \$327,328,993 | 6.93% | \$1,755,817 | \$23,111,466 | \$339,129,398 | 6.81% | \$415,029 | \$27,827,196 | \$397,075,850 | 7.01% | \$4,715,730 |
| 43 - ADJUTANT GENERAL | \$653,506 | \$9,483,855 | 6.89% | \$361,138 | \$631,352 | \$9,452,405 | 6.68% | \$-22,154 | \$664,154 | \$11,356,380 | 5.76% | \$32,802 |
| 44 - DEPARTMENT OF CORRECTIONS | \$30,520,173 | \$163,818,156 | 18.63% | \$7,494,606 | \$38,071,621 | \$161,611,438 | 23.56% | \$7,551,448 | \$54,068,765 | \$206,383,866 | 26.21% | \$15,997,144 |
| 50 - COMMISSION ON MINERAL RESOURCES | \$30,255 | \$860,388 | 3.52% | \$0 | \$17,096 | \$796,991 | 2.15% | \$-13,169 | \$19,010 | \$975,963 | 1.95% | \$1,913 |
| 55 - DEPARTMENT OF AGRICULTURE | \$46,013 | \$8,212,884 | 0.56% | \$-14,893 | \$118,714 | \$8,840,019 | 1.34% | \$72,700 | \$0 | \$0 | 0.00% | \$0 |
| 55 - STATE DEPARTMENT OF AGRICULTURE | \$0 | \$0 | 0.00% | \$0 | \$0 | \$0 | 0.00% | \$0 | \$82,627 | \$10,275,294 | 0.80% | \$-36,087 |
| 58 - PUBLIC UTILITIES COMMISSION | \$0 | \$8,225,977 | 0.00% | \$0 | \$0 | \$8,173,869 | 0.00% | \$0 | \$0 | \$9,287,007 | 0.00% | \$0 |
| 61 - GAMING CONTROL BOARD | \$643,517 | \$26,240,925 | 2.45% | \$308,438 | \$580,489 | \$26,413,569 | 2.20% | \$-63,028 | \$748,968 | \$29,836,582 | 2.51% | \$168,079 |
| 65 - DEPARTMENT OF PUBLIC SAFETY | \$9,154,621 | \$87,942,212 | 10.41% | \$929,560 | \$1,019,782 | \$86,763,956 | 11.75% | \$1,042,561 | \$13,470,038 | \$103,171,686 | 13.06% | \$3,272,856 |
| 69 - COLORADO RIVER COMMISSION | \$5,778 | \$2,800,559 | 0.20% | \$599 | \$10,487 | \$3,078,171 | 0.34% | \$4,709 | \$17,983 | \$3,247,065 | 0.55% | \$7,497 |
| 70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES | \$2,208,807 | \$45,533,502 | 4.85% | \$-10,231 | \$1,515,172 | \$45,805,656 | 3.31% | \$-693,635 | \$0 | \$0 | 0.00% | \$0 |
| 70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES | \$0 | \$0 | 0.00% | \$0 | \$0 | \$0 | 0.00% | \$0 | \$2,285,418 | \$52,509,899 | 4.35% | \$770,245 |
| 72 - DEPARTMENT OF WILDLIFE | \$395,468 | \$15,723,122 | 2.13% | \$24,062 | \$353,874 | \$15,643,903 | 2.26% | \$18,406 | \$268,010 | \$17,407,246 | 1.54% | \$-85,964 |
| 74 - DEPARTMENT OF BUSINESS AND INDUSTRY | \$255,991 | \$36,723,220 | 0.70% | \$103,924 | \$513,855 | \$37,785,637 | 1.36% | \$257,865 | \$468,760 | \$43,650,955 | 1.05% | \$-55,096 |
| 80 - DEPARTMENT OF TRANSPORTATION | \$5,646,688 | \$103,754,343 | 5.44% | \$1,353,291 | \$8,106,197 | \$104,292,822 | 7.77% | \$2,459,509 | \$8,504,284 | \$118,270,408 | 7.19% | \$398,087 |
| 81 - DEPARTMENT OF MOTOR VEHICLES | \$2,597,893 | \$56,831,071 | 4.57% | \$1,376,628 | \$2,675,563 | \$58,069,363 | 4.61% | \$77,670 | \$1,090,952 | \$66,496,878 | 1.64% | \$-1,584,611 |
| 90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB | \$3,333,515 | \$51,817,326 | 6.26% | \$-1,274,725 | \$2,494,100 | \$51,951,641 | 4.80% | \$-739,416 | \$1,967,662 | \$57,631,240 | 3.41% | \$-526,438 |
| 95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM | \$5,520 | \$1,635,933 | 0.34% | \$5,520 | \$19,344 | \$1,539,351 | 1.26% | \$13,824 | \$36,075 | \$1,887,878 | 1.91% | \$16,731 |
| 96 - SILVER STATE HEALTH INSURANCE EXCHANGE | \$0 | \$1,494,368 | 0.00% | \$-13,325 | \$3,419 | \$1,553,755 | 0.22% | \$3,419 | \$1,977 | \$1,816,240 | 0.11% | \$-1,442 |
| Total | \$81,769,713 | 1,125,487,113.81 | 7.27% | \$12,206,018 | \$92,841,109 | 1,144,369,160.75 | 8.11% | \$11,071,397 | \$116,065,794 | 1,308,742,213.16 | 8.87% | \$23,302,285 |

440 DEPARTMENT OF CORRECTIONS

| Code | Organization | Base Pay | Accr Comp Hrs | Comp Dollars | Pd OT Hours | Pd OT Dollars | Total Curr Hrs | Total Curr Dollars | Total Prior Hrs | Total Prior Dollars | Difference |
|------|--------------------------------|-----------------|---------------|--------------|-------------|-----------------|----------------|--------------------|-----------------|---------------------|----------------------|
| 3706 | HR-PRISON MEDICAL CARE | \$4,603,992.55 | 953:41:00 | \$40,361.51 | 4159:45:00 | \$268,658.88 | 5113:26:00 | \$309,020.39 | 4992:52:00 | \$289,964.28 | \$19,066.11 |
| 3708 | HR-OFFENDERS' STORE FUND | \$639,238.45 | 0:00 | \$0.00 | 7:30 | \$388.52 | 7:30 | \$388.52 | 164:55:00 | \$7,798.64 | (7,410.12) |
| 3710 | HR-DIRECTOR'S OFFICE | \$3,034,901.12 | 840:56:00 | \$32,201.84 | 2873:23:00 | \$192,419.78 | 3714:19:00 | \$224,621.62 | 4109:28:00 | \$259,230.80 | (34,609.18) |
| 3711 | HR-CORRECTIONAL PROGRAMS | \$1,534,912.90 | 23:30 | \$657.90 | 235:20:00 | \$13,304.40 | 258:50:00 | \$13,963.30 | 476:12:00 | \$25,568.02 | (11,605.72) |
| 3715 | HR-SO NEVADA CORRECTIONAL CTR | \$13,203.20 | 0:00 | \$0.00 | 76:30:00 | \$4,734.59 | 76:30:00 | \$4,734.59 | 38:30:00 | \$2,382.78 | 2,351.81 |
| 3716 | HR-WARM SPRINGS CORRECTNL CTR | \$208,006.16 | 188:02:00 | \$7,455.44 | 704:36:00 | \$49,110.35 | 892:38:00 | \$56,565.79 | 919:14:00 | \$57,256.11 | (690.32) |
| 3717 | HR-NO NEVADA CORRECTNL CENTER | \$4,522,807.77 | 1971:30:00 | \$67,534.46 | 27345:59 | \$1,493,859.93 | 29317:29 | \$1,561,394.39 | 29537:38 | \$1,532,521.02 | 28,873.37 |
| 3718 | HR-NEVADA STATE PRISON | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 3719 | HR-PRISON INDUSTRY | \$235,605.36 | 0:00 | \$0.00 | 523:15:00 | \$34,275.75 | 523:15:00 | \$34,275.75 | 530:00:00 | \$33,432.71 | \$843.04 |
| 3722 | HR-STEWART CONSERVATION CAMP | \$221,568.08 | 115:08:00 | \$4,079.28 | 846:15:00 | \$51,382.04 | 961:23:00 | \$55,461.32 | 787:56:00 | \$42,894.74 | 12,566.58 |
| 3723 | HR-PIOCHE CONSERVATION CAMP | \$265,236.00 | 0:00 | \$0.00 | 998:25:00 | \$58,139.02 | 998:25:00 | \$58,139.02 | 1773:50:00 | \$100,058.90 | (41,919.88) |
| 3724 | HR-NO NV TRANSITIONAL HOUSING | \$207,002.00 | 34:04:00 | \$1,697.34 | 446:00:00 | \$29,248.37 | 480:04:00 | \$30,945.71 | 592:37:00 | \$37,360.54 | (6,414.83) |
| 3725 | HR-THREE LAKES VLY CNSRVTN CMP | \$379,473.37 | 435:08:00 | \$17,913.85 | 2324:45:00 | \$143,549.64 | 2759:53:00 | \$161,463.49 | 2785:07:00 | \$155,837.32 | 5,626.17 |
| 3727 | HR-PRISON RANCH | \$80,968.40 | 0:00 | \$0.00 | 106:00:00 | \$4,644.15 | 106:00:00 | \$4,644.15 | 91:30:00 | \$3,749.96 | 894.19 |
| 3738 | HR-SO DESERT CORRECTIONAL CTR | \$4,210,708.96 | 4441:05:00 | \$158,315.54 | 33138:50 | \$1,820,299.03 | 37579:55 | \$1,978,614.57 | 40236:33 | \$2,115,848.79 | (137,234.22) |
| 3739 | HR-WELLS CONSERVATION CAMP | \$189,430.64 | 145:05:00 | \$5,429.39 | 855:15:00 | \$47,746.89 | 1000:20:00 | \$53,176.28 | 861:04:00 | \$41,372.22 | 11,804.06 |
| 3741 | HR-HUMBOLDT CONSERVATION CAMP | \$41,938.00 | 68:04:00 | \$2,699.85 | 382:45:00 | \$28,586.52 | 450:49:00 | \$31,286.37 | 651:40:00 | \$42,875.80 | (11,589.43) |
| 3747 | HR-ELY CONSERVATION CAMP | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 3748 | HR-JEAN CONSERVATION CAMP | \$226,705.52 | 178:15:00 | \$6,636.38 | 1291:29:00 | \$70,196.99 | 1459:44:00 | \$76,893.37 | 1288:15:00 | \$64,967.34 | 11,926.03 |
| 3749 | HR-SILVER SPRINGS CONSERVATION | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 3751 | HR-ELY STATE PRISON | \$2,746,164.03 | 2397:42:00 | \$84,430.42 | 22687:42 | \$1,415,688.67 | 25085:24 | \$1,500,119.09 | 26610:15 | \$1,573,093.86 | (72,974.77) |
| 3752 | HR-CARLIN CONSERVATION CAMP | \$196,875.44 | 48:00:00 | \$1,865.76 | 1235:00:00 | \$72,821.61 | 1283:00:00 | \$74,687.37 | 1938:15:00 | \$117,861.69 | (43,174.32) |
| 3754 | HR-TOLOPAH CONSERVATION CAMP | \$4,080.80 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 146:00:00 | \$6,972.76 | (6,972.76) |
| 3759 | HR-LOVELOCK CORRECTIONAL CTR | \$3,322,475.56 | 1532:42:00 | \$55,733.48 | 21720:25 | \$1,264,672.34 | 23253:07 | \$1,320,405.82 | 2507:59 | \$1,402,793.20 | (82,387.38) |
| 3760 | HR-CASA GRANDE TRANS HOUSING | \$530,050.30 | 1037:19:00 | \$41,507.93 | 2961:05:00 | \$184,390.14 | 3998:24:00 | \$225,898.07 | 5229:32:00 | \$282,761.64 | (66,863.57) |
| 3761 | HR-F MCCLURE WOMENS COR CTR | \$3,114,551.72 | 3191:22:00 | \$119,871.40 | 17700:08 | \$1,040,489.01 | 20891:30 | \$1,160,360.41 | 22647:41 | \$1,208,439.08 | (48,078.67) |
| 3762 | HR-HIGH DESERT STATE PRISON | \$9,171,401.40 | 7306:36:00 | \$267,503.92 | 52905:57 | \$2,971,797.43 | 60212:33 | \$3,239,301.35 | 86685:56 | \$4,597,815.61 | (1,358,514.26) |
| 3763 | HR-INMATE WELFARE ACCOUNT | \$196,176.18 | 0:00 | \$0.00 | 30:45:00 | \$1,241.12 | 30:45:00 | \$1,241.12 | 190:05:00 | \$7,280.58 | (6,039.46) |
| | | \$39,887,473.91 | | \$945,955.69 | | \$11,261,645.17 | | \$12,177,600.86 | | \$14,010,138.39 | (1,832,537.53) |
| | | | | | | | | | | | -13.1% |
| | | | | | | | | | | | increase or decrease |

| Code | Organization | Base Pay | Accr Comp Hrs | Comp Dollars | Pd OT Hours | Pd OT Dollars | Total Curr Hrs | Total Curr Dollars | Total Prior Hrs | Total Prior Dollars | Difference |
|------|-------------------------------|-----------------|---------------|--------------|-------------|-----------------|----------------|--------------------|-----------------|---------------------|----------------|
| 3762 | HR-HIGH DESERT STATE PRISON | \$9,171,401.40 | 7306:36:00 | \$267,503.92 | 52905:57 | \$2,971,797.43 | 60212:33 | \$3,239,301.35 | 86685:56 | \$4,597,815.61 | (1,358,514.26) |
| 3738 | HR-SO DESERT CORRECTIONAL CTR | \$4,210,708.96 | 4441:05:00 | \$158,315.54 | 33138:50 | \$1,820,299.03 | 37579:55 | \$1,978,614.57 | 40236:33 | \$2,115,848.79 | (137,234.22) |
| 3717 | HR-NO NEVADA CORRECTNL CENTER | \$4,522,807.77 | 1971:30:00 | \$67,534.46 | 27345:59 | \$1,493,859.93 | 29317:29 | \$1,561,394.39 | 29537:38 | \$1,532,521.02 | 28,873.37 |
| 3751 | HR-ELY STATE PRISON | \$2,746,164.03 | 2397:42:00 | \$84,430.42 | 22687:42 | \$1,415,688.67 | 25085:24 | \$1,500,119.09 | 26610:15 | \$1,573,093.86 | (72,974.77) |
| 3759 | HR-LOVELOCK CORRECTIONAL CTR | \$3,322,475.56 | 1532:42:00 | \$55,733.48 | 21720:25 | \$1,264,672.34 | 23253:07 | \$1,320,405.82 | 2507:59 | \$1,402,793.20 | (82,387.38) |
| 3759 | HR-CASA GRANDE TRANS HOUSING | \$530,050.30 | 1037:19:00 | \$41,507.93 | 2961:05:00 | \$184,390.14 | 3998:24:00 | \$225,898.07 | 5229:32:00 | \$282,761.64 | (66,863.57) |
| 3761 | HR-F MCCLURE WOMENS COR CTR | \$3,114,551.72 | 3191:22:00 | \$119,871.40 | 17700:08 | \$1,040,489.01 | 20891:30 | \$1,160,360.41 | 22647:41 | \$1,208,439.08 | (48,078.67) |
| 3762 | HR-HIGH DESERT STATE PRISON | \$9,171,401.40 | 7306:36:00 | \$267,503.92 | 52905:57 | \$2,971,797.43 | 60212:33 | \$3,239,301.35 | 86685:56 | \$4,597,815.61 | (1,358,514.26) |
| 3766 | HR-PRISON MEDICAL CARE | \$4,603,992.55 | 953:41:00 | \$40,361.51 | 4159:45:00 | \$268,658.88 | 5113:26:00 | \$309,020.39 | 4992:52:00 | \$289,964.28 | \$19,066.11 |
| | | \$39,887,473.91 | | \$945,955.69 | | \$11,261,645.17 | | \$12,177,600.86 | | \$14,010,138.39 | (1,832,537.53) |
| | | | | | | | | | | | -13.1% |

Top 7 Correctional Centers (including Prison Medical)

| | | | | | | | | | | | |
|------|-------------------------------|-----------------|------------|--------------|------------|-----------------|------------|-----------------|------------|-----------------|----------------|
| 3762 | HR-HIGH DESERT STATE PRISON | \$9,171,401.40 | 7306:36:00 | \$267,503.92 | 52905:57 | \$2,971,797.43 | 60212:33 | \$3,239,301.35 | 86685:56 | \$4,597,815.61 | (1,358,514.26) |
| 3738 | HR-SO DESERT CORRECTIONAL CTR | \$4,210,708.96 | 4441:05:00 | \$158,315.54 | 33138:50 | \$1,820,299.03 | 37579:55 | \$1,978,614.57 | 40236:33 | \$2,115,848.79 | (137,234.22) |
| 3717 | HR-NO NEVADA CORRECTNL CENTER | \$4,522,807.77 | 1971:30:00 | \$67,534.46 | 27345:59 | \$1,493,859.93 | 29317:29 | \$1,561,394.39 | 29537:38 | \$1,532,521.02 | 28,873.37 |
| 3751 | HR-ELY STATE PRISON | \$2,746,164.03 | 2397:42:00 | \$84,430.42 | 22687:42 | \$1,415,688.67 | 25085:24 | \$1,500,119.09 | 26610:15 | \$1,573,093.86 | (72,974.77) |
| 3759 | HR-LOVELOCK CORRECTIONAL CTR | \$3,322,475.56 | 1532:42:00 | \$55,733.48 | 21720:25 | \$1,264,672.34 | 23253:07 | \$1,320,405.82 | 2507:59 | \$1,402,793.20 | (82,387.38) |
| 3761 | HR-F MCCLURE WOMENS COR CTR | \$3,114,551.72 | 3191:22:00 | \$119,871.40 | 17700:08 | \$1,040,489.01 | 20891:30 | \$1,160,360.41 | 22647:41 | \$1,208,439.08 | (48,078.67) |
| 3762 | HR-HIGH DESERT STATE PRISON | \$9,171,401.40 | 7306:36:00 | \$267,503.92 | 52905:57 | \$2,971,797.43 | 60212:33 | \$3,239,301.35 | 86685:56 | \$4,597,815.61 | (1,358,514.26) |
| 3766 | HR-PRISON MEDICAL CARE | \$4,603,992.55 | 953:41:00 | \$40,361.51 | 4159:45:00 | \$268,658.88 | 5113:26:00 | \$309,020.39 | 4992:52:00 | \$289,964.28 | \$19,066.11 |
| | | \$39,887,473.91 | | \$945,955.69 | | \$11,261,645.17 | | \$12,177,600.86 | | \$14,010,138.39 | (1,832,537.53) |
| | | | | | | | | | | | -13.1% |

percent of total

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency:
DOC 24Q4 RSN

440 DEPARTMENT OF CORRECTIONS

| Code | Reason | Accr Comp Hrs | Comp Dollars | Pd OT Hours | Pd OT Dollars | Total Hrs | Total Dollars |
|------|--------------|---------------|---------------------|-------------|----------------|------------------------|------------------------|
| 1 | ACCIDENTS | 0:00 | \$0.00 | 7:30 | \$308.30 | 7:30 | \$308.30 |
| 2 | ACCT/FISCAL | 0:00 | \$0.00 | 3:00 | \$222.71 | 3:00 | \$222.71 |
| 3 | ADMIN | 0:00 | \$0.00 | 12:30 | \$811.78 | 12:30 | \$811.78 |
| 4 | ADMIN SUPPRT | 0:00 | \$0.00 | 4:00 | \$305.52 | 4:00 | \$305.52 |
| 9 | CONFERENCES | 0:00 | \$0.00 | 4:30 | \$134.58 | 4:30 | \$134.58 |
| 10 | COURT | 8:00 | \$260.32 | 15:30 | \$1,056.24 | 23:30 | \$1,316.56 |
| 11 | COVER-AL/MIL | 5012:29:00 | \$179,440.00 | 95140:48 | \$5,528,503.87 | 100153:17 | \$5,707,943.87 |
| 12 | COVER-24 HR | 0:00 | \$0.00 | 12:00 | \$734.64 | 12:00 | \$734.64 |
| 13 | COVER-HOL/WK | 733:52:00 | \$29,605.43 | 11861:26 | \$596,485.97 | 12595:18 | \$626,091.40 |
| 14 | COVER-INJURY | 0:00 | \$0.00 | 7:30 | \$382.60 | 7:30 | \$382.60 |
| 15 | COVER-SICK | 172:30:00 | \$7,719.26 | 831:15:00 | \$61,695.29 | 1003:45:00 | \$69,414.55 |
| 16 | COVER-TRAIN | 0:00 | \$0.00 | 26:50:00 | \$1,253.01 | 26:50:00 | \$1,253.01 |
| 17 | COVER-VACANT | 388:14:00 | \$15,768.12 | 3708:55:00 | \$203,480.54 | 4097:09:00 | \$219,248.66 |
| 19 | INVESTIGATE | 15:00 | \$590.85 | 195:15:00 | \$13,920.88 | 210:15:00 | \$14,511.73 |
| 20 | MEETINGS | 0:00 | \$0.00 | 1:33 | \$103.31 | 1:33 | \$103.31 |
| 21 | OFFICE SPPRT | 0:00 | \$0.00 | 6:00 | \$413.21 | 6:00 | \$413.21 |
| 23 | PROGRAM DEAD | 57:45:00 | \$1,932.84 | 132:30:00 | \$8,220.17 | 190:15:00 | \$10,153.01 |
| 24 | SITE REPAIR | 203:50:00 | \$6,425.82 | 558:20:00 | \$29,120.31 | 762:10:00 | \$35,546.13 |
| 25 | SPECIAL EVNT | 53:45:00 | \$2,033.03 | 47:50:00 | \$2,834.84 | 101:35:00 | \$4,867.87 |
| 26 | STAFF MEET | 3:00 | \$82.20 | 1:30 | \$133.93 | 4:30 | \$216.13 |
| 27 | TRAINING | 42:45:00 | \$2,117.22 | 158:40:00 | \$10,292.95 | 201:25:00 | \$12,410.17 |
| 29 | TRAVEL | 9:45 | \$493.27 | 19:00 | \$884.78 | 28:45:00 | \$1,378.05 |
| 30 | WORKLOAD | 1173:28:00 | \$42,554.38 | 11196:25 | \$691,758.56 | 12369:53 | \$734,312.94 |
| 31 | WORKSHOPS | 0:00 | \$0.00 | 78:00:00 | \$5,233.00 | 78:00:00 | \$5,233.00 |
| 32 | SHIFT TRADE | 34:00:00 | \$1,202.58 | 59:30:00 | \$3,293.60 | 93:30:00 | \$4,496.18 |
| 33 | COVID-19 | 4:23 | \$173.05 | 29:20:00 | \$1,904.73 | 33:43:00 | \$2,077.78 |
| 34 | MUSTER | 15001:03 | \$550,976.93 | 42084:16 | \$2,391,306.25 | 57085:19 | \$2,942,283.18 |
| 51 | AGNCY DEFINE | 18:00 | \$916.56 | 52:45:00 | \$2,853.44 | 70:45:00 | \$3,770.00 |
| 52 | AGNCY DEFINE | 0:00 | \$0.00 | 46:00:00 | \$2,646.09 | 46:00:00 | \$2,646.09 |
| 55 | AGNCY DEFINE | 4:30 | \$179.57 | 27:30:00 | \$1,777.77 | 32:00:00 | \$1,957.34 |
| 56 | AGNCY DEFINE | 83:15:00 | \$3,039.94 | 1528:28:00 | \$95,126.71 | 1611:43:00 | \$98,166.65 |
| 57 | AGNCY DEFINE | 0:00 | \$0.00 | 8:00 | \$643.13 | 8:00 | \$643.13 |
| 58 | AGNCY DEFINE | 0:00 | \$0.00 | 34:00:00 | \$2,445.12 | 34:00:00 | \$2,445.12 |
| 59 | AGNCY DEFINE | 8:15 | \$273.39 | 384:05:00 | \$25,319.20 | 392:20:00 | \$25,592.59 |
| 63 | AGNCY DEFINE | 1594:16:00 | \$59,467.85 | 17413:13 | \$1,008,122.83 | 19007:29 | \$1,067,590.68 |
| 64 | AGNCY DEFINE | 218:18:00 | \$7,718.22 | 5389:40:00 | \$310,087.54 | 5607:58:00 | \$317,805.76 |
| 65 | AGNCY DEFINE | 0:00 | \$0.00 | 6:00 | \$211.41 | 6:00 | \$211.41 |
| 67 | AGNCY DEFINE | 0:00 | \$0.00 | 108:00:00 | \$7,198.56 | 108:00:00 | \$7,198.56 |
| 74 | AGNCY DEFINE | 0:00 | \$0.00 | 171:45:00 | \$10,847.12 | 171:45:00 | \$10,847.12 |
| 81 | AGNCY DEFINE | 3:00 | \$129.78 | 369:30:00 | \$25,078.48 | 372:30:00 | \$25,208.26 |
| 83 | AGNCY DEFINE | 24:00:00 | \$1,038.24 | 120:00:00 | \$9,099.84 | 144:00:00 | \$10,138.08 |
| 84 | AGNCY DEFINE | 0:00 | \$0.00 | 13:15 | \$557.08 | 13:15 | \$557.08 |
| 86 | AGNCY DEFINE | 0:00 | \$0.00 | 125:00:00 | \$10,448.89 | 125:00:00 | \$10,448.89 |
| 100 | NO CODE | -3:00 | (\$93.57) | 3447:00:00 | \$186,783.73 | 3444:00:00 | \$186,690.16 |
| | | | \$915,955.69 | | | \$11,261,645.17 | \$12,177,600.86 |

Highest 4 Causes of Overtime by Event Code

| | | | | | | | | | |
|-----------------|------------|----|------------|----------|----|--------------|-----------|----|---------------|
| 11 COVER-AL/MIL | 5012:29:00 | \$ | 179,440.00 | 95140:48 | \$ | 5,528,503.87 | 100153:17 | \$ | 5,707,943.87 |
| 34 MUSTER | 15001:03 | \$ | 550,976.93 | 42084:16 | \$ | 2,391,306.25 | 57085:19 | \$ | 2,942,283.18 |
| 63 AGNCY DEFINE | 1594:16:00 | \$ | 59,467.85 | 17413:13 | \$ | 1,008,122.83 | 19007:29 | \$ | 1,067,590.68 |
| 30 WORKLOAD | 1173:28:00 | \$ | 42,554.38 | 11196:25 | \$ | 691,758.56 | 12369:53 | \$ | 734,312.94 |
| | | | | | | | | \$ | 10,452,130.67 |
| | | | | | | | | | 85.8% |

| Dept | Code | Organization | Accrued Comp | | | Paid Overtime | | | Total | | |
|--------------------------------------|------|---------------------------------|-----------------|-----------|-------------|---------------|--------------|------------|--------------|--------------|--|
| | | | Base Pay | Hours | Dollars | Hours2 | Dollars3 | Hours4 | Dollars5 | Total | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 1499 | HR-PUBLIC DEFENDER | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 2600 | HR-INDIAN COMMISSION | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3055 | HR-PATIENT PROTECTION COMMISSIO | \$38,451.76 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3060 | HR-FUND FOR RESILIENT NEVADA | \$123,619.60 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3150 | HR-ADMINISTRATION | \$394,349.52 | 22:31:00 | \$1,000.05 | 19:20 | \$26,743.43 | 377:51:00 | \$27,743.48 | \$27,743.48 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3154 | HR-DEVELOPMENTAL DISABILITIES | \$66,767.12 | 98:15:00 | \$3,528.24 | 6:15 | \$1,298.87 | 128:30:00 | \$4,827.11 | \$4,827.11 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3195 | HR-GRANTS MANAGEMENT UNIT | \$101,233.60 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3203 | HR-DATA ANALYTICS | \$421,375.36 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3204 | HR-CONSUMER HEALTH ASSISTANCE | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3261 | HR-HEALTHY NV FUND ADMIN | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3266 | HR-DISABILITY SERVICES | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 400 - DEPT OF HEALTH AND HUMAN SERV | 3276 | HR-IDEA PART C COMPLIANCE | \$172,554.00 | 79:06:00 | \$3,123.16 | 191:45:00 | \$13,065.20 | 270:51:00 | \$16,188.36 | \$16,188.36 | |
| 402 - AGING AND DISABILITY SERVICES | 2363 | HR-SR CITIZEN PROP TAX ASSIST | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3140 | HR-TOBACCO SETTLEMENT PROGRAM | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3146 | HR-HOME&COMMUNITY BASED PROG | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3151 | HR-AGING FEDERAL PROG & ADMIN | \$1,413,008.91 | 261:11:00 | \$11,184.88 | 353:00:00 | \$22,256.14 | 614:11:00 | \$33,441.02 | \$33,441.02 | |
| 402 - AGING AND DISABILITY SERVICES | 3154 | | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3156 | HR-SENIOR RX AND DISABILITY RX | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3167 | HR-RURAL REGIONAL CENTER | \$729,937.59 | 4:30 | \$3,614.06 | 3:45 | \$112.17 | 8:15 | \$3,726.23 | \$3,726.23 | |
| 402 - AGING AND DISABILITY SERVICES | 3204 | HR-HHS DO CONSUMER HEALTH ASSI | \$220,643.33 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3206 | HR-COMMUNICATION ACCESS SRVCS | \$132,592.40 | 0:00 | \$0.00 | 4:00 | \$216.60 | 4:00 | \$216.60 | \$216.60 | |
| 402 - AGING AND DISABILITY SERVICES | 3208 | HR-EARLY INTERVENTION SVCS | \$3,305,064.83 | 5:15 | \$1,289.92 | 0:00 | \$0.00 | 5:15 | \$1,289.92 | \$1,289.92 | |
| 402 - AGING AND DISABILITY SERVICES | 3209 | HR-AUTISM TREATMENT PROGRAM | \$819,568.94 | 2:15 | \$1,552.93 | 1:30 | \$111.36 | 3:45 | \$1,664.29 | \$1,664.29 | |
| 402 - AGING AND DISABILITY SERVICES | 3252 | HR-HR HOME MAKER | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3266 | HR-COMMUNITY BASED SERVICES | \$2,690,547.29 | 9:08 | \$5,213.97 | 7:30:00 | \$414.52 | 136:38:00 | \$5,628.49 | \$5,628.49 | |
| 402 - AGING AND DISABILITY SERVICES | 3271 | HR-FOCUS AND MFP | \$58,171.50 | 0:00:00 | \$0.00 | 0 | \$0.00 | 0 | \$0.00 | \$0.00 | |
| 402 - AGING AND DISABILITY SERVICES | 3278 | HR-PLANNING ADVOCACY AND COMM | \$477,369.28 | 8:05 | \$10,607.25 | 0:00 | \$0.00 | 8:05 | \$10,607.25 | \$10,607.25 | |
| 402 - AGING AND DISABILITY SERVICES | 3279 | HR-DESERT REGIONAL CENTER | \$6,608,357.99 | 677:20:00 | \$23,882.58 | 12495:27 | \$504,039.56 | 13172:47 | \$527,922.14 | \$527,922.14 | |
| 402 - AGING AND DISABILITY SERVICES | 3280 | HR-SIERRA REGIONAL CENTER | \$1,353,440.03 | 43:08:00 | \$1,890.14 | 52:45:00 | \$3,779.29 | 95:53:00 | \$5,669.43 | \$5,669.43 | |
| 402 - AGING AND DISABILITY SERVICES | 3282 | HR-ADULT PROTECTIVE SRVS & LO | \$1,868,589.15 | 0:00:00 | \$0.00 | 1537:35:00 | \$85,761.87 | 1537:35:00 | \$85,761.87 | \$85,761.87 | |
| 402 - AGING AND DISABILITY SERVICES | 3283 | HR-STATE INDEPENDENT LIVING CO | \$33,893.84 | 4:30:00 | \$177.66 | 0:00:00 | \$0.00 | 4:30:00 | \$177.66 | \$177.66 | |
| 403 - HEALTH CARE FINANCING & POLICY | 3158 | HR-HEALTH CARE FIN & POLICY | \$5,171,762.63 | 645:54:00 | \$26,994.21 | 25:35:00 | \$1,572.73 | 671:29:00 | \$28,566.94 | \$28,566.94 | |
| 403 - HEALTH CARE FINANCING & POLICY | 3164 | HR-HEALTH INVESTIGATION AND E | \$2,416.64 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 403 - HEALTH CARE FINANCING & POLICY | 3178 | HR-NEVADA CHECK-UP PROGRAM | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 403 - HEALTH CARE FINANCING & POLICY | 3243 | HR-NEVADA MEDICAID | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3101 | HR-RADIATION CONTROL PROGRAM | \$329,536.44 | 0:00 | \$0.00 | 11:50 | \$8,261.51 | 11:50 | \$8,261.51 | \$8,261.51 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3149 | HR-CHILD CARE SERVICES | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3153 | HR-CANCER CONTROL REGISTRY | \$97,514.88 | 0:00 | \$0.00 | 19:20 | \$15,010.39 | 19:20 | \$15,010.39 | \$15,010.39 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3161 | HR-SO NEV ADULT MENTAL HEALTH | \$12,335,942.87 | 878:54:00 | \$36,307.26 | 17230:39 | \$885,886.93 | 18109:33 | \$922,194.19 | \$922,194.19 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3162 | HR-NNV ADULT MENTAL HEALTH SVC | \$2,568,641.98 | 15:14 | \$12,246.86 | 1028:30:00 | \$47,409.07 | 1403:44:00 | \$59,655.93 | \$59,655.93 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3164 | HR-BEHAVORIAL HLTH INFO SYSTEM | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3165 | HR-CRISIS RESPONSE | \$147,264.24 | 4:30 | \$125.06 | 0:00:00 | \$0.00 | 4:30:00 | \$125.06 | \$125.06 | |
| 406 - PUBLIC AND BEHAVIORAL HEALTH | 3168 | HR-BEHAVORIAL HEALTH ADMINSTR | \$232,748.96 | 0:00 | \$0.00 | 8:30 | \$603.16 | 8:30 | \$603.16 | \$603.16 | |

| Dept | Code | Organization | Accrued Comp | | | Paid Overtime | | | Total | | |
|--------------------------------------|------|--------------------------------|-----------------|-----------|-------------|---------------|----------------|------------|----------------|--|--|
| | | | Base Pay | Hours | Dollars | Hours2 | Dollars3 | Hours4 | Dollars5 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3170 | HR-BEHAVIORAL HEALTH PREV & TR | \$491,399.14 | 0:00 | \$5,024.57 | 5:30 | \$181.78 | 5:30 | \$5,206.35 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3190 | HR-HEALTH STATISTICS&PLANNING | \$202,722.20 | 6:45 | \$1,429.26 | 0:00 | \$0.00 | 6:45 | \$1,429.26 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3194 | HR-ENVIRONMENTAL HEALTH SVCS | \$207,291.99 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3200 | HR-PREVTREAT OF PROBLEM GAMBL | \$16,827.20 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3203 | | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3204 | HR-OFFICE OF MINORITY HEALTH | \$0.00 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3208 | HR-EARLY INTERVENTION SVCS | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3213 | HR-IMMUNIZATION PROGRAM | \$224,404.69 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3214 | HR-WIC FOOD SUPPLEMENT | \$266,290.65 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3215 | HR-COMMUNICABLE DISEASES | \$161,410.20 | 0:00 | \$0.00 | 13:20 | \$1,674.59 | 13:20 | \$1,674.59 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3216 | HR-HEALTH CARE FACILITY REG | \$1,825,315.47 | 19:53 | \$4,920.10 | 226:00:00 | \$11,300.05 | 341:53:00 | \$16,220.15 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3218 | HR-HEALTH ALERT NETWORK | \$253,989.60 | 0:00 | \$0.00 | 2:00 | \$3,123.36 | 2:00 | \$3,123.36 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3219 | HR-HHS HD BIOSTATS & EPIDMLG | \$252,998.20 | 0:00 | \$0.00 | 10:00 | \$5,364.49 | 10:00 | \$5,364.49 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3220 | HR-CHRONIC DISEASE | \$309,802.50 | 0:00:00 | \$0.00 | 91:45:00 | \$6,218.21 | 91:45:00 | \$6,218.21 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3222 | HR-MATERNAL CHILD HEALTH SRVC | \$226,160.11 | 0:00 | \$0.00 | 11:42 | \$7,608.71 | 11:42 | \$7,608.71 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3223 | HR-OFF OF STATE HEALTH ADMIN | \$1,801,242.44 | 1:55 | \$3,198.04 | 8:15 | \$42,775.23 | 10:10 | \$45,973.27 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3224 | HR-COMMUNITY HEALTH SERVICES | \$372,574.30 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3234 | HR-DPBH-PUBLIC HEALTH IMPROVEM | \$57,938.40 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3235 | HR-EMERGENCY MEDICAL SERVICES | \$71,753.60 | 0:00 | \$0.00 | 10:00 | \$8,793.85 | 10:00 | \$8,793.85 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3645 | HR-FAC FOR MENTAL OFFENDER | \$1,823,866.29 | 14:02 | \$67,306.15 | 20:42 | \$426,170.15 | 10:44 | \$493,476.30 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 3648 | HR-HHS DPBH RURAL CLINICS | \$1,667,077.63 | 0:00 | \$0.00 | 22:30 | \$2,681.34 | 22:30 | \$2,681.34 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 4543 | HR- MED MARIJUANA ESTABLISHMEN | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | 4547 | HR- MARIJUANA HEALTH REGISTRY | \$42,235.52 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 3149 | | \$283,599.38 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 3228 | HR-WELFARE ADMINISTRATION | \$4,309,257.14 | 7:30 | \$371.18 | 1555:05:00 | \$97,800.21 | 1562:35:00 | \$98,171.39 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 3233 | HR-WELFARE FIELD SERVICES | \$23,647,531.43 | 0:00 | \$0.00 | 61296:28 | \$2,852,221.83 | 61296:28 | \$2,852,221.83 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 3238 | HR-CHILD SPRT ENFORCEMENT PRG | \$1,522,920.52 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 3267 | HR-CHILD CARE ASSIST & DEVEL | \$395,760.75 | 0:00 | \$0.00 | 189:30:00 | \$12,802.44 | 189:30:00 | \$12,802.44 | | |
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | 4862 | HR-ENERGY ASSISTANCE - WELFARE | \$260,276.00 | 0:00:00 | \$0.00 | 621:45:00 | \$30,578.96 | 621:45:00 | \$30,578.96 | | |
| 409 - CHILD AND FAMILY DIVISION | 1383 | HR-COMMUNITY JUV JUSTICE PRG | \$281,972.98 | 21:45 | \$924.32 | 6:20 | \$9,935.79 | 4:05 | \$10,860.11 | | |
| 409 - CHILD AND FAMILY DIVISION | 3143 | HR-INFORMATION SERVICES | \$524,631.35 | 13:53 | \$4,970.80 | 10:45 | \$51,098.68 | 0:38 | \$56,069.48 | | |
| 409 - CHILD AND FAMILY DIVISION | 3145 | HR-CHILDRENYOUTH/FAMILY ADMIN | \$1,013,536.26 | 494:49:00 | \$14,405.30 | 775:05:00 | \$47,835.19 | 1269:54:00 | \$62,240.49 | | |
| 409 - CHILD AND FAMILY DIVISION | 3146 | | \$772,761.78 | 1:30:00 | \$27.60 | 306:25:00 | \$16,767.58 | 307:55:00 | \$16,795.18 | | |
| 409 - CHILD AND FAMILY DIVISION | 3148 | HR-SUMMIT VIEW YOUTH CENTER | \$932,914.77 | 12:37 | \$22,032.36 | 4320:59:00 | \$191,307.10 | 5053:36:00 | \$213,339.46 | | |
| 409 - CHILD AND FAMILY DIVISION | 3149 | HR-CHILD CARE SERVICES | \$0.00 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 409 - CHILD AND FAMILY DIVISION | 3179 | HR-CALIENTE YOUTH CENTER | \$866,183.32 | 11:17 | \$15,216.83 | 2393:52:00 | \$110,134.25 | 2957:09:00 | \$125,351.08 | | |
| 409 - CHILD AND FAMILY DIVISION | 3229 | HR-RURAL CHILD WELFARE | \$2,138,896.76 | 6:28 | \$21,791.66 | 2771:13:00 | \$156,731.24 | 3473:41:00 | \$178,522.90 | | |
| 409 - CHILD AND FAMILY DIVISION | 3259 | HR-NEVADA YOUTH TRAINING CTR | \$941,302.16 | 16:30 | \$13,327.48 | 4449:45:00 | \$213,419.53 | 4874:15:00 | \$226,747.01 | | |
| 409 - CHILD AND FAMILY DIVISION | 3262 | | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 409 - CHILD AND FAMILY DIVISION | 3263 | HR-YOUTH PAROLE SERVICES | \$712,823.54 | 4:30 | \$4,074.66 | 2:25 | \$32,091.62 | 6:55 | \$36,166.28 | | |
| 409 - CHILD AND FAMILY DIVISION | 3271 | | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | |
| 409 - CHILD AND FAMILY DIVISION | 3278 | | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | |
| 409 - CHILD AND FAMILY DIVISION | 3281 | HR-NO NEV CHILD & ADLSCNT SVCS | \$1,302,986.06 | 226:09:00 | \$6,765.07 | 1478:25:00 | \$83,528.73 | 1704:34:00 | \$90,293.80 | | |

| Dept | Code | Organization | Accrued Comp | | Paid Overtime | | Total | | |
|---------------------------------|------|--------------------------------|----------------|---------|---------------|---------|--------------|---------|--------------|
| | | | Base Pay | Hours | Dollars | Hours2 | Dollars3 | Hours4 | Dollars5 |
| 409 - CHILD AND FAMILY DIVISION | 3646 | HR-SO NEV CHILD & ADLSCNT SVCS | \$4,177,690.10 | 11:15 | \$25,556.04 | 1:25 | \$342,127.46 | 12:40 | \$367,683.50 |
| 409 - CHILD AND FAMILY DIVISION | 4895 | HR-VICTIMS OF CRIME | \$108,793.51 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | | Total Dollars12 |
|-------|---------------|--------------|------------|---------------|-------------|-----------|-------------|-----------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars11 | |
| 1 | ACCIDENTS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 2 | ACCT/FISCAL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 3 | ADMIN | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 4 | ADMIN SUPPRT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 5 | BACKLOG REDU | 0:00 | \$0.00 | 21:45 | \$1,543.40 | 21:45 | \$1,543.40 | \$1,543.40 |
| 6 | BUDGET PREP | 15:00 | \$592.20 | 4:35 | \$23,723.78 | 19:35 | \$24,315.98 | \$24,315.98 |
| 7 | CLIENT MEET | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 9 | CONFERENCES | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 13 | COVER-HOL/WK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 15 | COVER-SICK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 17 | COVER-VACANT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 18 | EMERGENCIES | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 19 | INVESTIGATE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 20 | MEETINGS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 21 | OFFICE SPRT | 10:30 | \$425.46 | 16:30 | \$1,170.84 | 3:00 | \$1,596.30 | \$1,596.30 |
| 22 | PERSONNEL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 23 | PROGRAM DEAD | 68:36:00 | \$2,697.70 | 106:15:00 | \$7,474.10 | 174:51:00 | \$10,171.80 | \$10,171.80 |
| 24 | SITE REPAIR | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 25 | SPECIAL EVNT | 6:45 | \$2,949.88 | 6:15 | \$1,298.87 | 13:00 | \$4,248.75 | \$4,248.75 |
| 26 | STAFF MEET | 0:00 | \$0.00 | 3:30 | \$134.24 | 3:30 | \$134.24 | \$134.24 |
| 27 | TRAINING | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 28 | TRAIN-PERSON | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 29 | TRAVEL | 6:45 | \$266.49 | 10:00:00 | \$545.01 | 16:45:00 | \$811.50 | \$811.50 |
| 30 | WORKLOAD | 7:31 | \$407.85 | 0:30 | \$5,217.26 | 8:01 | \$5,625.11 | \$5,625.11 |
| 31 | WORKSHOPS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 33 | COVID-19 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 50 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 98 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 99 | AGENCY DEFINE | 12:45:00 | \$311.87 | 0:00:00 | \$0.00 | 12:45:00 | \$311.87 | \$311.87 |
| 100 | NO CODE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 1 | ACCIDENTS | 7:30 | \$354.83 | 16:30 | \$977.23 | 0:00 | \$1,332.06 | \$1,332.06 |
| 2 | ACCT/FISCAL | 3:00 | \$72.48 | 14:45 | \$1,200.50 | 17:45 | \$1,272.98 | \$1,272.98 |
| 3 | ADMIN | 9:45 | \$402.05 | 0:00 | \$0.00 | 9:45 | \$402.05 | \$402.05 |
| 4 | ADMIN SUPPRT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 5 | BACKLOG REDU | 0:00 | \$0.00 | 7:30 | \$414.52 | 7:30 | \$414.52 | \$414.52 |
| 6 | BUDGET PREP | 0:00 | \$0.00 | 3:00 | \$2,115.81 | 3:00 | \$2,115.81 | \$2,115.81 |
| 7 | CLIENT MEET | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | | Total Dollars12 |
|-------|---------------|--------------|-------------|---------------|--------------|------------|--------------|-----------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars11 | |
| 8 | CLIENT SVCS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 9 | CONFERENCES | 4:30 | \$212.90 | 0:00 | \$0.00 | 4:30 | \$212.90 | \$212.90 |
| 10 | COURT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 11 | COVER-ALMIL | 6:45 | \$1,565.79 | 0:00 | \$0.00 | 6:45 | \$1,565.79 | \$1,565.79 |
| 12 | COVER-24 HR | 486:18:00 | \$16,259.94 | 11261:22 | \$467,345.18 | 11747:40 | \$483,605.12 | \$483,605.12 |
| 13 | COVER-HOL/WK | 2:45 | \$619.82 | 1165:45:00 | \$33,083.04 | 1192:30:00 | \$33,702.86 | \$33,702.86 |
| 14 | COVER-INJURY | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 15 | COVER-SICK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 16 | COVER-TRAIN | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 17 | COVER-VACANT | 17:44 | \$4,194.95 | 1529:05:00 | \$85,128.27 | 1642:49:00 | \$89,323.22 | \$89,323.22 |
| 18 | EMERGENCIES | 10:30 | \$323.13 | 4:00 | \$246.87 | 14:30 | \$570.00 | \$570.00 |
| 19 | INVESTIGATE | 3:46 | \$119.14 | 0:00 | \$0.00 | 3:46 | \$119.14 | \$119.14 |
| 20 | MEETINGS | 23:15 | \$1,044.14 | 1:30 | \$111.36 | 0:45 | \$1,155.50 | \$1,155.50 |
| 21 | OFFICE SPVRT | 12:00 | \$3,266.58 | 13:15 | \$15,382.96 | 1:15 | \$18,649.54 | \$18,649.54 |
| 22 | PERSONNEL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 23 | PROGRAM DEAD | 63:30:00 | \$3,002.32 | 0:00:00 | \$0.00 | 63:30:00 | \$3,002.32 | \$3,002.32 |
| 24 | SITE REPAIR | 25:53:00 | \$1,043.33 | 36:05:00 | \$1,781.35 | 61:58:00 | \$2,824.68 | \$2,824.68 |
| 25 | SPECIAL EVNT | 7:30:00 | \$317.93 | 0:00:00 | \$0.00 | 7:30:00 | \$317.93 | \$317.93 |
| 26 | STAFF MEET | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 27 | TRAINING | 2:15:00 | \$72.81 | 0:00:00 | \$0.00 | 2:15:00 | \$72.81 | \$72.81 |
| 28 | TRAIN-PERSON | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 29 | TRAVEL | 72:01:00 | \$3,285.88 | 4:00:00 | \$216.60 | 76:01:00 | \$3,502.48 | \$3,502.48 |
| 30 | WORKLOAD | 568:25:00 | \$23,255.37 | 134:45:00 | \$8,687.82 | 703:10:00 | \$31,943.19 | \$31,943.19 |
| 31 | WORKSHOPS | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 32 | SHIFT TRADE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 33 | COVID-19 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 80 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 86 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 89 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 98 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 99 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 100 | NO CODE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 1 | ACCIDENTS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 2 | ACCT/FISCAL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 3 | ADMIN | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 4 | ADMIN SUPVRT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 5 | BACKLOG REDU | 23:45 | \$5,330.33 | 0:00:00 | \$0.00 | 143:45:00 | \$5,330.33 | \$5,330.33 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | |
|-------|---------------|--------------|-------------|---------------|-------------|-----------|-------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars12 |
| 6 | BUDGET PREP | 50:15:00 | \$2,354.57 | 0:00 | \$0.00 | 50:15:00 | \$2,354.57 |
| 7 | CLIENT MEET | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 8 | CLIENT SVCS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 9 | CONFERENCES | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 10 | COURT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 11 | COVER-AL/MIL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 13 | COVER-HOL/WK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 15 | COVER-SICK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 16 | COVER-TRAIN | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 17 | COVER-VACANT | 33:00:00 | \$1,079.31 | 0:00:00 | \$0.00 | 33:00:00 | \$1,079.31 |
| 18 | EMERGENCIES | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 19 | INVESTIGATE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 20 | MEETINGS | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 21 | OFFICE SPRT | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 22 | PERSONNEL | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 23 | PROGRAM DEAD | 0:00:00 | \$0.00 | 1:00:00 | \$54.15 | 1:00:00 | \$54.15 |
| 24 | SITE REPAIR | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 25 | SPECIAL EVNT | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 26 | STAFF MEET | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 27 | TRAINING | 15:30:00 | \$688.05 | 0:00:00 | \$0.00 | 15:30:00 | \$688.05 |
| 28 | TRAIN-PERSON | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 29 | TRAVEL | 91:02:00 | \$3,143.72 | 0:00:00 | \$0.00 | 91:02:00 | \$3,143.72 |
| 30 | WORKLOAD | 0:22 | \$14,398.23 | 0:35 | \$1,518.58 | 0:57 | \$15,916.81 |
| 31 | WORKSHOPS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 32 | SHIFT TRADE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 33 | COVID-19 | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 59 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 98 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 99 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 100 | NO CODE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 1 | ACCIDENTS | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 2 | ACCT/FISCAL | 0:00 | \$0.00 | 129:00:00 | \$5,789.76 | 129:00:00 | \$5,789.76 |
| 3 | ADMIN | 2:38 | \$1,260.02 | 6:30 | \$1,489.04 | 9:08 | \$2,749.06 |
| 4 | ADMIN SUPPRT | 5:24 | \$170.80 | 0:00:00 | \$0.00 | 5:24:00 | \$170.80 |
| 5 | BACKLOG REDU | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 6 | BUDGET PREP | 13:08:00 | \$541.09 | 586:55:00 | \$39,367.78 | 600:03:00 | \$39,908.87 |
| 7 | CLIENT MEET | 0:00:00 | \$0.00 | 3:00:00 | \$219.02 | 3:00:00 | \$219.02 |

| Code# | Reason | Accrued Comp | | Paid Overtime | | Total | | Total Dollars12 |
|-------|---------------|--------------|-------------|---------------|--------------|------------|--------------|-----------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars11 | |
| 8 | CLIENT SVCS | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 9 | CONFERENCES | 9:00 | \$332.91 | 2:45 | \$2,114.07 | 11:45 | \$2,446.98 | \$2,446.98 |
| 10 | COURT | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 11 | COVER-ALMIL | 4:30 | \$5,117.46 | 202:45:00 | \$16,036.47 | 303:15:00 | \$21,153.93 | \$21,153.93 |
| 12 | COVER-24 HR | 5:17 | \$25,640.80 | 12367:19 | \$675,289.62 | 13044:36 | \$700,930.42 | \$700,930.42 |
| 13 | COVER-HOLWK | 11:23 | \$19,544.80 | 4620:07:00 | \$188,618.80 | 5087:30:00 | \$208,163.60 | \$208,163.60 |
| 14 | COVER-INJURY | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 15 | COVER-SICK | 16:30 | \$918.96 | 20:00 | \$14,716.20 | 228:30:00 | \$15,635.16 | \$15,635.16 |
| 16 | COVER-TRAIN | 7:08 | \$1,959.34 | 643:25:00 | \$34,721.10 | 698:33:00 | \$36,680.44 | \$36,680.44 |
| 17 | COVER-VACANT | 21:56 | \$1,766.49 | 330:30:00 | \$18,245.33 | 376:26:00 | \$20,011.82 | \$20,011.82 |
| 18 | EMERGENCIES | 0:00 | \$0.00 | 38:30:00 | \$2,098.70 | 38:30:00 | \$2,098.70 | \$2,098.70 |
| 19 | INVESTIGATE | 6:23 | \$256.33 | 2:15 | \$76.01 | 8:38 | \$332.34 | \$332.34 |
| 20 | MEETINGS | 44:38:00 | \$1,922.10 | 65:45:00 | \$4,551.97 | 110:23:00 | \$6,474.07 | \$6,474.07 |
| 21 | OFFICE SPRT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 22 | PERSONNEL | 7:30 | \$348.68 | 0:00 | \$0.00 | 7:30 | \$348.68 | \$348.68 |
| 23 | PROGRAM DEAD | 3:47 | \$5,546.41 | 395:15:00 | \$21,506.01 | 567:02:00 | \$27,052.42 | \$27,052.42 |
| 24 | SITE REPAIR | 14:15 | \$728.84 | 8:30:00 | \$299.11 | 46:45:00 | \$1,027.95 | \$1,027.95 |
| 25 | SPECIAL EVNT | 21:45 | \$984.48 | 12:45:00 | \$747.53 | 34:30:00 | \$1,732.01 | \$1,732.01 |
| 26 | STAFF MEET | 12:00 | \$516.60 | 3:15 | \$237.43 | 15:15 | \$754.03 | \$754.03 |
| 27 | TRAINING | 71:16:00 | \$2,974.94 | 129:00:00 | \$6,909.60 | 200:16:00 | \$9,884.54 | \$9,884.54 |
| 28 | TRAIN-PERSON | 0:00 | \$0.00 | 3:30 | \$284.90 | 3:30 | \$284.90 | \$284.90 |
| 29 | TRAVEL | 18:00 | \$729.36 | 446:37:00 | \$22,305.71 | 464:37:00 | \$23,035.07 | \$23,035.07 |
| 30 | WORKLOAD | 213:02:00 | \$8,261.30 | 1181:00:00 | \$60,168.50 | 1394:02:00 | \$68,429.80 | \$68,429.80 |
| 31 | WORKSHOPS | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 32 | SHIFT TRADE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 33 | COVID-19 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 52 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 53 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 59 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 60 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 62 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 63 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 70 | AGENCY DEFINE | 111:48:00 | \$4,602.42 | 151:45:00 | \$8,933.55 | 263:33:00 | \$13,535.97 | \$13,535.97 |
| 71 | AGENCY DEFINE | 0:00 | \$0.00 | 50:30:00 | \$3,154.94 | 50:30:00 | \$3,154.94 | \$3,154.94 |
| 72 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 73 | AGENCY DEFINE | 0:00:00 | \$0.00 | 2:00:00 | \$121.84 | 2:00:00 | \$121.84 | \$121.84 |
| 74 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 75 | AGENCY DEFINE | 16:55 | \$46,124.65 | 2:40 | \$335,910.09 | 19:35 | \$382,034.74 | \$382,034.74 |
| 76 | AGENCY DEFINE | 6:00 | \$151.02 | 19:00 | \$963.85 | 1:00 | \$1,114.87 | \$1,114.87 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | | Total Dollars12 |
|-------|---------------|--------------|----------|---------------|------------|-----------|------------|-----------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars11 | |
| 77 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 78 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 80 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 83 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 86 | AGENCY DEFINE | 0:00 | \$0.00 | 18:00:00 | \$713.61 | 18:00:00 | \$713.61 | \$713.61 |
| 88 | AGENCY DEFINE | 9:00 | \$157.50 | 11:00 | \$288.75 | 20:00 | \$446.25 | \$446.25 |
| 89 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 96 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 97 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 98 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 99 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 100 | NO CODE | 0:00:00 | \$0.00 | 147:00:00 | \$7,183.53 | 147:00:00 | \$7,183.53 | \$7,183.53 |

| | | | | | | | | |
|----|--------------|---------|--------|------------|----------------|------------|----------------|----------------|
| 1 | ACCIDENTS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 2 | ACCT/FISCAL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 3 | ADMIN | 0:00 | \$0.00 | 10:00:00 | \$366.90 | 10:00:00 | \$366.90 | \$366.90 |
| 4 | ADMIN SUPPRT | 0:00 | \$0.00 | 6:00 | \$371.33 | 6:00 | \$371.33 | \$371.33 |
| 5 | BACKLOG REDU | 0:00 | \$0.00 | 56806:53 | \$2,639,299.87 | 56806:53 | \$2,639,299.87 | \$2,639,299.87 |
| 6 | BUDGET PREP | 0:00 | \$0.00 | 78:40:00 | \$4,352.21 | 78:40:00 | \$4,352.21 | \$4,352.21 |
| 7 | CLIENT MEET | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 8 | CLIENT SVCS | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 9 | CONFERENCES | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 10 | COURT | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 11 | COVER-AL/MIL | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 12 | COVER-24 HR | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 13 | COVER-HOL/WK | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 15 | COVER-SICK | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 16 | COVER-TRAIN | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 17 | COVER-VACANT | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 18 | EMERGENCIES | 0:00:00 | \$0.00 | 25:00:00 | \$1,820.40 | 25:00:00 | \$1,820.40 | \$1,820.40 |
| 19 | INVESTIGATE | 0:00:00 | \$0.00 | 1392:45:00 | \$71,992.06 | 1392:45:00 | \$71,992.06 | \$71,992.06 |
| 20 | MEETINGS | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$0.00 |
| 21 | OFFICE SPRT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 22 | PERSONNEL | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | \$0.00 |
| 23 | PROGRAM DEAD | 0:00 | \$0.00 | 3:45 | \$3,121.43 | 3:45 | \$3,121.43 | \$3,121.43 |
| 24 | SITE REPAIR | 0:00:00 | \$0.00 | 19:45 | \$8,589.23 | 115:45:00 | \$8,589.23 | \$8,589.23 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | Total |
|-------|--------------|--------------|-------------|---------------|--------------|------------|--------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | | |
| 25 | SPECIAL EVNT | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 26 | STAFF MEET | 0:00 | \$0.00 | 12:45 | \$2,979.47 | 12:45 | \$2,979.47 |
| 27 | TRAINING | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 28 | TRAIN-PERSON | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 29 | TRAVEL | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 30 | WORKLOAD | 7:30:00 | \$371.18 | 8:15 | \$33,569.47 | 5:19:45:00 | \$33,940.65 |
| 31 | WORKSHOPS | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 32 | SHIFT TRADE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 50 | AGNCY DEFINE | 0:00 | \$0.00 | 21:40 | \$93,176.74 | 21:40 | \$93,176.74 |
| 51 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 52 | AGNCY DEFINE | 0:00 | \$0.00 | 5:30 | \$5,872.60 | 5:30 | \$5,872.60 |
| 53 | AGNCY DEFINE | 0:00:00 | \$0.00 | 844:10:00 | \$40,109.65 | 844:10:00 | \$40,109.65 |
| 54 | AGNCY DEFINE | 0:00 | \$0.00 | 10:10 | \$68,516.25 | 10:10 | \$68,516.25 |
| 59 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 60 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 62 | AGNCY DEFINE | 0:00 | \$0.00 | 289:30:00 | \$19,265.83 | 289:30:00 | \$19,265.83 |
| 63 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 |
| 64 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 83 | AGNCY DEFINE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 98 | AGNCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 100 | NO CODE | 0:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 |
| 1 | ACCIDENTS | 17:15 | \$700.70 | 22:40 | \$799.51 | 15:55 | \$1,500.21 |
| 2 | ACCT/FISCAL | 0:23 | \$11.45 | 0:00 | \$0.00 | 0:23 | \$11.45 |
| 3 | ADMIN | 6:24 | \$191.23 | 3:00 | \$2,145.43 | 9:24 | \$2,336.66 |
| 4 | ADMIN SUPPRT | 2:15 | \$41.40 | 121:00:00 | \$4,674.79 | 123:15:00 | \$4,716.19 |
| 5 | BACKLOG REDU | 0:00 | \$0.00 | 19:30:00 | \$1,321.58 | 19:30:00 | \$1,321.58 |
| 6 | BUDGET PREP | 16:30 | \$499.22 | 18:50 | \$40,551.49 | 11:20 | \$41,050.71 |
| 7 | CLIENT MEET | 8:15 | \$247.46 | 113:50:00 | \$6,783.49 | 122:05:00 | \$7,030.95 |
| 8 | CLIENT SVCS | 1:42 | \$8,590.33 | 7:28 | \$135,321.89 | 9:10 | \$143,912.22 |
| 9 | CONFERENCES | 20:16 | \$809.13 | 39:30:00 | \$2,537.72 | 59:46:00 | \$3,346.85 |
| 10 | COURT | 3:45:00 | \$139.47 | 30:30:00 | \$1,896.94 | 34:15:00 | \$2,036.41 |
| 11 | COVER-AL/MIL | 15:00 | \$4,583.40 | 611:18:00 | \$30,720.99 | 770:18:00 | \$35,304.39 |
| 12 | COVER-24 HR | 19:46 | \$24,553.72 | 6126:05:00 | \$282,595.47 | 6865:51:00 | \$307,149.19 |
| 13 | COVER-HOL/WK | 8:00 | \$9,266.97 | 2244:32:00 | \$78,970.06 | 2588:32:00 | \$88,237.03 |
| 14 | COVER-INJURY | 21:45 | \$572.24 | 13:00:00 | \$614.39 | 34:45:00 | \$1,186.63 |
| 15 | COVER-SICK | 120:00:00 | \$3,235.10 | 847:35:00 | \$37,425.76 | 967:35:00 | \$40,660.86 |
| 16 | COVER-TRAIN | 7:30 | \$206.78 | 15:30:00 | \$681.50 | 23:00:00 | \$888.28 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | | Total | Dollars12 |
|-------|---------------|--------------|-------------|---------------|--------------|------------|--------------|-------|--------------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars11 | | |
| 17 | COVER-VACANT | 16:13 | \$20,808.43 | 5842:44:00 | \$284,828.67 | 6530:57:00 | \$305,637.10 | | \$305,637.10 |
| 18 | EMERGENCIES | 13:31 | \$1,345.50 | 22:25 | \$20,039.95 | 11:56 | \$21,385.45 | | \$21,385.45 |
| 19 | INVESTIGATE | 5:55 | \$4,394.50 | 2:30 | \$24,708.61 | 8:25 | \$29,103.11 | | \$29,103.11 |
| 20 | MEETINGS | 22:08 | \$913.22 | 14:30 | \$783.48 | 12:38 | \$1,696.70 | | \$1,696.70 |
| 21 | OFFICE SPRT | 7:08 | \$266.00 | 15:00 | \$10,935.88 | 22:08 | \$11,201.88 | | \$11,201.88 |
| 22 | PERSONNEL | 8:45 | \$1,254.98 | 8:05 | \$598.20 | 16:50 | \$1,853.18 | | \$1,853.18 |
| 23 | PROGRAM DEAD | 287:47:00 | \$8,231.62 | 133:30:00 | \$7,754.90 | 421:17:00 | \$15,986.52 | | \$15,986.52 |
| 24 | SITE REPAIR | 6:00 | \$204.06 | 36:00:00 | \$1,838.37 | 42:00:00 | \$2,042.43 | | \$2,042.43 |
| 25 | SPECIAL EVNT | 9:00 | \$1,204.89 | 91:00:00 | \$4,919.31 | 124:00:00 | \$6,124.20 | | \$6,124.20 |
| 26 | STAFF MEET | 6:45 | \$207.70 | 8:55 | \$3,032.32 | 15:40 | \$3,240.02 | | \$3,240.02 |
| 27 | TRAINING | 13:39 | \$8,670.40 | 23:45 | \$39,663.13 | 13:24 | \$48,333.53 | | \$48,333.53 |
| 28 | TRAIN-PERSON | 9:00 | \$295.56 | 20:45 | \$912.57 | 5:45 | \$1,208.13 | | \$1,208.13 |
| 29 | TRAVEL | 8:23 | \$4,413.73 | 420:25:00 | \$23,896.80 | 572:48:00 | \$28,310.53 | | \$28,310.53 |
| 30 | WORKLOAD | 531:08:00 | \$18,063.14 | 2640:25:00 | \$175,122.13 | 3171:33:00 | \$193,185.27 | | \$193,185.27 |
| 31 | WORKSHOPS | 0:00:00 | \$0.00 | 68:50:00 | \$4,840.06 | 68:50:00 | \$4,840.06 | | \$4,840.06 |
| 32 | SHIFT TRADE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 33 | COVID-19 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 51 | AGENCY DEFINE | 17:27 | \$1,104.86 | 2:02 | \$3,348.55 | 19:29 | \$4,453.41 | | \$4,453.41 |
| 52 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 53 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 54 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 55 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 56 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 57 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 58 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 59 | AGENCY DEFINE | 21:08 | \$4,064.93 | 3:30 | \$20,713.23 | 0:38 | \$24,778.16 | | \$24,778.16 |
| 60 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 61 | AGENCY DEFINE | 0:00 | \$0.00 | 0:00 | \$0.00 | 0:00 | \$0.00 | | \$0.00 |
| 62 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 64 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 65 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 70 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 75 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 80 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 81 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 90 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 96 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 98 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |
| 99 | AGENCY DEFINE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | | \$0.00 |

| Code6 | Reason | Accrued Comp | | Paid Overtime | | Total | | Total |
|-------|---------|--------------|----------|---------------|-----------|---------|-----------|-----------|
| | | Hours7 | Dollars8 | Hours9 | Dollars10 | Hours11 | Dollars12 | Dollars12 |
| 100 | NO CODE | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | 0:00:00 | \$0.00 | \$ - |

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: ALL

DEPT OF HEALTH AND HUMAN SERV

DHHS Pivot 24Q4

| Row Labels | Sum of Dollars12 |
|--------------------|------------------------|
| BACKLOG REDU | \$ 2,647,909.70 |
| COVER-24 HR | \$ 1,491,684.73 |
| AGNCY DEFINE | \$ 657,606.73 |
| COVER-VACANT | \$ 416,051.45 |
| WORKLOAD | \$ 349,040.83 |
| COVER-HOL/WK | \$ 330,103.49 |
| CLIENT SVCS | \$ 143,912.22 |
| BUDGET PREP | \$ 114,098.15 |
| INVESTIGATE | \$ 101,546.65 |
| PROGRAM DEAD | \$ 59,388.64 |
| TRAINING | \$ 58,978.93 |
| TRAVEL | \$ 58,803.30 |
| COVER-AL/MIL | \$ 58,024.11 |
| COVER-SICK | \$ 56,296.02 |
| COVER-TRAIN | \$ 37,568.72 |
| OFFICE SPPRT | \$ 31,447.72 |
| EMERGENCIES | \$ 25,874.55 |
| SITE REPAIR | \$ 14,484.29 |
| SPECIAL EVNT | \$ 12,422.89 |
| MEETINGS | \$ 9,326.27 |
| CLIENT MEET | \$ 7,249.97 |
| NO CODE | \$ 7,183.53 |
| STAFF MEET | \$ 7,107.76 |
| ACCT/FISCAL | \$ 7,074.19 |
| CONFERENCES | \$ 6,006.73 |
| ADMIN | \$ 5,854.67 |
| ADMIN SUPPRT | \$ 5,258.32 |
| WORKSHOPS | \$ 4,840.06 |
| ACCIDENTS | \$ 2,832.27 |
| PERSONNEL | \$ 2,201.86 |
| COURT | \$ 2,036.41 |
| TRAIN-PERSON | \$ 1,493.03 |
| COVER-INJURY | \$ 1,186.63 |
| COVID-19 | \$ - |
| (blank) | \$ - |
| SHIFT TRADE | \$ - |
| Grand Total | \$ 6,734,894.82 |

| Row Labels | Sum of Dollars5 |
|---|------------------------|
| 407 - DIV OF WELFARE&SUPPORTIVE SVCS | \$ 2,993,774.62 |
| HR-WELFARE FIELD SERVICES | \$ 2,852,221.83 |
| HR-WELFARE ADMINISTRATION | \$ 98,171.39 |
| HR-ENERGY ASSISTANCE - WELFARE | \$ 30,578.96 |
| HR-CHILD CARE ASSIST & DEVEL | \$ 12,802.44 |
| HR-CHILD SPPRT ENFORCEMENT PRG | \$ - |
| (blank) | \$ - |
| 406 -PUBLIC AND BEHAVIORAL HEALTH | \$ 1,603,620.12 |
| HR-SO NEV ADULT MENTAL HEALTH | \$ 922,194.19 |
| HR-FAC FOR MENTAL OFFENDER | \$ 493,476.30 |
| HR-NNV ADULT MENTAL HEALTH SVC | \$ 59,655.93 |
| HR-OFF OF STATE HEALTH ADMIN | \$ 45,973.27 |
| HR-HEALTH CARE FACILITY REG | \$ 16,220.15 |
| HR-CANCER CONTROL REGISTRY | \$ 15,010.39 |
| HR-EMERGENCY MEDICAL SERVICES | \$ 8,793.85 |
| HR-RADIATION CONTROL PROGRAM | \$ 8,261.51 |
| HR-MATERNAL CHILD HEALTH SRVC | \$ 7,608.71 |
| HR-CHRONIC DISEASE | \$ 6,218.21 |
| HR-HHS HD BIOSTATS & EPIDMLG | \$ 5,364.49 |
| HR-BEHAVIORAL HEALTH PREV & TR | \$ 5,206.35 |
| HR-HEALTH ALERT NETWORK | \$ 3,123.36 |
| HR-HHS DPBH RURAL CLINICS | \$ 2,681.34 |
| HR-COMMUNICABLE DISEASES | \$ 1,674.59 |
| HR-HEALTH STATISTICS&PLANNING | \$ 1,429.26 |
| HR-BEHAVIORIAL HEALTH ADMINSTR | \$ 603.16 |
| HR-CRISIS RESPONSE | \$ 125.06 |
| HR-PREVTREAT OF PROBLEM GAMBL | \$ - |
| HR- MARIJUANA HEALTH REGISTRY | \$ - |
| HR-WIC FOOD SUPPLEMENT | \$ - |
| HR-COMMUNITY HEALTH SERVICES | \$ - |
| HR-BEHAVIORIAL HLTH INFO SYSTM | \$ - |
| HR-ENVIRONMENTAL HEALTH SRVCS | \$ - |
| HR-OFFICE OF MINORITY HEALTH | \$ - |
| HR- MED MARIJUANA ESTABLISHMEN | \$ - |
| HR-CHILD CARE SERVICES | \$ - |
| (blank) | \$ - |
| HR-DPBH-PUBLIC HEALTH IMPROVEM | \$ - |
| HR-EARLY INTERVENTION SVCS | \$ - |

| | | |
|---|-----------|---------------------|
| HR-PLANNING ADVOCACY AND COMM | \$ | 10,607.25 |
| HR-SIERRA REGIONAL CENTER | \$ | 5,669.43 |
| HR-COMMUNITY BASED SERVICES | \$ | 5,628.49 |
| HR-RURAL REGIONAL CENTER | \$ | 3,726.23 |
| HR-AUTISM TREATMENT PROGRAM | \$ | 1,664.29 |
| HR-EARLY INTERVENTION SVCS | \$ | 1,289.92 |
| HR-COMMUNICATION ACCESS SRVCS | \$ | 216.60 |
| HR-STATE INDEPENDENT LIVING CO | \$ | 177.66 |
| HR-HR HOMEMAKER | \$ | - |
| (blank) | \$ | - |
| HR-FOCIS AND MFP | \$ | - |
| HR-HHS DO CONSUMER HEALTH ASSI | \$ | - |
| HR-SENIOR RX AND DISABILITY RX | \$ | - |
| HR-TOBACCO SETTLEMENT PROGRAM | \$ | - |
| HR-HOME&COMMUNITY BASED PROG | \$ | - |
| HR-SR CITIZEN PROP TAX ASSIST | \$ | - |
| 400 - DEPT OF HEALTH AND HUMAN SERV | \$ | 48,758.95 |
| HR-ADMINISTRATION | \$ | 27,743.48 |
| HR-IDEA PART C COMPLIANCE | \$ | 16,188.36 |
| HR-DEVELOPMENTAL DISABILITIES | \$ | 4,827.11 |
| (blank) | | |
| HR-PUBLIC DEFENDER | \$ | - |
| HR-FUND FOR RESILIENT NEVADA | \$ | - |
| HR-CONSUMER HEALTH ASSISTANCE | \$ | - |
| HR-GRANTS MANAGEMENT UNIT | \$ | - |
| HR-INDIAN COMMISSION | \$ | - |
| HR- HEALTHY NV FUND ADMIN | \$ | - |
| HR-DISABILITY SERVICES | \$ | - |
| HR-PATIENT PROTECTION COMMISIO | \$ | - |
| HR-DATA ANALYTICS | \$ | - |
| 403 - HEALTH CARE FINANCING & POLICY | \$ | 28,566.94 |
| HR-HEALTH CARE FIN & POLICY | \$ | 28,566.94 |
| HR-HEALTH INVESTIGATION AND E | \$ | - |
| HR-NEVADA MEDICAID | \$ | - |
| (blank) | | |
| HR-NEVADA CHECK-UP PROGRAM | \$ | - |
| (blank) | | |
| (blank) | | |
| Grand Total | \$ | 6,734,894.82 |

| | |
|-----------------|---------------------|
| 1 BACKLOG REDU | 2,647,909.70 |
| 2 COVER-24 HR | 1,491,684.73 |
| 3 AGENCY DEFINE | 657,606.73 |
| 4 COVER-VACANT | 416,051.45 |
| | 5,213,252.61 |
| | 77.4% |

| | | |
|--|-----------|---------------------|
| HR-IMMUNIZATION PROGRAM | \$ | - |
| 409 - CHILD AND FAMILY DIVISION | \$ | 1,384,069.29 |
| HR-SO NEV CHILD & ADLSCNT SVCS | \$ | 367,683.50 |
| HR-NEVADA YOUTH TRAINING CTR | \$ | 226,747.01 |
| HR-SUMMIT VIEW YOUTH CENTER | \$ | 213,339.46 |
| HR-RURAL CHILD WELFARE | \$ | 178,522.90 |
| HR-CALIENTE YOUTH CENTER | \$ | 125,351.08 |
| HR-NO NEV CHILD & ADLSCNT SVCS | \$ | 90,293.80 |
| HR-CHILDREN/YOUTH/FAMILY ADMIN | \$ | 62,240.49 |
| HR-INFORMATION SERVICES | \$ | 56,069.48 |
| HR-YOUTH PAROLE SERVICES | \$ | 36,166.28 |
| (blank) | \$ | 16,795.18 |
| HR-COMMUNITY JUV JUSTICE PRG | \$ | 10,860.11 |
| HR-VICTIMS OF CRIME | \$ | - |
| HR-CHILD CARE SERVICES | \$ | - |
| 402 - AGING AND DISABILITY SERVICES | \$ | 676,104.90 |
| HR-DESERT REGIONAL CENTER | \$ | 527,922.14 |
| HR-ADULT PROTECTIVE SERVS & LO | \$ | 85,761.87 |
| HR-AGING FEDERAL PROG & ADMIN | \$ | 33,441.02 |