

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:** April 9, 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

This meeting may be viewed on YouTube.
The video live stream begins at 10:00 am.
<https://www.youtube.com/watch?v=gW8YS1pOcc>

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 995 493 37#. 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 March 12, 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:
Commission on Mineral Resources – Division of Minerals	1	\$52,442
Department of Public Safety – State Fire Marshal Division	1	\$27,386

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

Governor’s Office of Energy

Pursuant to NRS 333.705, subsection 4, the office seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Karen Long to assist in grant and fiscal work for the Governor’s Office of Energy 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, Department of Administration, Purchasing Division requests authority to contract with former employee Lupita Martinez to assist with apprenticeship compliance work for the Department of Business and Industry, Office of the Labor Commissioner through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership, dba Manpower.

B. Department of Public Safety

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with Robert Plant, a current employee with the Department of Wildlife, to provide motorcycle safety course training for the Department of Public Safety through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

7. 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: Reginald Howard
Claim No: TC21008
Settlement Amount: \$150,000
Date of Loss: September 25, 2015

8. Request for Approval to Pay a Tort Claim from the Statutory Contingency Account 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:

A. Claimant: Bonnie Lopez, Colleen Lackey, Estate of Melody Morgan
Claim No: TC20983
Settlement Amount: \$1,350,000
Date of Loss: April 28, 2018

B. Claimant: Rupert Gamo
Claim No: TC20265
Settlement Amount: \$100,000
Date of Loss: October 1, 2022

Claimant: Adrienn Albert
Claim No: TC20266
Settlement Amount: \$115,000
Date of Loss: October 1, 2022

9. Request for a Recommendation of Approval to the Interim Finance Committee for a Grant or Loan from the Disaster Relief Account

(For possible action)

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

Pursuant to NRS 353.274, section 2, the division requests an approval of grant funds in the amount of \$120,689 from the Disaster Relief Account to cover emergency response and management costs associated with Hurricane Hillary.

10. 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. Nevada System of Higher Education

Pursuant to AB 522, section 22, of the 2023 Legislative Session, the system requests funds for salary increases for its sworn positions.

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
2980	University of Nevada, Reno	\$185,181
	Total	\$185,181

B. Nevada System of Higher Education

Pursuant to AB 522, section 7, of the 2023 Legislative Session, the system requests funds for salary increases.

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
3010	Desert Research Institute	\$573,244
3018	Truckee Meadows Community College	\$3,201,992
	Total	\$3,775,236

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

(For possible action)

A. Department of Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$114,156 from the Interim Finance Committee Contingency Account for maintenance, utilities, and communications expenditures.

B. Department of Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$6,404,612 from the Interim Finance Committee Contingency Account to fund an increase in fire suppression costs.

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

Pursuant to NRS 532.230, the division requests a recommendation to the Interim Finance Committee for an allocation of \$250,000 from the Interim Finance Committee Contingency Account to restore funds in the Channel Clearance Account for the channel clearance, maintenance, restoration, surveying, and monumenting program for channel clearance activities.

D. Department of Education

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$38,729 in fiscal year 24 and \$120,126 in fiscal year 25 from the Interim Finance Committee Contingency Account to fund the addition of one new classified Education Programs Supervisor.

E. Department of Employment, Training, and Rehabilitation – Rehabilitation Division

Pursuant to NRS 353.268, the department requests an allocation of \$492,216 from the Interim Finance Committee Contingency Account to cover a projected shortfall for the remainder of the fiscal year.

- 12. [Approval of Proposed Leases](#) (For possible action)
- 13. [Approval of Proposed Contracts](#) (For possible action)
- 14. [Approval of Proposed Master Service Agreements](#) (For possible action)
- 15. [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 February 14, 2024 through March 12, 2024.

16. Information Item Reports

Governor’s Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Governor’s Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and the IFC Contingency Fund as of March 10, 2024.

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

Tort Claim Fund	\$ 911,355.91
Statutory Contingency Account	\$ 7,787,230.80
Stale Claims Account	\$ 3,766,981.70
Emergency Account	\$ 500,000.00
Disaster Relief Account	\$ 11,045,555.03
IFC Contingency Unrestricted General Fund	\$ 24,279,651.39
IFC Contingency Unrestricted Highway Fund	\$ 1,184,685.35
IFC Contingency Restricted General Fund	\$ 340,311,182.00
IFC Contingency Restricted Highway Fund	\$ 27,384,820.00

- 17. **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 995 493 37#. 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.

- 18. **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: March 12, 2024, 10:00 AM

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

MEMBERS PRESENT:

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

STAFF PRESENT:

Amy Stephenson, Clerk of the Board
Rosalie Bordelove, Board Counsel
Denice Castillo, Board Secretary

OTHERS PRESENT:

Marla McDade Williams, Administrator, Department of Health and Human Services

1. Call to Order / Roll Call

Governor: I'll go ahead and kick off the State of Nevada Board of Examiners meeting scheduled for today, March 12, 2024 at 10:00 AM and we'll start with the roll. Ms. Stephenson.

Clerk of the Board: Governor Lombardo.

Governor: Present.

Clerk of the Board: Secretary of State Aguilar.

Secretary of State: Here.

Clerk of the Board: Attorney General Ford.

Attorney General: Here.

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

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 953 583 632#. 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 two. This is the first opportunity for public comment. This public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under the public comment period unless the matter itself has been specifically included on the agenda as an action item. Please limit your comments to three minutes. If you wish to call in via phone, that number is 775-321-6111 or 702-329-3435, the meeting ID number is 953 583 632#.

Do we have any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have any public comment here in Las Vegas? Hearing and seeing none.

Do we have anyone on the telephone for public comment?

Clerk of the Board: We do not, sir.

Governor: We will close the first opportunity of public comment.

3. Approval of the February 13, 2024 Meeting Minutes (For possible action)

Governor: Item number three, *Approval of the February 13, 2024 Meeting Minutes*. Do we have any questions or concerns from any Board Members?

Attorney General: 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 Public Safety – Investigation Division	1	\$35,883
Department of Conservation and Natural Resources – Division of State Parks	7	\$1,719,142

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

Clerk of the Board: There are two requests under agenda item number four. The first request is from the Department of Public Safety, Investigation Division. The division requests approval to purchase one replacement vehicle for a total amount not to exceed \$35,883.

The second request is from the Department of Conservation and Natural Resources, Division of State Parks. The department requests approval to purchase seven new vehicles for total amount not to exceed \$1,719,142. Are there any questions on any of these items?

Governor: Do we have any questions?

Attorney General: None here. Move approval.

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

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

A. Department of Employment, Training and Rehabilitation

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Naveen Yelamanchili to perform information security for the Department of Employment, Training and Rehabilitation through statewide contract #99SWC-NV19-2461 with Guidesoft, Inc. DBA Knowledge Services.

B. Department of Public Safety

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Ryan Miller to manage divisional operations and provide training for the Department of Public Safety, through Master Service Agreement #23928 with HAT Limited Partnership dba Manpower.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Mohamed Rouas to provide construction engineering services with CMWorks, Inc.

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

Do we have all of these requests going forward, Ms. Stephenson?

Clerk of the Board: No, sir. Item 5.B has been withdrawn by the agency.

Governor: We will start with 5.A.

Clerk of the Board: The first request is from the Department of Employment, Training and Rehabilitation through the Department of Administration, Purchasing Division. The department intends to contract with a former employee from March 12, 2024 through September 12, 2024 on a part-time basis through Knowledge Services.

The last request is from the Department of Transportation. The department intends to contract with a former employee from March 12, 2024 through September 12, 2024 on a full-time basis through CMWorks Inc. Are there any questions on these items?

Governor: Are there any questions?

Attorney General: No questions. Motion to approve items 5.A and 5.C.

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

6. Request for Approval of Payment to the U.S. Treasury (For possible action)

Office of the Controller

Pursuant to Senate Bill 511 of the 2023 Legislative Session, the State Controller requests approval of a payment to the U.S. Treasury in an amount not to exceed \$367,714 from the General Fund. This is the highest possible liability payment for 2023. Payment to the U.S. Treasury is required by March 29, 2024.

Governor: Agenda item number six, *Request for Approval of Payment to the US Treasury.*

Clerk of the Board: Pursuant to Senate Bill 511 of the 2023 Legislative Session, the State Controller requests approval of a payment to the US Treasury in an amount not to exceed \$367,714 from the general fund. This is the highest possible liability payment for 2023. Are there any questions on this item?

Governor: Are there any questions?

Attorney General: No 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.

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

Pursuant to NRS 353.040 the Governor's Finance Office, Budget Division 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 increases a state agencies' limit to accept gifts or grants to \$200,000 without Interim Finance approval and allows agencies to accept gifts or grants in any amount without Interim Finance approval in non-executive budget accounts.

- a. SAM Chapter 2526 Authority to Accept Gifts and Grants

Governor: Item number seven, *Request for Approval of Proposed State Administrative Manual Changes.*

Clerk of the Board: Pursuant to NRS353.040, the Governor's Finance Office, Budget Division 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), SAM Chapter 2526, Authority to Accept Gift and Grants. This revision to SAM increases the state agency's limit to accept gifts or grants to \$200,000 without Interim Finance approval and allows agencies to accept gifts or grants in any amount without Interim Finance approval in non-executive budget accounts. Are there any questions on this item?

Governor: Are there any questions?

Attorney General: No questions. 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 Exception to State Administrative Manual Policy (For possible action)

Department of Health and Human Services – Division of Child and Family Services – Rural Child Welfare

Pursuant to NRS 353.040 and State Administrative Manual (SAM) 0006, the division requests an exception to SAM 0224 State Sponsored Credit Cards for Official Travel Only and SAM 0226 Claims and Payments When Credit Cards Have Been Used.

Governor: We'll move on to agenda item number eight, *Request for Exception to State Administrative Manual Policy*.

Clerk of the Board: Pursuant to NRS 353.040 and State Administrative Manual, section 0006, the Department of Health and Human Services, Division of Child and Family Services, Rural Child Welfare requests an exception to SAM section 0224 State Sponsored Credit Cards for Official Travel Only and SAM section 0226 Claims and Payments When Credit Cards Have Been Used. Are there any questions on this item?

Attorney General: I have one. Do we have any information on how much is usually spent under these circumstances by Rural Child Welfare?

Marla McDade Williams: Good morning. For the record, Marla McDade Williams, Administrator, Department of Health and Human Services, Division of Child and Family Services. This is a new initiative for us to ensure that any situations in the future, we will be able to cover it. It is not a routine practice for us. It is really in an emergency only situation. We don't have tracking specifically for this item because it's just not a routine practice for us.

Attorney General: No history. Thank you.

Governor: What brings this SAM revision forward then? What is the reason for it?

Marla McDade Williams: We did have situations in the past where we had a shortage of foster homes and we did need an emergency placement, and these are truly emergency placements, such as in middle of the night where we don't have a foster family to place someone. We did have situations where staff were in a place of needing to cover hotel costs because there was no method for the state system to get them authority to charge costs, so, they were charging to own their own personal credit cards. Again, that was in the past and this is just to ensure that out into the future, if this situation comes up, they have a means to pay and they don't get caught with having to use their personal credit cards for this type of activity.

Governor: Makes sense. Is there a cap on how much can be spent?

Ms. Williams: The cap is \$5,000.

Governor: Any other questions?

Attorney General: Move approval.

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

9. 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. Nevada System of Higher Education

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
2977	NSHE - Special Projects	\$975
2980	University of Nevada, Reno	\$305,943
2982	UNR School of Medicine	\$46,004
2983	Intercollegiate Athletics - UNR	\$300
2985	Statewide Programs - UNR	\$6,599
2986	NSHE System Administration	\$6,532
2987	University of Nevada, Las Vegas	\$462,263
2988	Intercollegiate Athletics - UNLV	\$5,671
2989	Agricultural Experiment Station – UNR	\$3,309
2990	Cooperative Extension Service	\$16,572
2991	System Computing Center	\$27,462
2992	UNLV Law School	\$17,028
2994	Great Basin College	\$18,666
2996	University Press	\$450
3001	Statewide Programs – UNLV	\$2,603
3002	UNLV Dental School	\$14,571
3003	Business Center North	\$3,970

3004	Business Center South	\$2,470
3005	Nevada State University	\$22,964
3010	Desert Research Institute	\$10,645
3011	College of Southern Nevada	\$246,494
3012	Western Nevada College	\$24,541
3014	UNLV School of Medicine	\$12,363
3018	Truckee Meadows Community College	\$74,193
3221	Health Laboratory and Research	\$5,423
	Total	\$1,338,011

B. Nevada System of Higher Education

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
3011	College of Southern Nevada	\$133,824
	Total	\$133,824

C. Department of Corrections

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
3710	NDOC Director's Office	\$317,443
3716	Warm Springs Correctional Center	\$48,162
3717	Northern Nevada Correctional Center	\$1,733,866
3723	Pioche Conservation Camp	\$112,527
3724	Northern Nevada Transitional Housing	\$53,198
3725	Three Lakes Valley Conservation Camp	\$133,104
3738	South Desert Correctional Center	\$1,651,486
3739	Wells Conservation Camp	\$66,393
3741	Humboldt Conservation Camp	\$41,298
3752	Carlin Conservation Camp	\$91,032
3754	Tonopah Conservation Camp	\$32,927
3759	Lovelock Correctional Center	\$1,573,037
3760	Casa Grande Transitional Housing	\$186,011
3761	Florence McClure Women Correctional Center	\$1,109,122
3762	High Desert State Prison	\$3,606,510
	Total	\$10,756,116

Governor: Agenda item number nine, *Request for the Allocation and Disbursement of Funds for Salary Adjustments.*

Clerk of the Board: In the 2023 Legislative Session, 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 of the personnel of those departments, commissions, and agencies. The following request for allocations from the general fund and or highway fund salary adjustment accounts are recommended.

The first request is from the Nevada System of Higher Education in the amount of \$1,338,011 in General funds for continuity of service payments.

The second request is from the Nevada System of Higher Education in the amount of \$133,824 in General funds for pay grade increases.

The third request is from the Department of Corrections in the amount of \$10,756,116 in General funds for pay grade increases. Are there any questions on any of these items?

Governor: Yes. This first one is this directly related to longevity, correct?

Clerk of the Board: Yes, sir, this is the longevity for the Nevada System of Higher Education.

Governor: Great. Do we have additional questions?

Attorney General: No questions.

Governor: No questions. Do we have a motion?

Secretary of State: Motion to approve.

Attorney General: I just want to confirm, I'll ask our Meeting Counsel, my wife works for Nevada State University, and I just want to be certain I don't have to recuse myself from the vote because of them being included in this.

Board Counsel: If you suspect she may be entitled to receive any legislatively approved longevity payments made directly to her, in your case, along with the disclosure, you could abstain on that item.

Governor: We have a motion for approval. Attorney General Ford is abstaining from the vote on Nevada State University. All in favor, signify by saying aye. The motion passes.

10. Request for Designation of Bad Debt (For possible action)

Department of Business and Industry – Division of Industrial Relations

Pursuant to NRS 232.605, subsection 2, the Advisory Council to the Department of Business and Industry, Division of Industrial Relations requests that the Board of Examiners designate a total of \$558,344.14 as bad debts, as they have been determined to be uncollectible.

Agenda item number 10, *Request for Designation of Bad Debt*.

Clerk of the Board: Pursuant to NRS 232.605, subsection 2, the Advisory Council to the Department of Business and Industry Division of Industrial Relations requests that the Board of Examiners designate a total of \$558,344.14 as bad debts, as they have been determined to be uncollectible. Are there any questions on this item?

Governor: Are there any questions?

Attorney General: None here.

Secretary of State: No question.

Attorney General: Move approval.

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

11. Request for Approval to Pay a Tort Claim 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:	Lewis Stewart
Claim No:	TC20944
Settlement Amount:	\$3,400,000
Date of Loss:	March 2, 2017

Governor: Agenda item number 11, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036*.

Clerk of the Board: Pursuant to NRS 41.036, the Office of the Attorney General submits the following tort claim request for approval for Claimant Lewis Stewart in the amount of \$3,400,000. Are there any questions on this item?

Attorney General: No 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.

12. Approval of Proposed Leases (For possible action)

Governor: Agenda item number 12, *Approval of Proposed Leases*.

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

Governor: Are there any questions?

Secretary of State: No questions here.

Attorney General: None here, move approval.

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

13. Approval of Proposed Contracts (For possible action)

Governor: Agenda item number 13, *Approval of Proposed Contracts*.

Clerk of the Board: There are 48 contracts under agenda item number 13 for approval by the Board today. Are there any questions on any of these contracts?

Governor: Are there any questions?

Attorney General: No.

Secretary of State: No questions. Motion to approve.

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

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

Governor: Agenda item number 14, *Approval of Proposed Master Service Agreements*.

Clerk of the Board: There are seven Master Service Agreements under agenda item number 14 for approval by the Board today. Are there any questions on any of these items?

Attorney General: None here.

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.

15. 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 January 17, 2024 through February 13, 2024.

Governor: Agenda item number 15, *Information Item – Clerk of the Board Contracts*.

Clerk of the Board: There are 87 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between January 17, 2024 through February 13, 2024. This item is informational. Are there any questions on any of these items?

Governor: No questions.

Secretary of State: No.

Attorney General: No question here.

Governor: We'll close agenda item 15.

16. Information Item Reports

A. Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2024, 2nd 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 October 1, 2023 through December 31, 2023.

B. Statewide Quarterly Overtime Report – Fiscal Year 2024, 2nd Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. This report covers the period of October 1, 2023 through December 31, 2023.

Governor: Agenda item number 16, *Information Item Reports*.

Clerk of the Board: There are two reports under agenda item number 16. The first report is from the Department of Conservation and Natural Resources, Division of State Lands, fiscal year 2024, second 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 October 1, 2023 through December 31, 2023.

The second report is the Statewide Quarterly Overtime Report, fiscal year 2024, second 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. This report covers the period of October 1, 2023, through December 31, 2023.

These items are informational. Are there any questions on these items.

Governor: Do we have questions?

Attorney General: No questions.

Governor: I don't recall if I requested this the last time – can we start with adding a chart or graph to show the increases in overtime in totality? The reason I ask is, I want to see a comparison to hiring versus overtime. With the decrease in the number of vacancies, I believe it's at 5% across the board, I want to see if it's had an effect on the overtime. Are we able to do that?

Clerk of the Board: Yes, sir. I'll ensure going forward, the overtime report includes this information.

Governor: Thank you. We will close agenda item number 16.

17. 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 953 583 632#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Agenda item number 17, *Public Comment*. This is the second opportunity for public comment. Please limit your comments to three minutes. Once again, the phone number is 775-321-6111 or 702-329-3435 and the access code or meeting ID number is 953 583 632#.

Is there any public comment here in Las Vegas? Hearing and seeing none.

Is there anybody for public comment in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have anybody for public comment on the phone?

Clerk of the Board: We do not.

Governor: We will close this second public comment.

18. Adjournment (For possible action)

Governor: Agenda item number 18, *Adjournment*.

Move for adjournment. All in favor, say aye. The motion passes unanimously.

Everybody have a wonderful 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: March 5, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Vince Young-Brown, 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.

COMMISSION ON MINERAL RESOURCES – DIVISION OF MINERALS

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 \$52,442.

Additional Information:

The division is requesting to purchase one replacement vehicle used for the Abandoned Mine Lands Program. Sufficient authority exists to cover the purchase of the vehicle.

Statutory Authority:

NRS 334.010

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



JOE LOMBARDO
Governor

STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS

400 W. King Street, Suite 106
Carson City, Nevada 89703
(775) 684-7040 • Fax (775) 684-7052
<http://minerals.nv.gov/>



ROBERT GHIGLIERI
Administrator

Las Vegas Office: 375 E. Warm Springs Rd. #205, Las Vegas, NV 89119
Phone: (702) 486-4343; Fax: (702) 486-4345

MEMORANDUM

Date: January 11, 2024

To: Vince Young-Brown, Executive Branch Budget Officer
Governor's Finance Office, Budget Office

From: Garrett Wake, Deputy Administrator
Nevada Division of Minerals

Re: Board of Examiners Request for Vehicle Purchase Approval

Vince,

The Division of Minerals is requesting approval from the Board of Examiners to purchase one replacement vehicle for the Abandoned Mine Lands Program. The vehicle being replaced meets the vehicle replacement policy under section 1316, Nevada State Administrative Manual. The budget account for the vehicle replacements is 4219 Category 18, Abandoned Mine Lands Support for a total cost of \$52,441.25.

Currently, CAT 18 has \$124,909 in remaining authority and \$16,808 after all projected expenditures. The Division of Minerals is requesting this item be placed on the March 14th, 2024, Board of Examiners meeting agenda.

Thank you,

Garrett Wake, Deputy Administrator
Nevada Division of Minerals
702-486-4344
gwake@minerals.nv.gov

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

Agency Name: Division of Minerals	Budget Account #: 4219
Contact Name: Garrett Wake	Telephone Number: 702-486-4344
<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>one (1)</u> Amount of the request: <u>\$52,441.25</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.: <u>Off road capable pickup truc</u></p> <p>Mission of the requested vehicle(s): <u>Cataloging and fencing dangerous abandoned mine hazards</u></p>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711 CAT 18/ 8310</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: <u>2013</u> Odometer Reading: <u>101,991</u> Type of Vehicle: <u>Off road pickup truck</u> <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. No
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;">  _____ Agency Appointing Authority </div> <div style="width: 30%; text-align: center;"> Deputy Administrator _____ Title </div> <div style="width: 30%; text-align: center;"> 1/9/2024 _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Board of Examiners </div> <div style="width: 40%;"> _____ Date </div> </div>	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2024 Toyota Tacoma Off-Road Long Bed Model 7568		
Dealer Name:	Carson City Toyota		
Delivery Location:	Carson City Toyota 2590 S. Carson St., Carson City, NV 89701		
Vehicle Colors:	Exterior: TBD White/Grey/Silver	Interior: Black	Cloth X Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 43,400	\$ 43,400
SPECIFY OPTIONS: (description)			
TRD Off-Road Upgrade Package	1	\$4,360	\$4,360
Stabilizer Disconnect Mechanism (SDM)	1	\$1,230	\$1,230
Audio Multimedia Upgrade	1	\$720	\$720
TRD Offroad Skid Place	1	\$679	\$679
Long Bed with Inverter	1	\$280	\$280
All-Weather Floor Liners	1	\$179	\$179
Quick Charging Cable Package	1	\$70	\$70
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	\$1,495	\$1,495
Total purchase price with options	\$52,413.00		
DMV Title and Document Fee	1	\$28.25	\$28.25
GRAND TOTAL:	\$52,441.25		

Registered Owner:	Agency Name & Address: NEVADA DIVISION OF MINERALS 400 W. King St. Suite 106, Carson City, Nevada 89703
Legal Owner:	Agency Name & Address: NEVADA DIVISION OF MINERALS 400 W. King St. Suite 106, Carson City, Nevada 89703
County Vehicle Based In:	LAS VEGAS
Name & Phone of Person to contact when vehicle is ready for delivery:	Garrett Wake 702-486-4344



CARSON CITY TOYOTA
CAMPAGNI AUTO GROUP

2590 S. CARSON ST. CARSON CITY, NV 89701 CARSONCITYTOYOTA.COM 775-882-8211

State Contract Number 995WC-NV21-8813

January 10, 2024

Please accept this quote for
 One 2024 Toyota Tacoma Double Cab TRD off road 4X4 Longbed
 Model 7568
 Color Open
 Option Codes FE,LV,OU,5F,2T,59

Price	\$	51,734.00
State Title Fee	\$	28.25
TRD Offroad Skid Plate	\$	679.00
	\$	52,441.25

- No factory incentives at this time
- Delivered to Carson City, Nv

Thank you for your business,

Dana Whaley
 Dana Whaley

**PRICE INCLUDES
 2 YEARS OR 25,000
 MILE SERVICE
 MAINTENANCE AT NO CHARGE**



TOYOTA

Carson City Toyota

2590 South Carson Street
Carson City NV 89701
775-882-8211

2024 Tacoma

Tacoma TRD Off-Road

Model: 2024 Tacoma TRD Off-Road 2.4L-T 4-cyl. engine AT 4x4
6-ft. bed Double Cab 7568A

Stock: N/A

Engine: i-FORCE 2.4L Turbocharged Engine

Transmission: 8-Speed Automatic Transmission



EXTERIOR
Ice Cap

INTERIOR
Boulder/Black Fabric w/
Smoke Silver

PRICE

Base MSRP *	\$43,400.00
Factory Installed Packages & Accessories	\$6,590.00
Port Installed Packages & Accessories	\$249.00
Delivery Processing and Handling	\$1,495.00
Total Advertised Price	\$51,734.00

FUEL ECONOMY



INSTALLED PACKAGES & ACCESSORIES

Audio Multimedia Upgrade Audio Multimedia Upgrade - includes 14-in Toyota Audio Multimedia touchscreen.	FIO	\$720.00
50 State Emissions	FIO	\$0.00
Long Bed with Inverter 2400W/120V AC power supply.	FIO	\$280.00
TRD Off-Road Upgrade Package TRD Off-Road Upgrade Package (6ft bed) — includes 8-way power-adjustable front seats, leather-trimmed heated steering wheel, JBL® Premium Audio with JBL® FLEX portable speaker, Qi Wireless Charging, Front and Rear Parking Assist with Automatic Braking, pre-wired auxiliary switches, Integrated Trailer Brake Controller (ITBC), and power horizontal rear window.	FIO	\$4,360.00
Stabilizer Disconnect Mechanism (SDM) Stabilizer Disconnect Mechanism (SDM).	FIO	\$1,230.00
All-Weather Floor Liners and Door Sill Protectors All-Weather Floor Liners and Door Sill Protectors includes: <ul style="list-style-type: none"> All-Weather Floor Liners Door Sill Protectors 	PIO	\$179.00

**PRICE INCLUDES
2 YEARS OR 25,000
MILE SERVICE
MAINTENANCE AT NO CHARGE**



Quick Charging Cable Package

Quick Charging Cable Package 8 Automotive grade quality USB charging cables are a convenient way to have your smart devices charged while on the go.

PIO

\$70.00

Includes:

- 1-Apple Lightning to USB-A Cable - 3'
- 1-Apple Lightning to USB-C Cable - 3'
- 1-USB-C to USB-A Cable - 3'
- 1-USB-C to USB-C Cable - 3'

Total Optional Equipment

Vehicle Base Model

\$6,839.00

Delivery Processing and Handling

\$43,400.00

\$1,495.00

FEATURES

Mechanical & Performance

- i-FORCE 2.4L 4cyl Turbocharged Engine
- 4WDemand: Part-Time 4x4 Sys w/2-Speed Electronically Controlled Transfer Case
- Coil spring multi-link rear suspension
- Tow Hitch Receiver
- 8-Speed Automatic Transmission
- 8-Spd Automatic Transmission
- Off-Road Tuned Susp w/Bilstein Shocks
- Electronically Controlled Locking Rear Differential; Multi-Terrain Select; Crawl Control w/ Downhill Ascent Control
- Engine: i-FORCE 2.4L Turbocharged Engine
- Weight Rating: 6005 lbs

Exterior

- 17-in Machined Alloy Wheels
- LED Headlights w/ DRL and Fog Lights
- LED bed lighting
- LED fog lights
- Smart Key System on D+P Doors
- 6-ft. bed
- LED headlights with Daytime Running Lights (DRL), auto on/off feature and manual leveling adjustment
- Composite front skid plate, with underbody transfer case and fuel tank protection

Exterior Dimensions

- Inside bed width (between wheelwells) 44.7
- Inside bed depth 21.2
- Wheelbase 145.1
- Overall height 74.7
- Overall width 77.9
- Inside bed width (at accessory rail) 56.4
- Inside bed width (at tailgate) 53
- Inside bed length 73.5
- Overall length 226.2

Interior

- Fabric-Trimmed Seats w/ Driver Lumbar Support
- 8-in Toyota Audio Multimedia w/ 6-Speakers, Wireless Apple CarPlay and Android Auto Compatibility
- Automatic climate control with air filtration and combined temperature settings for driver and front passenger
- Leather-trimmed steering wheel
- SiriusXM w/3-Month Trial
- Leather-trimmed manual tilt/telescopic steering wheel with phone, audio, display/infotainment, and Driver Assist controls

Audio Multimedia

- 8-in Toyota Audio Multimedia touchscreen with 6-speaker audio system, wireless Apple CarPlay® & Android Auto™ compatibility, SiriusXM® with 3-month Platinum Plan trial subscription. See toyota.com/audio-multimedia for details. S

ToyotaCare

- No cost maintenance \$0 (No Cost)
- 24-hour Roadside Assistance \$0 (No Cost)

Safety & Convenience

Joe Lombardo
Governor



Nevada Department of
Public Safety
Dedication Pride Service

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Nevada State Fire Marshal Division

Mike Dzyak
State Fire Marshal

Stewart Facility
107 Jacobsen Way
Carson City, Nevada 89711
Telephone (775) 684-7501 - Fax (775) 684-7518

Memorandum

DATE: February 22, 2024

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

FROM: Jennafer Jenkins, Management Analyst 3
Department of Public Safety, Fire Marshal's Office

SUBJECT: Request to Purchase Vehicle

Kristi Defer 2/23/24

Attached are the Board of Examiner Request for Approval to Purchase a State Vehicle forms pursuant to NRS 334.010. In SFY 24, the State Fire Marshal Division was legislatively approved to purchase one replacement vehicle thru decision unit E711 pursuant to the replacement schedule in the amount of \$27,385.25. If you have any questions, please feel free to contact me.

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 Chevrolet Equinox		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Summit White	Interior: Medium Ash Gray	<input checked="" type="radio"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 25,984	
SPECIFY OPTIONS: (description)			
Deep Tint Glass (Req Power Seat)	1	\$ 285.00	
Power Seat (Driver Side)(Req Deep Tint Glass)	1	\$ 400.00	
Tire, Spare, Full Size (Shipped Loose)	1	\$600.00	
Engine Block Heater	1	\$88.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	0	\$0.00	
DMV Title and DRS Fee's		\$28.25	
Total purchase price with options		\$ 27,385.25	
GRAND TOTAL:		\$ 27,385.25	

Registered Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
Legal Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
County Vehicle Based In:	Carson
Name & Phone of Person to contact when vehicle is ready for delivery:	Jennafer Jenkins 775-684-7509

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

Agency Name: DPS, State Fire Marshal	Budget Account #: 3816
Contact Name: Jennafer Jenkins	Telephone Number: 775-684-7509
<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>1</u> Amount of the request: <u>\$27,385.25</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.: <u>SUV</u></p> <p>Mission of the requested vehicle(s): <u>Replace end of life vehicle pursuant to replacement schedule.</u></p>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes.	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2004 Odometer Reading: 161369 Type of Vehicle: CHEVY 1500 <hr/> Vehicle #2 Model Year: 2024 Odometer Reading: tbd Type of Vehicle: Chevrolet SUV AWD Compact	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes. <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;">  _____ Agency Appointing Authority </div> <div style="width: 30%; text-align: center;"> <u>Assit. Fire Marshal</u> _____ Title </div> <div style="width: 30%; text-align: center;"> <u>2-22-24</u> _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <hr/> Board of Examiners _____ Date _____	



2/22/2024

BID 99SWC-S1495

Item # 5.1 – Sport Utility Vehicle AWD Compact 4-5 Passengers

• Base Price	\$25,984.00
• Deep Tint Glass	\$285.00
• Engine Block Heater	\$88.00
• Power Seat	\$400.00
• Full Size Spare(Shipped Loose)	\$600.00
• Summit White	\$0.00
• Cloth Seats	\$0.00
Nevada DRS/Title Fee	\$28.25
Grand Total	\$27,385.25

Fleet Manager

Kyle M. Outland

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: March 2, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Lesley Volkov, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S OFFICE OF ENERGY

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the office seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Karen Long to assist in grant and fiscal work for the Governor's Office of Energy through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Long retired from the office on March 1, 2024 and is receiving pension benefits. Her prior experience in grants and fiscal management provides historical knowledge to train the new Grants and Fiscal Manager and assist in the first annual audit and budget preparation for the 2025-2027 biennium. Ms. Long will be working remotely unless required to be in the office. The office intends to use the emergency provision to contract with Ms. Long from March 4, 2024 through April 9, 2024 on a part-time basis for approximately 20 hours per week.

Statutory Authority:
NRS 333.705 (4)

REVIEWED: 
ACTION ITEM: _____

JOE LOMBARDO
Governor

STATE OF NEVADA

DWAYNE MCCLINTON
Director



JEANNE STONEMAN
Deputy Director

GOVERNOR'S OFFICE OF ENERGY

600 E. William Street, Suite 200 | Carson City, NV 89701
energy.nv.gov | (775) 687-7180

MEMORANDUM

DATE: February 16, 2024

TO: Department of Administration, Purchasing Division

FROM: Jeanne Stoneman, Deputy Director
Governor's Office of Energy

SUBJECT: Authorization to Contract with a Former Employee – Karen Long

SUMMARY

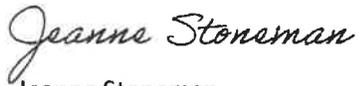
Pursuant to NRS 333.705 (4), the Governor's Office of Energy (GOE) requests emergency authority to contract with retired state employee, Karen Long. Ms. Long retired from state service on March 1, 2024. She intends to be employed by Manpower Temporary Services. GOE would like to utilize Ms. Long's services through the current Contract Purchase Order 99SWC-NV21-7577, RFP# 99SWC-S1406 CETS# 23928, administered by the Department of Administration Purchasing Division. Ms. Long will be supporting GOE's Grants and Fiscal Management, Ms. Long will assist the Deputy Director in training a new Grants and Fiscal Manager. Ms. Long has not worked with Manpower Temporary Services during her tenure with the department and has not been involved in the procurement of any of the current agreements. Ms. Long will be working remotely unless directed to report to the office on certain occasions.

BACKGROUND

Currently, GOE has insufficient staff, expertise, and qualified candidates to successfully manage the workload. The Management Analyst 3 (MA 3) position Ms. Long retired from has been posted, but the department is understaffed in this area until the position is filled. Ms. Long's support will be paramount to the success of GOE in the interim. Once approved, Ms. Long will be under a one-month agreement beginning in March 4 2024 through April 9, 2024. In this role she will be reviewing invoices, reviewing travel documents, budget reconciliation, payroll allocations, budget tracking, Biennial Budget preparation, budget closing, preparing work programs, grant tracking, submit quarterly reports, review new grant documents, review grant budgets.

RECOMMENDATION

GOE respectfully requests your consideration for approval, for Manpower Temporary Services to engage Ms. Long as a member of their staffing team to augment GOE through the Master Blanket Purchase Order 99SWC-NV21

A handwritten signature in cursive script that reads "Jeanne Stoneman".

Jeanne Stoneman
Deputy Director
Governor's Office of Energy



**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:	Karen Long		
Former Employee ID Number:	45902 ✓		
Former Job Title:	Management Analyst 3 – Grants and Fiscal Manager		
Former Employee Agency:	Governor’s Office of Energy		
Former Class and Grade:	Class:	7.612	Grade: 37-10
Former Employment Dates:	From:	10/2020	To: 03/2024
Requesting Agency:	Governor’s Office of Energy ✓		
Vendor:	Manpower ✓		

Please mark which of the following applies and complete Sections ‘A’ through ‘M’ below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	<p>Summarize scope of contract work.</p> <ul style="list-style-type: none"> • Payroll Allocations. • Review invoices and approve payment. • Review monthly budget reconciliation. • Review of travel for staff. • Biennial Budget, budget closing, budget tracking. • Aid in preparing work programs to increase authority. • Grant tracking, prepare and submit quarterly grant reports, submit new/continuing grant documents, prepare budgets for grants.
B	<p>Document former job description.</p> <p>Fiscal Responsibilities:</p> <ul style="list-style-type: none"> • Assist Administrative Services Division with budget preparation for budget accounts 4868, 4869, and 4875. • Project, prepare and track annual federal grant budgets. Ensure that all expenditures are coded according to appropriate category and job number, tracking both encumbrances and expenditures. Code all expenses according to the grant budget. This includes purchase orders, subgrants, memorandums of understanding, interlocal agreements, contracts, etc.

	<ul style="list-style-type: none"> • Review and approve work programs, fund maps, single audit reports and close outs for each budget. Assist in the development of comprehensive financial reports for presentation to management, committees, commissions, and other entities as requested. • Perform internal audits and assist in the review and revision of internal controls, policies, and procedures. • Assist with preparation of the annual indirect cost rate proposal for the agency. <p>Grant Management:</p> <ul style="list-style-type: none"> • Oversee and administer grants from the federal government. <ul style="list-style-type: none"> ○ Submit applications on behalf of GOE for federal grants. ○ Act as the authority and point of contact between GOE, grantor, and budget analyst. ○ Ensure compliance with all grant requirements. • Develop and compile budget justifications for inclusion in grant applications to acquire federal funding • Distribute grant funds to sub-grantees as outlined by each individual grant guideline and in accordance with GOE internal controls, policies and procedures and federal guidelines. Ensure implementation, monitoring, and evaluations of sub-grants. • Ensure federal draws and fiscal reports are prepared properly and timely. • Prepare and submit quarterly financial reports and ensure that all milestones, performance metrics and grant requirements are being met. • Work with staff and subgrantees to ensure compliance with financial and programmatic assurances and federal compliance requirements.
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 because of their specialized knowledge of the agency's operations and to cover the gap between the employee's last day in classified service and when the agency can on-board a new Grants and Fiscal Manager. The contract does require a transfer of knowledge in the form of the development of a Grants and Fiscal desk manual and, if recruitment is successful, training of a new Grants and Fiscal Manager. The timeframe is specified.</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>Existing state employees within GOE do not have specialized Grants and Fiscal Management knowledge, nor the capacity to gain and implement such knowledge within the specified timeframe.</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 relationship</p>
F	<p>List contractors' hourly rate.</p> <p>Contractors hourly rate plus fee is \$56.48, the Temp hourly rate is \$45.18.</p>
G	<p>List the range of comparable State employee rates.</p> <p>The hourly rate paid to an MA 3 Grade 37 Step 10 is \$45.18.</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>N/A</p>
I	<p>Document justification for hiring contractor.</p>

	To continue coverage of Grants and Fiscal Manager – MA 3 essential duties while the agency recruits to fill the Grants and Fiscal Manager position. To train the new Grants and Fiscal Manager and/or develop a desk manual for the agency to use to train the new Grants and Fiscal Manager.
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)
	03/04/2024 through 04/09/2024
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part Time, maximum of 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).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Jeanne Stoneman
Jeanne Stoneman (Feb 16, 2024 16:16 PST)

02/16/24

Signature of Agency Head Authorizing Request

Date



2/21/2024

Purchasing Administrator Signature (if a Statewide Contract)

Date



2/22/24

Budget Analyst Signature

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

March 4, 2004

MEMORANDUM

To: Lesley Volkov
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 April 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: March 11, 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 March 29, 2024. If approved, the current request will allow an extension of her work for the agency through September 29, 2024, at the same rate of ~~\$48.18~~ ^{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:

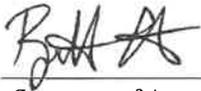
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. 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.
B	Document former job description. 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.
C	Is the former employee being hired because of their specialized knowledge of the agency’s operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? 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 September 29, 2024. 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) April 10, 2024 to September 29, 2024. ✓
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

03/04/2024

Date

Linda DeLoach for Gideon Davis

Purchasing Administrator Signature (if a Statewide Contract)

03-04-24

Date



Budget Analyst Signature

3/5/24

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: March 7, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Lesley Volkov, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with current employee Robert Plant to provide motorcycle safety course training for the Department of Public Safety through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Plant will be teaching course curriculum to underserved parts of Nevada. The office intends to contract with Mr. Plant from April 15, 2024 to October 15, 2024 on a part-time basis for approximately 20 hours per weekend class.

Statutory Authority:

NRS 333.705 (1)

REVIEWED:  _____
ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

March 6, 2024

MEMORANDUM

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

Please find attached a copy of the "Authorization to Contract with a Current Employee" for Robert Plant who Marathon wants to hire. He will not be collecting PERS.

He is currently on payroll and if approved he would be working on the weekends. The agency memo that is included explains his duties and that this would not interfere with his current position.

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

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

Joe Lombardo
Governor



Nevada Department of
Public Safety
Dedication Pride Service

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Amy Davey
Administrator

Office of Traffic Safety

107 Jacobsen Way
Carson City, Nevada 89701
Telephone (775) 684-7470 - Fax (775) 684-7482
tsafety@dps.state.nv.us

Memorandum

DATE: March 5, 2024

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

FROM: Amy Davey, Division Administrator
Nevada Office of Traffic Safety

SUBJECT: Authorization to Contract with Current Employee – Robert Plant

The Office of Traffic Safety, Motorcycle Safety Program is requesting to contract with a current State employee, Robert Plant, through the use of Marathon Staffing Services. The request is made in accordance with the State Administrative Manual Chapter 0323.

Mr. Plant was previously employed by the Motorcycle Safety Program. During his employment, he was required to obtain nationally recognized certification as a motorcycle safety instructor. In order to maintain his certification, Mr. Plant must continue to teach course curriculum. The Motorcycle Safety courses that Mr. Plant will be providing instructions for are conducted on weekends and therefore will not interfere with his primary employment duties or schedule. The classes will require Mr. Plant to travel to the rural areas of Nevada.

Please contact me if additional information or clarification is needed. My phone number is 775-684-7476, or I can be contacted by email at a.davey@dps.state.nv.us

Sincerely,

Amy Davey

Amy Davey, Administrator
Nevada Office of Traffic Safety



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information			
Employee Name:	Robert Plant		
Employee ID Number:	62223		
Job Title:	Communications Systems Specialist 2		
Current Employee Agency:	Nevada Department of Wildlife		
Current Class and Grade:	Class:	06.977	Grade: 35
Employment Dates:	From:	March 27, 2017	To: Current
Requesting Agency:	Office of Traffic Safety, Nevada Rider Motorcycle Safety Program		
Vendor:	Marathon Staffing		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. The Contractor will be teaching beginning to advanced motorcyclist safety courses in the underserved parts of Nevada. This is an 'as needed' weekend position. Only MSF curriculum certified instructors can teach these courses.
B	Document the employee's current job description. Responsible for the agency statewide radio system, engineering, IT, installation, repair, maintenance.
C	Explain how this differs from current State duties. MSF and State Certified Motorcycle Instructor – Teaching Nevada Rider scheduled classes, usually on Weekends and/or Holidays.
D	Explain why existing State employees within your agency cannot perform these duties. The agency only has two FTE and currently contracts with several additional certified trainers to fulfil need. Teaching motorcyclist safety courses require specialized certification and training which Robert has achieved.

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 – N/A
F	List contractors' hourly rate and employee's hourly rate.
	Contractor's rate = \$29.14/hr, employee's rate = \$23.33/hr
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	Program Officer I, PP01 31-01, \$23.49/hr ✓
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).
	N/A – The contract rate is less than the employee's current rate.
I	Document justification for hiring contractor.
	This contractor has the certifications needed to perform this job. The state has a lack of appropriate number and is in need of motorcyclist safety instructors. The certification course exceeds 40 to 80 hours, a 56 minimum hour certification course with the addition of minimum requirements and requires an understanding of motorcycle and teaching dynamics, which Robert possesses and has attained. This is a seasonal, part-time weekend position that is scheduled on an 'as needed' basis.
J	Will the employee be collecting PERS at any time during the contract?
	No
K	What is the duration of the contract with the current employee? (Include start and end date)
	April 15, 2024 through October 15, 2024
L	Will the current employee be working full time or part time? If part time, how many hours?
	Part time, approximately 20 hours per weekend class. 1 class per month on average.
M	Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Nevada Rider Motorcyclist Safety Program hires contractors to teach Class M license waiver courses for new riders and advanced courses for intermediate to experienced motorcyclists. Our goal is zero traffic fatalities by the year 2050 and motorcyclists represent ~22% of Nevada traffic deaths in 2021 and ~21% in 2022.

Approval for Authorization to Contract with a Current Employee:

Amy Davey *3/5/24*

Signature of Agency Head Authorizing Request Date

Linda DeLoach for Gideon Davis 03-06-24

Purchasing Administrator Signature (if a Statewide Contract) Date

Dorley Walker *3/7/24*

Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Secondary Employment Disclosure

Employee Name: Robert E. Plant
Employee ID number: 62223
Name of Secondary Employer: Marathon Staffing for NV DPS Office of Traffic Safety
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 769 Basque Way Suite 100, Carson City, NV 89706
Secondary Employer Phone Number: (775) 200-0481

Describe the nature of the work performed by the secondary employer or self employment business.	Teaching beginning to advanced motorcyclist safety courses in the underserved parts of Nevada.
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	No.
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Teaching beginning to advanced motorcyclist safety courses in the underserved parts of Nevada. Continuing Education to maintain required Certified Motorcycle Instructor status
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	Teaching Nevada Rider scheduled classes, usually on Weekends and/or Holidays. This is a seasonal, part-time weekend position that is scheduled on an 'as needed' basis.
If applicable, list provider agreements, brief scope of services, and associated State agencies.	N/A

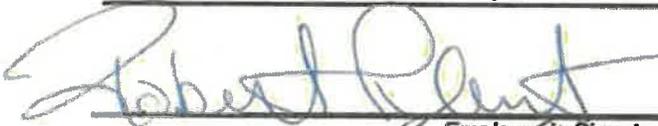
Comments:

Employee statement

I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.
 I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 3/7/24
 Employee's Signature and Date
 3/11/2024
 Agency Head's Signature and 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: March 14, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Reginald Howard
Claim No: TC 21008
Settlement Amount: \$150,000
Date of Loss: September 25, 2015

Payment of this claim to be made to Claimant's counsel:

Gallian Welker & Associates
730 Las Vegas Blvd. Ste #104
Las Vegas, NV 89101

Additional Information:

A settlement agreement and full and final release of further claims has been entered for the total amount of \$150,000 with \$500 being paid by the Nevada Department of Corrections and \$149,500 to be paid from the Tort Claim fund.

Statutory Authority:
NRS 41.036

REVIEWED:  _____
ACTION ITEM: _____

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, Executive Branch Budget Officer

From: Nancy Katafias, Tort Claims Manager

Date: March 5, 2024

Subject: BOE Agenda Submittal for Howard, Reginald

Please place the following item on the April 9, 2024, Board of Examiner's agenda for approval. Upon approval, this payment will be processed from the Tort Claim Fund, budget account 1348/category 15.

If approved by the BOE, pursuant to the settlement agreement, this payment must be received by plaintiffs counsel no later than April 19, 2024. Pursuant to NRS 41.035, because the date of loss related to this lawsuit was September 25, 2015, the statute for that date of loss allowed for payment up to \$100,000 without BOE approval ; BOE approval is required for this payment.

Plaintiff: Reginald Howard

Claim No.: TC 21008

Payment: \$150,000 with the NDOC to pay \$500 and the Tort Claim Fund to pay \$149,500.

Payable to: T 32003946 Gallian Welker & Associates
730 Las Vegas Blvd. Ste #104
Las Vegas, NV 89101

TORT CLAIM RECOMMENDATION

DATE: March 1, 2024
CLAIMANT: Reginald Howard #13891
CLAIM NUMBER: TC21008
DATE OF LOSS: September 25, 2015
AGENCY: NDOC/HDSP

DISCUSSION

In the lawsuit filed against the Nevada Department of Corrections, through counsel, the inmate alleged medical deliberate indifference and retaliation.

A jury trial found for the plaintiff and awarded an amount of \$212,500. This amount did not include opposing counsel attorney fees. The NDOC appealed the jury verdict to the 9th Circuit of Appeals. After the jury trial, plaintiff appealed a prior granting of summary judgment to the 9th Circuit of Appeals.

To avoid the costs of continued litigation, the entire case was settled in the amount of \$150,000.00.

RECOMMENDATION

It is recommended that the claim be paid in the amount of \$150,000.00 with \$500.00 from the NDOC and \$149,500.00 from the Tort Claim Fund.

RECOMMENDATION: PAY

G/L 7357 Gallian Welker & Associates
730 Las Vegas Blvd S Ste 104
Las Vegas NV 89101

Approved:

Nancy Katafias March 1, 2024
NANCY RATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro March 1, 2024
LESLIE NINO PIRO, GENERAL COUNSEL DATE

Settlement Agreement and Full and Final Release of Claims

Case Name(s): *Reginald C. Howard v. Greg Cox, Kyle Groover, et al.*

Case Nos.: U.S. District Court Case No. 2:17-cv-01002-JAD-BNW; U.S. Court of Appeals for the Ninth Circuit Docket Nos. 23-1575 and 23-1613; hereinafter referred to collectively as:

"The Matter"

Plaintiff: Reginald C. Howard	Defendants: Greg Cox, Kyle Groover, <i>et al.</i> (fully enumerated below)
---	--

This Settlement Agreement and Full and Final Release of Claims ("**Agreement**") is made and entered into by Plaintiff Reginald C. Howard ("**Plaintiff**") and the State of Nevada *ex rel.* Nevada Department of Corrections, on behalf of Defendants James G. (Greg) Cox, James Dzurenda, Jo Gentry, Minor Adams, Kyle Groover, Dean Willett, John Borrowman, Alberto Buencamino, Romeo Aranas, Conrad Porter, Julio Mesa, David Tristan, Sonya Clark, Francisco Sanchez, Wilfredo Piscos, Benedicto Gutierrez, and Joselo Vicuna (jointly referred to as "**NDOC**"). This Agreement is being entered into by Plaintiff and NDOC (each a "**Party**" and, collectively, the "**Parties**") because each of them has determined that resolving this Matter by way of settlement is preferable than continuing to litigate the Matter before the U.S. District Court for the District of Nevada and the Ninth Circuit (collectively, "**The Court**").

Plaintiff and NDOC have agreed to resolve all claims raised in this Matter on the following terms:

1. Plaintiff, with the assistance of Plaintiff's Counsel (as defined below), shall remove the previously recorded void *Judgment in a Civil Case* (attached to and made part of this Agreement) that was recorded with the Clark County Recorder on August 15, 2023, as Instrument No. 20230821-0000690. Plaintiff acknowledges that NDOC's agreement to settle this case and pay the amounts referenced below is contingent on Plaintiff removing the Judgment and any cloud of title on Kyle Groover's or any other Defendants' real property. Plaintiff, with the assistance of Plaintiff's Counsel, shall remove the Judgment and any cloud of title on Kyle Groover's or any other Defendants' real property when the NDOC makes payment of the Settlement Amount, as detailed below.
2. The State of Nevada, on behalf of NDOC and all named Defendants, upon approval from the Board of Examiners ("**BoE**") will pay the Plaintiff the sum of \$150,000.00 (ONE HUNDRED FIFTY THOUSAND and NO/100 DOLLARS) (the "**Settlement Amount**") to be disbursed to Plaintiff's Counsel (as defined below) as further set forth in paragraph 4 of this Agreement.
 - a. Plaintiff and Plaintiff's Counsel understand that the Settlement Amount will be paid in two installments, one in the amount of \$500.00 paid by NDOC, with the remaining \$149,500.00 paid by the State of Nevada Tort Fund, in accordance with paragraph 5.

- b. The Settlement Amount is inclusive of all attorneys' fees and costs as further detailed below in paragraph 5.
3. As this Agreement requires payment of more than \$100,000.00, it is acknowledged by the Parties that this Agreement must be approved by the BoE. NDOC will present this Settlement to the BoE for approval at the next available meeting following the signatures of all Parties, which, by agreement of Parties and respective counsel, is to be the April 9, 2024, BoE meeting. NDOC's counsel shall promptly notify Plaintiff's Counsel of whether the BoE approved, denied, or otherwise acted upon the Agreement.
 - a. In the event the BoE does not approve this Agreement, neither Party is bound by any term in this Agreement.
 - b. In the event the BoE does not approve this Agreement, the Parties, including Plaintiff, are free to continue to litigate the Matter, or, at the Parties' discretion, continue to attempt to negotiate a settlement of this Matter, understanding that any future settlement terms that may be agreed to between the Parties may differ from the terms herein and may also be subject to BoE approval.
4. In consideration of the Agreement above, the Plaintiff (through Counsel) has signed relevant Stipulations and Orders to Dismiss the Matter at the same time as signing this Agreement. The Parties consider the various Stipulations and Orders to Dismiss part of this Agreement. Counsel for either Plaintiff or NDOC shall file the signed Stipulations and Orders to Dismiss into the respective dockets in this matter after the Parties have fully complied with the terms set forth in paragraph's 1 and 2 of this Agreement and payment of the Settlement Amount has been received by Plaintiff's Counsel. This will terminate all claims raised in this Matter.
 - a. NDOC will comply with the terms set forth in paragraph 2 of this Agreement within ten (10) calendar days after BoE approval of the Agreement as set forth in paragraph 3 of this Agreement; payment shall be received by Plaintiff's Counsel no later than April 19, 2024.
 - b. Notwithstanding NDOC's obligation to comply with the terms set forth in paragraph 2 within ten (10) calendar days after BoE approval, Plaintiff understands that there could be unforeseen circumstances that could result in NDOC needing a brief extension of time to comply. Understanding this potential, Plaintiff agrees that, if NDOC has not complied with the terms of this Agreement by the time set forth in paragraph 4(a), Plaintiff's Counsel will meet and confer with NDOC's counsel prior to filing any Motion to Enforce this Agreement. Plaintiff also agrees that any Motion to Enforce will only be filed after provided NDOC and its counsel an additional seven (7) days to comply with the terms of this Agreement. Should the NDOC not comply with the Agreement, the U.S. District Court will retain total control over any and all rulings until such time as the Stipulations and Orders to Dismiss are filed, signed, and entered by the Court. In the event Plaintiff is required to file a Motion to Enforce, Plaintiff shall be entitled to recover from

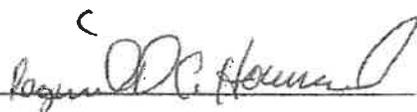
NDOC the attorneys' fees and costs incurred for such motion, in addition to any applicable interest thereon.

- c. The signed Stipulations and Orders to Dismiss will be filed by Plaintiff's or NDOC's counsel within seven (7) days after NDOC's compliance with the terms set forth in paragraph 4(a). This will terminate all claims raised in the Matter.
5. Plaintiff is represented in this Matter by counsel: Travis N. Barrick and Nathan E. Lawrence, of the law firm of Gallian Welker & Associates, L.C., and Andréa L. Vieira, of The Vieira Firm PLLC (collectively, "**Plaintiff's Counsel**"). Plaintiff and Plaintiff's Counsel have separately negotiated and agreed upon an apportionment of the Settlement Amount. NDOC will disburse the Settlement Amount as instructed by Plaintiff and Plaintiff's Counsel. The following apportionment of the Settlement Amount is reported to fulfill the Parties' obligations under NRS § 41.0375(1)(b):
- a. \$93,000.00 to be disbursed to Plaintiff, of which sum \$500.00 shall be paid by NDOC directly to Plaintiff and deposited into Plaintiff's Nevada Department of Corrections Inmate "Trust 2" account, with the remaining \$92,500.00 to be disbursed to Plaintiff via Plaintiff's Counsel, payable to Gallian Welker & Associates, L.C. (NV IOLTA Trust Account).
 - b. \$55,266.50 in attorneys' fees to be disbursed directly to Plaintiff's Counsel, payable to Gallian Welker & Associates, L.C. (NV IOLTA Trust Account).
 - c. \$1,733.50 in costs to be disbursed directly to Plaintiff's Counsel, payable to Gallian Welker & Associates, L.C. (NV IOLTA Trust Account).
 - d. Plaintiff and Plaintiff's Counsel understand that the amounts in paragraphs 4(a)-(c), totaling \$150,000.00, will be paid in two separate installments, with \$500.00 being paid by NDOC and the remaining \$149,500.00 being paid by the State of Nevada's Tort Fund and provided to Plaintiff's Counsel, with Plaintiff's Counsel being responsible for distributing the funds received from the State of Nevada's Tort Fund in the manner set forth in paragraphs 5(a)-(c).
6. This Agreement represents a mutual release of all claims related to or arising out of this Matter or any facts pertinent to or underlying this Matter. Plaintiff and NDOC understand that they are entering into a comprehensive settlement that is meant to represent a complete release of all claims related to the Matter.
7. Plaintiff understands that dismissal of this Matter applies to: (a) all claims, including but not limited to state and federal claims, that were or could have been raised in this Matter or that could have been brought in any proceeding in a court of appropriate jurisdiction; and (b) all Defendants that were or could have been named in the Matter, whether those Defendants are current or former employees of the State of Nevada or NDOC.

8. Plaintiff understands that by entering this Agreement, neither NDOC nor any of the individually named Defendants are making any admission of liability for the claims raised in the Matter.
9. Plaintiff understands that, other than the payments specified in paragraphs 5(a)-(c) of this Agreement, neither he nor Plaintiff's Counsel are entitled to any other payments, including, but not limited to, attorneys' fees and costs, filing fees, copy costs, or postage, except as stated in paragraph 2 above.
10. This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada. Should any court declare or determine any provision of this Agreement to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby, and said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The Parties acknowledge that the Agreement has been drafted by both Parties, and, therefore, any ambiguity in the Agreement will not be construed in favor or against either Party.
11. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all such counterparts shall together constitute one and the same Agreement. This Agreement may also be executed by the manual or electronic signature of a party. Each Party agrees that the Parties' electronic signatures included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures, to the extent and as provided for under applicable law, including the Electronic Signatures in Global and National Commerce Act of 2000, 15 U.S.C. §§ 7001-7031, and the Uniform Electronic Transactions Act, NRS Chapter 719.
12. Plaintiff and NDOC understand that the U.S. District Court for the District of Nevada retains jurisdiction over the Matter for purposes of enforcing this Settlement Agreement until the Stipulations and Orders to Dismiss are granted. Once the Court has signed the Stipulations and Orders to Dismiss, and the cases are dismissed, the Court will no longer have jurisdiction over this(ese) case(s).

Plaintiff:

On behalf of NDOC:

By: 

By: _____

Name: Reginald C. Howard

Name: Brian E. Williams, Sr.

Date: March 4, 2024

Title: Deputy Director of Operations

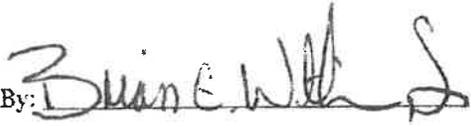
Date: March 4, 2024

8. Plaintiff understands that by entering this Agreement, neither NDOC nor any of the individually named Defendants are making any admission of liability for the claims raised in the Matter.
9. Plaintiff understands that, other than the payments specified in paragraphs 5(a)-(c) of this Agreement, neither he nor Plaintiff's Counsel are entitled to any other payments, including, but not limited to, attorneys' fees and costs, filing fees, copy costs, or postage, except as stated in paragraph 2 above.
10. This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada. Should any court declare or determine any provision of this Agreement to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby, and said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The Parties acknowledge that the Agreement has been drafted by both Parties, and, therefore, any ambiguity in the Agreement will not be construed in favor or against either Party.
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12. Plaintiff and NDOC understand that the U.S. District Court for the District of Nevada retains jurisdiction over the Matter for purposes of enforcing this Settlement Agreement until the Stipulations and Orders to Dismiss are granted. Once the Court has signed the Stipulations and Orders to Dismiss, and the cases are dismissed, the Court will no longer have jurisdiction over this(ese) case(s).

Plaintiff:

On behalf of NDOC:

By: _____

By: 

Name: Reginald C. Howard

Name: Brian E. Williams, Sr.

Date: March 4, 2024

Title: Deputy Director of Operations

Date: March 4, 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: March 20, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Bonnie Lopez, Colleen Lackey, Estate of Melody Morgan
Claim No: TC 20983
Settlement Amount: \$1,350,000
Date of Loss: April 28, 2018

Payment of this claim to be made to Claimant's counsel:

Clark Hill PLC
1700 Pavilion Center Dr Ste 500
Las Vegas, NV 89135

Additional Information:

A settlement agreement and full and final release of further claims has been entered for the total amount of \$1,350,000 with \$500 being paid by the Nevada Department of Corrections and \$1,349,500 to be paid from the Statutory Contingency account.

Statutory Authority:
NRS 41.036
NRS 353.264

<p>REVIEWED:  _____</p> <p>ACTION ITEM: _____</p>
--

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, Executive Branch Budget Officer

From: Nancy Katafias, Tort Claims Manager

Date: March 19, 2024

Subject: BOE Agenda Submittal for Bonnie Lopez, Colleen Lackey, Estate of Melody Morgan

Please place the following item on the April 9, 2024, Board of Examiner's agenda for approval. Upon approval, it is requested that this payment be processed through the Statutory Contingency Fund

Pursuant to NRS 353.264, payment of a claim which is an obligation pursuant to NRS 41 will be paid by the Statutory Contingency Fund if the money in the Fund for Insurance Premiums is insufficient to pay the claim.

Plaintiff: Bonnie Lopez, Colleen Lackey, Estate of Melody Morgan

Claim No.: TC 20983

Payment: \$1,350,000.00 with the NDOC to pay \$500 and the Statutory Contingency Fund to pay \$1,349,500.00 on behalf of the tort fund.

Payable to: **T 27037627A** Clark Hill PLC
1700 Pavilion Center Dr Ste 500
Las Vegas NV 89135

TORT CLAIM RECOMMENDATION

DATE: February 15, 2024
CLAIMANT: Bonnie Lopez, Colleen Lackey and the Estate of Melody Morgan
CLAIM NUMBER: TC20983
DATE OF LOSS: April 28, 2018
AGENCY: NDOC/Florence McClure Women's Correctional Center

DISCUSSION

In the lawsuit filed against the Nevada Department of Corrections, Florence McClure Women's Correctional Center, through counsel, the plaintiffs alleged deliberate indifference to serious medical need, loss of familial association, negligence, gross negligence, negligent infliction of emotional distress, neglect of vulnerable person, negligent hiring, training and supervision, and wrongful death.

The lawsuit was filed in April 2020 and had undergone extensive discovery. Due to the allegations, the need for conflict counsel was necessary for some of the defendants. The case was not fully disposed during summary judgment motions and the denials were appealed to the 9th Circuit of Appeals.

To avoid the cost of continued litigation, the case was settled during a 9th Circuit Mediation. Settlement avoids the continued need for conflict counsel, a possible adverse judgment and the possible payment of attorney fees for counsel for the plaintiffs.

RECOMMENDATION

It is recommended that the claim be paid in the amount of \$1,350,000.00 with payment from the Statutory Contingency Fund.

RECOMMENDATION: PAY

G/L 7357 Clark Hill PLC Vendor # T27037627A
1700 Pavilion Center Dr Ste 500
Las Vegas NV 89135

Approved:

Nancy Katafias February 15, 2024
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro February 16, 2024
LESLIE NINO PIRO, GENERAL COUNSEL DATE

SETTLEMENT AGREEMENT AND FULL AND FINAL RELEASE OF CLAIMS

Case Name: Bonnie Lopez, individually as sister and for the Estate of Melody Morgan, deceased; Colleen Lackey, individually and as mother of Melody Morgan, deceased

v.

The State of Nevada ex rel. Nevada Department of Corrections, Warden Dwight Nevens, individually; Gary Piccinini, Assistant Warden, individually, Bryan Shields, individually; Officer Karissa Currier; Officer Jazmina Flanigan; Nurse Jane Balao; Nurse Brigido Bayawa; Nurse Leilani Flores; Nurse Rosemary McCrary; Nurse Ma Lita Sastrillo; Nurse Chris Shields; Does I through X; and ROE ENTITIES I through X, inclusive

Case No. 2-21-cv-01161-ART-NJK (D. Nev.)

Plaintiffs:	Defendants:
Bonnie Lopez, individually as sister and for the Estate of Melody Morgan, deceased; Colleen Lackey, individually and as mother of Melody Morgan, deceased	The State of Nevada ex rel. Nevada Department of Corrections, Warden Dwight Nevens, individually; Gary Piccinini, Assistant Warden, individually, Bryan Shields, individually; Officer Karissa Currier; Officer Jazmina Flanigan; Nurse Jane Balao; Nurse Brigido Bayawa; Nurse Leilani Flores; Nurse Rosemary McCrary; Nurse Ma Lita Sastrillo; Nurse Chris Shields; Does I through X; and ROE ENTITIES I through X, inclusive

This Settlement Agreement and Full and Final Release of Claims ("Agreement") is made and entered into by, Plaintiffs Bonnie Lopez, individually as sister and for the Estate of Melody Morgan, deceased; and Colleen Lackey, individually and as mother of Melody Morgan, deceased (the "Plaintiffs") and the State of Nevada *ex rel.* Nevada Department of Corrections ("NDOC"), Warden Dwight Nevens, individually; Gary Piccinini, Assistant Warden, individually, Bryan Shields, individually; Officer Karissa Currier; Officer Jazmina Flanigan; Nurse Jane Balao; Nurse Brigido Bayawa; Nurse Leilani Flores; Nurse Rosemary McCrary; Nurse Ma Lita Sastrillo; Nurse Chris Shields; Does I through X; and ROE ENTITIES I through X, inclusive (jointly referred to as "Defendants"). This Agreement is being entered into by Plaintiffs and Defendants (collectively, the "Parties") because each of them have determined that resolving Case No. 2-21-cv-01161-ART-NJK (the "Matter" or "Litigation") by way of settlement is preferable to continuing to litigate this Matter before the United States District Court, District of Nevada (the "Court").

Plaintiffs and Defendants have agreed to resolve all claims raised in this Matter on the following terms:

1. Upon approval from the Board of Examiners ("BoE"), Plaintiffs will be paid the sum of \$1,350,000.00, ONE MILLION THREE HUNDRED AND FIFTY THOUSAND DOLLARS AND ZERO CENTS ("Settlement Amount"), to be disbursed as set forth in Paragraph 4 of this Agreement.
 - a. Plaintiffs and Plaintiffs' counsel understand that the Settlement Amount will be paid in two separate installments, one in the amount of \$500.00 paid by NDOC, with the remaining \$1,349,500.00 paid by the State of Nevada's Tort Claim Fund.
 - b. The Settlement Amount is inclusive of all attorney's fees and costs.
2. As this Agreement requires payment of more than \$100,000.00, this Agreement must be approved by the BoE. NDOC will present this Settlement to the BoE for approval at the next available meeting following the signatures of all Parties, which is anticipated to be either the April 2024 or the May 2024 BoE meeting. NDOC's counsel shall promptly notify Plaintiffs' counsel of whether the BoE approved, denied, or otherwise acted upon the Agreement.
 - a. In the event the BoE does not approve this Agreement, neither Party is bound by any term in this Agreement.
 - b. In the event the BoE does not approve this Agreement, the Parties, including Plaintiffs, are free to continue to litigate this Matter, or, at the Parties discretion, continue to attempt to negotiate a settlement of this Matter, understanding that any future settlement terms that may be agreed to between the Parties may also be subject to BoE approval.
3. In consideration of the Agreement above, the Plaintiffs agree to permit their counsel to sign a Stipulation and Order to Dismiss the Litigation, with prejudice, at the same time as signing this Agreement. The Parties consider the Stipulation and Order to Dismiss part of this Agreement. Counsel for either Plaintiffs or Defendants shall file the signed Stipulation and Order to Dismiss into the docket in this matter after NDOC has complied with the terms set forth in Paragraph 1 of this Agreement. This will terminate all claims raised in this matter.
 - a. NDOC will comply with the terms set forth in paragraph 1 of this Agreement within thirty (30) days after BoE approval of the Agreement as set forth in paragraph 2 of this Agreement.
 - b. Notwithstanding NDOC's obligation to comply with the terms set forth in paragraph 1 within thirty (30) days after BoE approval, Plaintiffs understand there could be unforeseen circumstances that could result in NDOC needing a brief extension of time to comply. Understanding this potential, Plaintiffs agree that if NDOC has not complied with the terms of this Agreement by the time set forth in paragraph 3(a), Plaintiffs' counsel will meet and confer with NDOC's counsel prior to

filing any Motion to Enforce this Agreement. Plaintiffs also agree that any Motion to Enforce will only be filed after providing NDOC and its counsel with an additional fourteen (14) days to comply with the terms of this Agreement. Should NDOC not comply with the Agreement, the Court will retain total control over any and all rulings until such time as the Stipulation and Order to Dismiss is filed, signed, and entered by the Court.

- c. The signed Stipulation and Order to Dismiss will be filed by Plaintiffs' or Defendants' counsel within seven (7) days after NDOC's compliance with the terms set forth in paragraph 1. This will terminate all claims raised in the Matter.
4. Plaintiffs are represented in this Matter by counsel: Paola M. Armeni of Clark Hill ("Plaintiffs' Counsel"). The Settlement Amount will be disbursed to Plaintiffs' counsel's trust account as instructed by Plaintiffs and Plaintiffs' counsel.
 - a. The following apportionment of the Settlement Amount, totaling \$1,350,000.00, is reported to fulfill the Parties' obligations under NRS 41.0375(1)(b):
 - (1) \$775,000 to be disbursed to Plaintiffs' counsel for payment directly to Plaintiff Colleen Lackey's for her individual claims.
 - (2) \$540,000 in attorney's fees to be disbursed directly to counsel.
 - (3) \$35,000 in costs to be disbursed directly to counsel.
 - b. Plaintiffs' counsel is responsible for distributing the Settlement Amount in the manner set forth in paragraph 4(a).
 5. This Agreement represents a mutual release of all claims related to or arising out of this Matter, or any facts pertinent to or underlying this Matter. The Parties understand that they are entering into a comprehensive settlement that is meant to represent a complete release of all claims related to this Matter.
 6. The Plaintiffs understand that the Dismissal of this Matter applies to: (a) all claims that were or could have been raised pertaining to the death of Melody Morgan and/or her incarceration with the Nevada Department of Corrections; and (b) all Defendants that were or could have been named in this Matter, whether those Defendants are current or former employees of the State of Nevada, or NDOC.
 7. The Plaintiffs understand that by entering into this Agreement, neither the State of Nevada, NDOC, nor any of the individually named defendants are making any admission of liability or professional negligence for the claims raised in this Matter.

8. The Plaintiffs understand that, other than the payments specified in Paragraph 1 and further described in Paragraph 4(a) of this Agreement, neither Plaintiffs nor Plaintiffs' counsel are entitled to any other payments, including but not limited to attorneys' fees and costs, filing fees, copy costs, or postage.
9. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all such counterparts shall together constitute one and the same Agreement. This Agreement may be executed by the manual or electronic signature of a party. Plaintiff(s) will use [SOFTWARE NAME] as signature verification software. Each party agrees that the parties' electronic signatures included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures, to the extent and as provided for under applicable law, including the Electronic Signatures in Global and National Commerce Act of 2000, 15 U.S.C. §§ 7001-7031, and the Uniform Electronic Transactions Act, NRS Chapter 719.
10. This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada. Should any court declare or determine any provision of this Agreement to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby said illegal or invalid part, term, or provision, and said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The Parties acknowledge that the Agreement has been drafted by the Parties and therefore any ambiguity in the Agreement will not be construed in favor of or against any Party.
11. Plaintiffs are and shall be solely responsible for all federal, state, and local taxes that may be owed by Plaintiffs by virtue of the receipt of any portion of the monetary payment provided under this Agreement. Plaintiffs agree to indemnify and hold Defendants harmless from any and all liability, including, without limitation, all penalties, interest, and other costs that may be imposed by the Internal Revenue Service or other governmental agencies regarding any of Plaintiffs' tax obligations that may arise from the monetary consideration made to Plaintiffs under this Agreement.
12. Plaintiffs further agree and understand that any and all persons including, but not limited to, attorneys, experts, consultants, doctors, hospitals, medical providers, insurance companies, and employers who have or may have a subrogated interest in or lien upon any of the money paid as a result of this settlement, will be paid and satisfied from the money or property herein received or from Plaintiffs' personal funds, and that any such persons shall have no cause of action of any nature against Defendants for any such subrogated claim or lien interest. In the event that any such party should assert any claim against Defendants arising from a subrogated interest in or lien arising or resulting from or connected to this Matter, Plaintiffs agree to defend, indemnify, and hold harmless the Defendants from any demands, claims, suits or actions brought by any person or entity arising out of a subrogated interest or lien.

13. Plaintiffs acknowledge and understand that they may hereafter discover claims or facts in addition to or different from those which they now know or believe to exist with respect to the subject matter of the Agreement and Litigation, and which if known or suspected at the time of execution, may have materially affected this Agreement. Nevertheless, Plaintiff hereby waives any right, claim, or cause of action that might arise against Defendants as a result of such different or additional claims or facts. Plaintiffs acknowledge that they understand the significance and consequences of this release and specific waiver of all known and unknown claims.

14. The Plaintiffs and Defendants understand that the Court retains jurisdiction over this Matter for purposes of enforcing this Settlement Agreement until the Stipulation to Dismiss is granted. Upon dismissal of this action, the Court will no longer have jurisdiction over this Matter.

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties has executed this Agreement as of the date(s) set forth below.

Plaintiff: By: <u>[Signature]</u> Name: Bonnie Lopez, individually and as sister and for the Estate of Melody Morgan Date: <u>02/28/2024</u>	Plaintiff By: <u>[Signature]</u> Name: Colleen Lackey, individually and as mother of Melody Morgan Date: <u>At 28-ey</u>
On behalf of The State of Nevada ex rel. Nevada Department of Corrections By: <u>[Signature]</u> Name: JAMES E. BURENDA Title: DIRECTOR Date: <u>3.18.2024</u>	Defendant: By: _____ Name: Warden Dwight Neven Date: _____
Defendant By: _____ Name: Assistant Warden Gary Piccinini Date: _____	Defendant By: _____ Name: Bryan Shields Date: _____

13. Plaintiffs acknowledge and understand that they may hereafter discover claims or facts in addition to or different from those which they now know or believe to exist with respect to the subject matter of the Agreement and Litigation, and which if known or suspected at the time of execution, may have materially affected this Agreement. Nevertheless, Plaintiff hereby waives any right, claim, or cause of action that might arise against Defendants as a result of such different or additional claims or facts. Plaintiffs acknowledge that they understand the significance and consequences of this release and specific waiver of all known and unknown claims.

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IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties has executed this Agreement as of the date(s) set forth below.

Plaintiff: By: <u><i>B. Lopez</i></u> Name: Bonnie Lopez, individually and as sister and for the Estate of Melody Morgan Date: <u>02/28/2024</u>	Plaintiff By: <u><i>Colleen Lackey</i></u> Name: Colleen Lackey, individually and as mother of Melody Morgan Date: <u>At 28-24</u>
On behalf of The State of Nevada ex rel. Nevada Department of Corrections By: _____ Name: Title: Date: _____	Defendant: By: <u>/s/ Dwight "Ike" Neven</u> Name: Warden Dwight Neven Date: <u>03/05/2024</u>
Defendant By: _____ Name: Assistant Warden Gary Piccinini Date: _____	Defendant By: _____ Name: Bryan Shields Date: _____

13. Plaintiffs acknowledge and understand that they may hereafter discover claims or facts in addition to or different from those which they now know or believe to exist with respect to the subject matter of the Agreement and Litigation, and which if known or suspected at the time of execution, may have materially affected this Agreement. Nevertheless, Plaintiff hereby waives any right, claim, or cause of action that might arise against Defendants as a result of such different or additional claims or facts. Plaintiffs acknowledge that they understand the significance and consequences of this release and specific waiver of all known and unknown claims.

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IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties has executed this Agreement as of the date(s) set forth below.

<p>Plaintiff: By: <u>[Signature]</u> Name: Bonnie Lopez, individually and as sister and for the Estate of Melody Morgan Date: <u>02/28/2024</u></p>	<p>Plaintiff By: <u>[Signature]</u> Name: Colleen Lackey, individually and as mother of Melody Morgan Date: <u>Ab 28-24</u></p>
<p>On behalf of The State of Nevada ex rel. Nevada Department of Corrections By: _____ Name: _____ Title: _____ Date: _____</p>	<p>Defendant: By: _____ Name: Warden Dwight Neven Date: _____</p>
<p>Defendant By: <u>[Signature]</u> Name: Assistant Warden Gary Piccinini Date: <u>03/04/2024</u></p>	<p>Defendant By: _____ Name: Bryan Shields Date: _____</p>

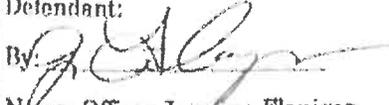
13. Plaintiffs acknowledge and understand that they may hereafter discover claims or facts in addition to or different from those which they now know or believe to exist with respect to the subject matter of the Agreement and Litigation, and which if known or suspected at the time of execution, may have materially affected this Agreement. Nevertheless, Plaintiff hereby waives any right, claim, or cause of action that might arise against Defendants as a result of such different or additional claims or facts. Plaintiffs acknowledge that they understand the significance and consequences of this release and specific waiver of all known and unknown claims.

14. The Plaintiffs and Defendants understand that the Court retains jurisdiction over this Matter for purposes of enforcing this Settlement Agreement until the Stipulation to Dismiss is granted. Upon dismissal of this action, the Court will no longer have jurisdiction over this Matter.

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties has executed this Agreement as of the date(s) set forth below.

Plaintiff: By: <u>[Signature]</u> Name: Bonnie Lopez, individually and as sister and for the Estate of Melody Morgan Date: <u>02/28/2024</u>	Plaintiff By: <u>[Signature]</u> Name: Colleen Lackey, individually and as mother of Melody Morgan Date: <u>02-28-24</u>
On behalf of The State of Nevada ex rel. Nevada Department of Corrections By: _____ Name: Title: Date: _____	Defendant: By: _____ Name: Warden Dwight Neven Date: _____
Defendant By: _____ Name: Assistant Warden Gary Piccinini Date: _____	Defendant By: <u>[Signature]</u> Name: Bryan Shields Date: <u>3-5-24</u>

Defendant: By: <u><i>K. Currier</i></u> <i>Lieutenant</i> Name: Officer Karissa Currier Date: <u>3/6/2024</u>	Defendant: By: _____ Name: Officer Jazmina Flanigan Date: _____
Defendant: By: _____ Name: Nurse Jane Balao Date: _____	Defendant: By: _____ Name: Nurse Leilani Flores Date: _____
Defendant: By: _____ Name: Nurse Rosemary McCrary Date: _____	Defendant: By: _____ Name: Nurse Ma Lita Sastrillo Date: _____
Defendant: By: _____ Name: Nurse Chris Shields Date: _____	Defendant: By: _____ Name: Nurse Brigido Bayawa Date: _____

Defendant: By: _____ Name: Officer Karissa Currier Date: _____	Defendant: By:  Name: Officer Jazmina Flanigan Date: 3/4/21
Defendant: By: _____ Name: Nurse Jane Balao Date: _____	Defendant: By: _____ Name: Nurse Leilani Flores Date: _____
Defendant: By: _____ Name: Nurse Rosemary McCrary Date: _____	Defendant: By: _____ Name: Nurse Ma Lita Sastrillo Date: _____
Defendant: By: _____ Name: Nurse Chris Shields Date: _____	Defendant: By: _____ Name: Nurse Brigido Bayawa Date: _____

Defendant: By: _____ Name: Officer Karissa Currier Date: _____	Defendant: By: _____ Name: Officer Jazmina Flanigan Date: _____
Defendant: By: <u>[Signature]</u> Name: Nurse Jane Balao Date: <u>3/5/2024</u>	Defendant: By: _____ Name: Nurse Leilani Flores Date: _____
Defendant: By: _____ Name: Nurse Rosemary McCrary Date: _____	Defendant: By: <u>[Signature]</u> Name: Nurse Ma Lita Sastrillo Date: <u>3/5/24</u>
Defendant: By: _____ Name: Nurse Chris Shields Date: _____	Defendant: By: <u>[Signature]</u> Name: Nurse Brigido Bayawa Date: <u>3/5/24</u>

Defendant: By: _____ Name: Officer Karissa Currier Date: _____	Defendant: By: _____ Name: Officer Jazmina Flanigan Date: _____
Defendant: By: _____ Name: Nurse Jane Balao Date: _____	Defendant: By: <i>[Signature]</i> Name: Nurse Leilani Flores Date: <i>March 4, 2024</i>
Defendant: By: _____ Name: Nurse Rosemary McCrary Date: _____	Defendant: By: _____ Name: Nurse Ma Lita Sastrillo Date: _____
Defendant: By: _____ Name: Nurse Chris Shields Date: _____	Defendant: By: _____ Name: Nurse Brigido Bayawa Date: _____

Defendant: By: _____ Name: Officer Karissa Currier Date: _____	Defendant: By: _____ Name: Officer Jazmina Flanigan Date: _____
Defendant: By: _____ Name: Nurse Jane Balao Date: _____	Defendant: By: _____ Name: Nurse Leilani Flores Date: _____
Defendant: By: <i>Rosemary McCrary</i> Name: Nurse Rosemary McCrary Date: <i>03/06/2024</i>	Defendant: By: _____ Name: Nurse Ma Lita Sastrillo Date: _____
Defendant: By: _____ Name: Nurse Chris Shields Date: _____	Defendant: By: _____ Name: Nurse Brigido Bayawa Date: _____

Defendant: By: _____ Name: Officer Karissa Currier Date: _____	Defendant: By: _____ Name: Officer Jazmina Flanigan Date: _____
Defendant: By: _____ Name: Nurse Jane Balao Date: _____	Defendant: By: _____ Name: Nurse Leilani Flores Date: _____
Defendant: By: _____ Name: Nurse Rosemary McCrary Date: _____	Defendant: By: _____ Name: Nurse Ma Lita Sastrillo Date: _____
Defendant: By:  Name: Nurse Chris Shields Date: <u>3-8-24</u>	Defendant: By: _____ Name: Nurse Brigido Bayawa 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: March 18, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

- 1) Claimant: Rupert Gamo
Claim No: TC20265
Settlement Amount: \$100,000.00
Date of Loss: October 1, 2022

Payment of this claim to be made to Claimant's counsel:
Boley & Aldabbagh
4570 S Eastern Ave Ste 28
Las Vegas, NV 89119

- 2) Claimant: Adrienn Albert
Claim No: TC20266
Settlement Amount: \$115,000.00
Date of Loss: October 1, 2022

Payment of this claim to be made to Claimant's counsel:
Boley & Aldabbagh
4570 S Eastern Ave Ste 28
Las Vegas, NV 89119

Additional Information:

A settlement agreement and full and final release of further claims has been entered for the total amount of \$215,000 to be paid from the Statutory Contingency account.

Statutory Authority:

NRS 41.035
NRS 41.036
NRS 353.264

<p>REVIEWED:  _____</p> <p>ACTION ITEM: _____</p>
--

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, Executive Branch Budget Officer

From: Nancy Katafias, Tort Claims Manager

Date: March 20, 2024

Subject: April 2024 BOE Agenda Submittal for Tort Claim payments from the Statutory Contingency Fund with payments greater than \$100,000

Please place the following items on the April 9, 2024, Board of Examiner's agenda for approval and payment from the Statutory Contingency Fund.

Claimant: Rupert Gamo

Claim No.: TC 20265
Payment: \$100,000.00
Payable to: **T 27045161** GL 7352; please enter TC 20265 in the invoice field
Boley & Aldabbagh Ltd
4570 S Eastern Ave Ste 28
Las Vegas NV 89119

Claimant: Adrienn Albert

Claim No.: TC 20266
Payment: \$115,000.00
Payable to: **T 27045161** GL 7352; please enter TC 20266 in the invoice field
Boley & Aldabbagh Ltd
4570 S Eastern Ave Ste 28
Las Vegas NV 89119

TORT CLAIM RECOMMENDATION

DATE: February 14, 2024
CLAIMANT: Adrienn Albert
CLAIM NUMBER: TC20266
DATE OF LOSS: October 1, 2022
DAMAGES CLAIMED: \$200,000
AGENCY: NDOT
AGENCY EMPLOYEE: Sergio Hernandez

DISCUSSION

In the administrative claim filed against the State, through counsel, the claimant alleges that she was traveling north on the I-515 near Boulder exit when the NDOT driver changed lanes, hit her vehicle which spun out and hit another vehicle. The claim is submitted for the personal injuries of the claimant. Please see TC 20299 for the total loss of the claimant's 2003 Dodge Ram 1500. Other related claims include TC 20265 for personal injuries of Rupert Gamo, TC 20396 for property damages of Dominique Mixson and TC 20271 for personal injuries of Dominique Mixson.

The investigation found that the NHP responded to the scene and found the NDOT employee to be at fault and cited him for an unsafe lane change.

Because the NDOT employee was in the course and scope of employment and was driving a State vehicle, it appears the State is liable for the damages.

RECOMMENDATION

It is recommended that the claim be paid in the amount of \$115,000.00

RECOMMENDATION: PAY

G/L 7352 Boley & AIDabbagh
4570 S Eastern Ave Ste 28
Las Vegas NV 89119

Approved:

Nancy Katafias February 14, 2024
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro February 16, 2024
LESLIE NINO PIRO, GENERAL COUNSEL DATE

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

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 to effect a one, two, or three-grade pay increase for specified employees in the classified service adopted pursuant to NRS 284.175 of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Office of Finance in the Office of the Governor, 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, or agency request for an allocation from the General Fund and/or Highway Fund salary adjustment account(s) are recommended by the Director of the Office of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
2980	University of Nevada, Reno	\$185,181
	Total	\$185,181

Nevada System of Higher Education

System Administration
4300 South Maryland Parkway
Las Vegas, NV 89119-7530
Phone: 702-889-8426
Fax: 702-889-8492



System Administration
2601 Enterprise Road
Reno, NV 89512-1666
Phone: 775-784-4901
Fax: 775-784-1127

March 13, 2024

MEMORANDUM

To: Venus Fajota, Executive Budget Officer
Michael Rankin, Executive Budget Officer
David Lenzner, Executive Budget Officer
Governor's Finance Office, Budget Division

From: Robin Hager, Budget Director, NSHE

Subject: Request for Sworn Step Increase Funds (FY 2024)

Pursuant to AB 522 section 22 of the 82nd Legislative session NSHE requests funding related to the University of Nevada, Reno sworn officer two grade increase totaling \$185,181 for FY 2024. Attached is a summary of filled sworn officer positions and costs associated with the two-step increase.

If you have any questions regarding this request, please let me know.

Police Officer Pay FY23 & Forecast of FY24

PCN	Source	FY	Status	Job Title	Type	Grade	Step	Salary	Fringe	Total	Hire Date	Received
P0001616	UPD	FY24	Filled	University Police Officer 2	Classified	40	10	108,228.56	48,615.60	156,844.16	8/10/2004	Yes
P0003276	UPD	FY24	Filled	University Police Officer 2	Classified	40	10	86,149.93	37,044.00	123,193.93	5/1/2004	Yes
P0003924	UPD	FY24	Filled	University Police Officer 1	Classified	36	5	58,787.04	25,278.00	84,065.04	12/19/2022	
P0003988	UPD	FY24	Filled	University Police Officer 2	Classified	40	10	108,228.56	46,538.00	154,766.56	9/15/2014	Yes
P0005229	UPD	FY24	Filled	University Police Officer 2	Classified	40	4	67,477.62	30,310.33	97,787.95	11/14/2022	Yes
P0006783	UPD	FY24	Filled	University Police Officer 2	Classified	36	1	60,638.86	26,075.00	86,713.86	6/16/2023	
P0007663	UPD	FY24	Filled	University Police Sergeant	Classified	42	1	78,879.63	33,918.00	112,797.63	9/11/2023	
P0007766	UPD	FY24	Filled	University Police Officer 1	Classified	36	5	73,853.07	31,757.00	105,610.07	12/19/2022	
P0007853	UPD	FY24	Open	University Police Officer 2	Classified	40	1	-	-	-	-	-
P0016863	UPD	FY24	Open	University Police Officer 2	Classified	40	1	-	-	-	-	-
P0016889	UPD	FY24	Filled	University Police Officer 2	Classified	40	6	75,092.66	32,290.00	107,382.66	7/1/2019	Yes
P0016890	UPD	FY24	Filled	University Police Officer 2	Classified	40	7	76,725.79	32,992.00	109,717.79	1/14/2019	Yes
P0045243	UPD	FY24	Filled	University Police Officer 1	Classified	40	4	65,706.61	28,254.00	93,960.61	6/20/2022	
P0053592	UPD	FY24	Filled	University Police Lieutenant	Classified	44	10	103,629.36	44,561.00	148,190.36	10/16/2021	Yes
P0054826	UPD	FY24	Filled	University Police Sergeant	Classified	42	10	94,452.19	42,427.14	136,879.33	9/1/2018	Yes
P0054999	UPD	FY24	Filled	University Police Officer 2	Classified	40	6	94,337.51	42,375.94	136,713.45	7/1/2019	Yes
P0093479	UPD	FY24	Filled	University Police Officer 1	Classified	36	6	75,477.22	32,455.00	107,932.22	6/20/2022	Yes
P0102835	UPD	FY24	Filled	University Police Officer 2	Classified	40	7	76,725.79	32,992.00	109,717.79	1/8/2024	Yes
P0102941	UPD	FY24	Filled	University Police Officer 2	Classified	40	4	86,152.55	38,699.82	124,852.37	7/1/2021	Yes
P0136741	UPD	FY24	Open	University Police Officer 1-2	Classified	40	1	72,121.19	31,012.00	103,133.19	-	-
P0136742	UPD	FY24	Open	University Police Officer 1-1	Classified	40	1	-	-	-	-	-
P0176546	UPD	FY24	Filled	University Police Officer 2	Classified	40	4	67,081.37	28,845.00	95,926.37	1/1/2024	Yes
P0001616	UPD	FY23	Filled	University Police Officer 2	Classified	38	10	88,193.00	38,227.00	126,420.00	8/10/2004	Yes
P0003276	UPD	FY23	Filled	University Police Officer 2	Classified	38	10	71,928.00	31,177.00	103,105.00	5/1/2004	Yes
P0003924	UPD	FY23	Filled	University Police Officer 2	Classified	38	10	71,928.00	29,706.00	101,634.00	12/19/2022	
P0003988	UPD	FY23	Filled	University Police Officer 2	Classified	38	7	79,920.00	33,007.00	112,927.00	9/15/2014	Yes
P0005229	UPD	FY23	Filled	University Police Officer 2	Classified	38	1	58,964.00	24,352.00	83,316.00	11/14/2022	Yes
P0006783	UPD	FY23	Filled	University Police Officer 2	Classified	38	1	58,964.00	25,665.00	84,629.00	6/16/2023	
P0007663	UPD	FY23	Filled	University Police Sergeant	Classified	40	8	75,248.00	32,616.00	107,864.00	7/15/2013	
P0007766	UPD	FY23	Filled	University Police Detective	Classified	40	7	70,042.00	28,927.00	98,969.00	12/19/2022	
P0007853	UPD	FY23	Open	University Police Officer 2	Classified	38	1	58,964.00	25,603.00	84,567.00	-	-
P0016863	UPD	FY23	Open	University Police Officer 2	Classified	38	1	58,964.00	24,352.00	83,316.00	-	-
P0016889	UPD	FY23	Filled	University Police Officer 2	Classified	38	2	52,510.00	21,687.00	74,197.00	7/1/2019	Yes
P0016890	UPD	FY23	Filled	University Police Officer 2	Classified	38	3	53,697.00	23,275.00	76,972.00	1/14/2019	
P0045243	UPD	FY23	Filled	University Police Officer 2	Classified	38	1	58,964.00	25,403.00	84,367.00	6/20/2022	
P0053592	UPD	FY23	Filled	University Police Lieutenant	Classified	42	10	86,410.00	35,687.00	122,097.00	10/16/2021	Yes
P0054826	UPD	FY23	Filled	University Police Sergeant	Classified	40	10	78,808.00	34,159.00	112,967.00	9/1/2018	Yes
P0054999	UPD	FY23	Filled	University Police Officer 2	Classified	38	2	64,384.00	27,907.00	92,291.00	7/1/2019	Yes
P0057101	UPD	FY23	Open	University Police Officer 1	Classified	34	1	40,634.00	16,782.00	57,416.00	-	-
P0093479	UPD	FY23	Filled	University Police Officer - UPO1	Classified	38	1	58,964.00	24,352.00	83,316.00	6/20/2022	Yes
P0102835	UPD	FY23	Filled	University Police Officer 2	Classified	38	3	53,697.00	22,177.00	75,874.00	1/14/2019	Yes
P0102941	UPD	FY23	Filled	University Police Officer 2	Classified	34	1	51,794.00	22,450.00	74,244.00	7/1/2021	Yes
P0102949	UPD	FY23	Filled	University Police Officer 1	Classified	34	1	49,822.00	20,576.00	70,398.00	6/30/2023	
P0136741	UPD	FY23	Open	University Police Officer 2	Classified	38	4	70,437.00	29,090.00	99,527.00	-	-
P0136742	UPD	FY23	Open	University Police Officer 1-1	Classified	38	1	58,964.00	24,352.00	83,316.00	-	-
P0176546	UPD	FY23	Filled	University Police Officer 1	Classified	34	1	41,365.00	17,084.00	58,449.00	1/1/2022	Yes

PCN	2 grade increase in total Pay	Jul-Feb '24		Mar Through FYE	
		Base Salary	Fringe	Base Salary	Fringe
P0001616	\$30,424.16	\$11,561.18	\$8,721.59	\$4,360.80	\$10,141.39
P0003276	\$20,088.93	\$7,633.79	\$5,758.83	\$2,879.41	\$6,696.31
P0003988	\$41,839.56	\$15,899.03	\$11,994.01	\$5,997.00	\$13,946.52
P0005229	\$14,471.95	\$5,499.34	\$4,148.63	\$2,074.31	\$4,823.98
P0016889	\$33,185.66	\$12,610.55	\$9,513.22	\$4,756.61	\$11,061.89
P0016890	\$32,745.79	\$12,443.40	\$9,387.13	\$4,693.56	\$10,915.26
P0053592	\$26,093.36	\$9,915.48	\$7,480.10	\$3,740.05	\$8,697.79
P0054826	\$23,912.33	\$9,086.69	\$6,854.87	\$3,427.43	\$7,970.78
P0054999	\$44,422.45	\$16,880.53	\$12,734.44	\$6,367.22	\$14,807.48
P0093479	\$24,616.22	\$9,354.16	\$7,056.65	\$3,528.32	\$8,205.41
P0102835	\$33,843.79	\$12,860.64	\$9,701.89	\$4,850.94	\$11,281.26
P0102941	\$50,608.37	\$19,231.18	\$14,507.73	\$7,253.87	\$16,869.46
P0176546	\$37,477.37	\$14,241.40	\$10,743.51	\$5,371.76	\$12,492.46
	\$413,729.95	\$157,217.38	\$118,602.59	\$59,301.29	\$137,909.98

BA 2980 - University of Nevada, Reno
E673 \$ 185,181

*The currently filled positions have expended additional funding due to the two-step increase, which was unbudgeted, and any associated vacancy savings have been swept to address the COLA funding gap.

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

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:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT
3010	Desert Research Institute	\$573,244
3018	Truckee Meadows Community College	\$3,201,992
	Total	\$3,775,236

Nevada System of Higher Education

System Administration
4300 South Maryland Parkway
Las Vegas, NV 89119-7530
Phone: 702-889-8426
Fax: 702-889-8492



System Administration
2601 Enterprise Road
Reno, NV 89512-1666
Phone: 775-784-4901
Fax: 775-784-1127

MEMORANDUM

Date: March 5, 2024

To: David Lenzner, Executive Budget Officer III
Michael Rankin, Executive Budget Officer II
Venus Fajota, Executive Budget Officer I
Governor's Finance Office, Budget Division

From: Robin Hager, Budget Director, NSHE

Subject: Request for Salary Adjustment Funds (FY 2024)

NSHE requests Salary Adjustment funds totaling \$3,775,236 for FY 2024 to date. Attached is a summary document identifying the amount requested for the following budgets:

• Budget Account 3010 – Desert Research Institute	\$573,244
Budget Account 3018 – Truckee Meadows Comm College	\$3,201,992
•	

Attached are templates completed for each budget account to demonstrate the requested Salary Adjustment funds.

Please note, several accounts remain under review. Requests for those accounts, if deemed eligible, will be submitted in a separate request. Additionally, NSHE may request redistribution of funds to other accounts with an FY 2024 budgetary shortfall due to the COLA effective in FY 2024.

If you have any questions regarding these requests, please let me know.

NSHE Salary Adjustment Funds Request Revised: FY 2024

Draft updated 2014-02-20

Institution: Desert Research Institute

Budget Account: BA 3010

Phase 1: Eligibility Determination

- if BOR < L01 (by position type), then not eligible for Salary Adjustment Funds

- if \$ tx from Personnel to Operating, then not eligible for Salary Adjustment Funds

	Budgeted Revenue		
	FY 2024 L01	FY 2024 BOR	Difference
GF Appropriations	8,824,979	8,824,979	-
Salary Adjustment Funds	-	674,178	674,178
Budget Reductions to meet FY24 COLAs	-	-	-
Non GF Revenue	148,486	148,486	-
Total Revenue	8,973,465	9,647,643	674,178

	Budgeted Expenditures		
	FY 2024 L01	FY 2024 BOR	Difference
Professional & Technologist Salaries	4,540,964	4,980,092	439,128
Classified Salary	-	-	-
Vacancy Savings	-	-	-
LCA	-	-	-
Grad Assistant	-	-	-
Fringe	1,537,293	2,694,999	1,157,706
Fringe Budget Reduction	-	-	-
Wages	-	-	-
Operating	2,895,208	1,972,552	(922,656)
Operating Budget Reduction	-	-	-
Capital Projects	-	-	-
Total Expenditures	8,973,465	9,647,643	674,178

Phase 2: Demonstrate Need

Personnel Expenses	Actual	Projected	Total
	July '23 - Jan '24	(through FYE)	
Professional & Technologist Salaries	2,963,652	2,173,561	5,137,213
Prof on Leave (if not obligated)	-	-	-
Classified (and Technologist)	-	-	-
Class/Tech on Leave (if not obligated)	-	-	-
Fringe	1,573,812	1,157,471	2,731,283
Obligated Health Insurance	-	-	-
Wages	-	-	-
LOAs	-	-	-
GAs and TAs	-	-	-
Med Residents	-	-	-
Subtotal: Personnel Costs	4,537,464	3,331,032	7,868,496

Excluded Personnel Expenses	Actual	Projected	Total
	July '23 - XXXX	(through FYE)	
Vacancy Savings Used For Student Fee Shortfall	-	-	-
New FTE (not in L01)	446,961	319,258	766,219
Ad hoc/Reclassified Positions	13,976	9,982	23,958
LOAs	-	-	-
Wages	-	-	-
Additional LOAs, Wages (>budget)	-	-	-
Grad Students	-	-	-
Additional Grads (>budget)	-	-	-
Overtime	16,243	-	16,243
Terminal/Retirement Payouts	-	-	-
Other Add'l Payroll Adjust	-	-	-
Retention Incentives	-	-	-
Longevity Payments	-	-	-
Stipends (percent or fixed dollar)	-	-	-
Stipends - instruction FN10 with fringe	-	-	-
Fringe on Excluded Expenses	239,502	171,073	410,575
Subtotal: Excluded Expenses	716,682	500,313	1,216,995
Total Eligible Personnel Expenses	3,820,782	2,830,719	6,651,501
L01 Approved Personnel Exp			6,078,257
Salary Adjustment Funds Needed			573,244
Allocated Salary Adjustment Funds			674,178
Salary Adjustment Request			573,244

Draft updated 2014-02-20

Institution: Desert Research Institute

Budget Account: BA 3010

Phase 1: Eligibility Determination

- if BOR < L01 (by position type), then not eligible for Salary Adjustment Funds
- if \$ tx from Personnel to Operating, then not eligible for Salary Adjustment Funds

	Budgeted Revenue		
	FY 2024 L01	FY 2024 BOR	Difference
GF Appropriations	8,824,979	8,824,979	-
Salary Adjustment Funds	-	674,178	674,178
Budget Reductions to meet FY24 COLAs	-	-	-
Non GF Revenue	148,486	148,486	-
Total Revenue	8,973,465	9,647,643	674,178

	Budgeted Expenditures		
	FY 2024 L01	FY 2024 BOR	Difference
Professional & Technologist Salaries	4,540,964	4,980,092	439,128
Classified Salary	-	-	-
Vacancy Savings	-	-	-
LOA	-	-	-
Grad Assistant	-	-	-
Fringe	-	-	-
Fringe Budget Reduction	1,537,293	2,694,999	1,157,706
Wages	-	-	-
Operating	2,895,208	1,972,552	(922,656)
Operating Budget Reduction	-	-	-
Capital Projects	-	-	-
Total Expenditures	8,973,465	9,647,643	674,178

Phase 2: Demonstrate Need

Personnel Expenses	Actual July '23 - Jan '24	Projected (through FYE)	Total
Professional & Technologist Salaries	2,963,652	2,173,561	5,137,213
Prof on Leave (if not obligated)	-	-	-
Classified (and Technologist)	-	-	-
Class/Tech on Leave (if not obligated)	-	-	-
Fringe	1,573,812	1,157,471	2,731,283
Obligated Health Insurance	-	-	-
Wages	-	-	-
LOAs	-	-	-
GAs and TAs	-	-	-
Med Residents	-	-	-
Subtotal: Personnel Costs	4,537,464	3,331,032	7,868,496

Excluded Personnel Expenses	Actual July '23 - XXXX	Projected (through FYE)	Total
Vacancy Savings Used For Student Fee Shortfall	-	-	-
New FTE (not in L01)	446,961	319,258	766,219
Ad hoc/Reclassified Positions	13,976	9,982	23,958
LOAs	-	-	-
Wages	-	-	-
Additional LOAs, Wages (>budget)	-	-	-
Grad Students	-	-	-
Additional Grads (>budget)	-	-	-
Overtime	16,243	-	16,243
Terminal/Retirement Payouts	-	-	-
Other Addtl Payroll Adjust	-	-	-
Retention Incentives	-	-	-
Longevity Payments	-	-	-
Stipends (percent or fixed dollar)	-	-	-
Stipends - instruction FN10 with fringe	-	-	-
Fringe on Excluded Expenses	239,502	171,073	410,575
Subtotal: Excluded Expenses	716,682	500,313	1,216,995
Total Eligible Personnel Expenses	3,820,782	2,830,719	6,651,501
L01 Approved Personnel Exp			6,078,257
Salary Adjustment Funds Needed			573,244
Allocated Salary Adjustment Funds			674,178
Salary Adjustment Request			573,244

NSHE Salary Adjustment Funds Request Revised: FY 2024
 Institution: Truckee Meadows Community College
 Budget Account: BA 3018

Phase 1: Eligibility Determination

- if BOR < L01 (by position type), then not eligible for Salary Adjustment Funds
- if \$ tx from Personnel to Operating, then not eligible for Salary Adjustment Funds

	Budgeted Revenue		
	FY 2024 L01	FY 2024 BOR	Difference
GF Appropriations	36,051,203	36,051,203	-
Salary Adjustment Funds		3,201,992	3,201,992
Budget Reductions to meet FY24 COLAs			-
Non GF Revenue	12,983,099	12,983,099	-
Total Revenue	49,034,302	52,236,294	3,201,992

	Budgeted Expenditures		
	FY 2024 L01	FY 2024 BOR	Difference
Professional Salary	21,127,229	24,049,038	2,921,809
Classified Salary	5,835,952	7,226,698	1,390,746
Vacancy Savings	(527,771)	(527,771)	-
LOA	3,314,484	3,894,480	579,996
Grad Assistant	-	-	-
Fringe	10,036,090	10,724,726	688,636
Fringe Budget Reduction			
Wages	258,675	331,763	73,088
Operating	8,989,643	6,537,360	(2,452,283)
Operating Budget Reduction			
Capital Projects			
Total Expenditures	49,034,302	52,236,294	3,201,992

Phase 2: Demonstrate Need

Personnel Expenses	Actual July '23 - January '24	Projected (through FYE)	Total
Professional	15,723,833	8,060,013	23,783,846
Prof on Leave (if not obligated)			-
Classified (and Technologist)	4,017,226	2,283,879	6,301,105
Class/Tech on Leave (if not obligated)			-
Fringe	6,851,096	3,570,092	10,421,189
Obligated Health Insurance			-
Wages	136,728	97,663	234,391
LOAs	3,018,167	2,690,610	5,708,777
GAs and TAs			-
Med Residents			-
Subtotal: Personnel Costs	29,747,051	16,702,258	46,449,309

Excluded Personnel Expenses	Actual July '23 - January '24	Projected (through FYE)	Total
Vacancy Savings Used For Student Fee Shortfall	(542,253)	(387,324)	(929,577)
New FTE (not in L01)	48,244	24,166	72,410
Ad hoc/Reclassified Positions			-
LOAs	3,018,167	2,690,610	5,708,777
Wages	136,728	97,663	234,391
Additional LOAs, Wages (>budget)	(99,960)	(71,400)	(171,360)
Grad Students			-
Additional Grads (>budget)			-
Overtime	49,784	35,560	85,345
Terminal/Retirement Payouts			-
Other Addt'l Payroll Adjust	771,804	36,026	807,829
Stipends (percent or fixed dollar)	(51,362)		(51,362)
Stipends - instruction FN10 with fringe	276,973	132,861	409,834
Fringe on Excluded Expenses	368,914	110,831	479,746
Subtotal: Excluded Expenses	3,977,040	2,668,994	6,646,034
Total Eligible Personnel Expenses	25,770,011	14,033,264	39,803,275
L01 Approved Personnel Exp			36,471,500
Salary Adjustment Funds Needed			3,331,775
Allocated Salary Adjustment Funds			3,201,992
Salary Adjustment Request			3,201,992

NSHE FY24-25 COLAs by Budget Account

	FY24			FY25				
	12%	GF %	COLA	4%	7%	TOTAL	GF%	COLA
2977 NSHE - SPECIAL PROJECTS	85,994	100.00%	85,994	117,643	56,119	173,762	100.00%	173,762
2980 NSHE - UNIVERSITY OF NEVADA, RENO	22,070,538	54.95%	12,127,761	30,372,141	14,422,263	44,794,404	54.95%	24,614,525
2982 NSHE - UNR SCHOOL OF MEDICINE	2,667,947	84.37%	2,250,947	3,650,975	1,738,506	5,389,481	84.37%	4,547,105
2983 NSHE - INTERCOLLEGIATE ATHLETICS - UNR	96,007	100.00%	96,007	131,949	62,979	194,928	100.00%	194,928
2985 NSHE - STATEWIDE PROGRAMS - UNR	667,274	100.00%	667,274	913,932	434,893	1,348,825	100.00%	1,348,825
2986 NSHE - SYSTEM ADMINISTRATION	500,171	96.85%	484,416	686,836	326,915	1,013,751	96.85%	981,818
2987 NSHE - UNIVERSITY OF NEVADA, LAS VEGAS	30,056,386	60.69%	18,241,221	41,397,400	19,661,490	61,058,890	60.69%	37,056,640
2988 NSHE - INTERCOLLEGIATE ATHLETICS - UNLV	202,884	100.00%	202,884	278,017	132,540	410,557	100.00%	410,557
2989 NSHE - AGRICULTURAL EXPERIMENT STATION	585,445	75.24%	440,489	805,096	383,506	1,188,602	75.24%	894,304
2990 NSHE - COOPERATIVE EXTENSION SERVICE	587,392	68.38%	401,659	808,790	385,165	1,193,955	68.38%	816,426
2991 NSHE - SYSTEM COMPUTING CENTER	1,378,601	100.00%	1,378,601	1,893,241	900,915	2,794,156	100.00%	2,794,156
2992 NSHE - UNLV LAW SCHOOL	1,428,739	65.05%	929,395	1,966,187	935,849	2,902,036	65.05%	1,887,774
2994 NSHE - GREAT BASIN COLLEGE	1,791,173	74.39%	1,332,454	2,470,102	1,172,833	3,642,935	74.39%	2,709,979
2995 NSHE - WICHE ADMINISTRATION	19,282	100.00%	19,282	26,443	12,600	39,043	100.00%	39,043
2996 NSHE - UNIVERSITY PRESS	33,620	100.00%	33,620	45,770	21,913	67,683	100.00%	67,683
3001 NSHE - STATEWIDE PROGRAMS - UNLV	200,818	100.00%	200,818	275,417	131,245	406,662	100.00%	406,662
3002 NSHE - UNLV DENTAL SCHOOL	2,049,378	54.41%	1,115,067	2,819,790	1,332,167	4,151,957	54.41%	2,259,080
3003 NSHE - BUSINESS CENTER NORTH	234,522	100.00%	234,522	325,854	155,319	481,173	100.00%	481,173
3004 NSHE - BUSINESS CENTER SOUTH	200,060	100.00%	200,060	278,462	132,833	411,295	100.00%	411,295
3005 NSHE - NEVADA STATE COLLEGE	2,731,775	70.34%	1,921,531	3,759,390	1,790,429	5,549,819	70.34%	3,903,743
3010 NSHE - DESERT RESEARCH INSTITUTE	677,906	99.45%	674,178	929,918	442,732	1,372,650	99.45%	1,365,100
3011 NSHE - COLLEGE OF SOUTHERN NEVADA	12,381,400	69.45%	8,598,882	17,103,030	8,170,104	25,273,134	69.45%	17,552,192
3012 NSHE - WESTERN NEVADA COLLEGE	1,590,505	76.58%	1,218,009	2,193,997	1,042,415	3,236,412	76.58%	2,478,444
3014 NSHE - UNLV SCHOOL OF MEDICINE	3,819,724	90.40%	3,453,030	5,261,712	2,504,784	7,766,496	90.40%	7,020,912
3017 NSHE - PRISON EDUCATION PROGRAM	22,862	76.77%	17,551	31,156	14,915	46,071	76.77%	35,369
3018 NSHE - TRUCKEE MEADOWS COMMUNITY COLLEGE	4,323,511	74.06%	3,201,992	5,953,136	2,828,494	8,781,630	74.06%	6,503,675
3221 NSHE - HEALTH LABORATORY AND RESEARCH	150,961	100.00%	150,961	209,112	99,668	308,780	100.00%	308,780
TOTAL			59,678,602					121,263,952

Amount Approved per AB 522 sections 7 & 15

59,678,602

121,263,952

Joe Lombardo
Governor

Amy Stephenson
Director



David Johnson
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

Curtis Palmer
Administrator

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

Date: February 26, 2024
To: Amy Stephenson, Director
Governor's Finance Office
From: Richard Jacobs, 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 Examiner's meeting.

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES -
DIVISION OF FORESTRY**

Agenda Item Write-up:

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$114,156 from the Interim Finance Committee Contingency Account to cover a projected shortfall for the remainder of the fiscal year.

Additional Information:

Utility rates across the board for all services have increased multiple times in the last twelve months, particularly natural gas and electric costs which have increased by approximately 10%. NDF owns many aging facilities across the state that require increasingly frequent repairs, including two dispatch centers that provide 24-hour support to life/safety operations. The cost of travel to remote locations along with economic inflation have driven the cost of maintaining these facilities beyond previously budgeted amounts. Unexpected and unbudgeted increases in the microwave circuit fees from OCIO occurred post budget build; this along with a damaging lightning strike to a radio tower in the fall and increasing fuel costs required to visit remote sites have caused major shortfalls in the communications category.

Statutory Authority:
NRS 353.268

REVIEWED:  _____

ACTION ITEM: _____



NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources
Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Kacey KC, *State Forester/Firewarden*

February 14, 2024

MEMORANDUM

To: Amy Stephenson, Director
Governor's Finance Office

Through: Richard Jacobs
Executive Branch Budget Officer

From: James Settelmeyer, Director 
Department of Conservation and Natural Resources

Subject: IFC Contingency Fund Request of \$114,156.00 – B/A 4195, Work Program C67364

The Nevada Division of Forestry (NDF) is requesting an allocation from the Interim Finance Committee (IFC) Contingency Fund to cover shortfalls within the NDF Forestry account (B/A 4195). NDF is requesting \$114,156.00 to pay actual and projected costs associated with Utilities, Maintenance of Buildings and Grounds, and Communications through Fiscal Year 2024.

The Executive and Legislative branches of government have recognized the continuing increase in costs related to utilities associated with economic factors occurring out of the control of agencies and consumers alike. Utility rates across the board for all services have increased multiple times in the last twelve months, particularly natural gas and electric costs which have increased by approximately 10%. NDF owns many aging facilities across the state that require increasingly frequent repairs, including two dispatch centers that provide 24-hour support to life/safety operations. Additionally, contracts necessary to maintain these facility operations were initiated post budget build to meet the previously unforeseen needs of the facilities, ensuring proper functioning of servers and facility under emergency conditions. Maintenance and repairs related to these facilities are largely performed by specialized vendors; the cost of travel to remote locations along with economic inflation have driven the cost of maintaining these facilities beyond previously budgeted amounts. Unexpected and unbudgeted increases in the microwave circuit fees from EITS occurred post budget build; this along with a damaging lightning strike to a radio tower in the fall and increasing fuel costs required to visit remote sites have caused major short falls in the communications category. The Division is asking for funds to cover costs that have increased beyond budgeted amounts due to factors outside of the agency's control.

This request will cover known actual expenses and projections for utilities, communications, and maintenance of buildings and grounds through June 30, 2024 for State Fiscal Year 2024.

cc: Kacey KC, State Forester Firewarden, DCNR, NDF
Hilary Reynolds, ASOI, DCNR, NDF
Colby Nichols, Program Analyst, LCB Fiscal Division

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: February 26, 2024
To: Amy Stephenson, Director
Governor's Finance Office
From: Richard Jacobs, 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 Examiner's meeting.

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –
DIVISION OF FORESTRY**

Agenda Item Write-up:

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$6,404,612 from the Interim Finance Committee Contingency Account to fund an increase in fire suppression costs.

Additional Information:

The Division, in collaboration with the United States Forest Service, Bureau of Land Management, State and Local cooperators, continues to work through the adjudication process for fire bills created during the previous extreme fire seasons.

Statutory Authority:

NRS 353.268

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



NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources
Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Kacey KC, *State Forester/Firewarden*

February 16, 2024

MEMORANDUM

To: Amy Stephenson, Director
Governor's Finance Office

Through: Richard Jacobs
Executive Branch Budget Officer

From: James Settelmeyer, Director 
Department of Conservation and Natural Resources

Subject: IFC Contingency Fund Request of \$6,404,612.00 – B/A 4196, Work Program C67242

The Nevada Division of Forestry (NDF) is requesting an allocation from the Interim Finance Committee (IFC) Contingency Fund to cover emergency response expenses within the NDF Forest Fire Suppression account (B/A 4196). NDF is requesting \$6,404,612.00 to pay actual invoices previously received and ready for payment through Fiscal Year 2024.

The Executive and Legislative branches of government have recognized the unpredictability of costs associated with emergency response activities, including wildland fire, flooding, and other natural resource emergencies. The Division, in collaboration with the United States Forest Service, Bureau of Land Management, State and Local cooperators, continues to work through the adjudication process for fire bills created during the previous extreme fire seasons.

This request will cover known actual expenses for fire, flood, and other natural resource emergencies to date for State Fiscal Year 2024.

cc: Kacey KC, State Forester Firewarden, DCNR, NDF
Hilary Reynolds, ASOI, DCNR, NDF
Colby Nichols, Program Analyst, LCB Fiscal Division

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: February 21, 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 **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –
DIVISION OF WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 532.230, the division requests a recommendation to the Interim Finance Committee for an allocation of \$250,000 from the Interim Finance Committee Contingency Account to restore funds in the Channel Clearance Account for the channel clearance, maintenance, restoration, surveying, and monumenting program for channel clearance activities.

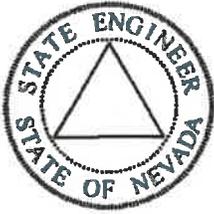
Additional Information:

Pursuant to NRS 353.266, 353.268 and 353.269 the State Engineer may request an allocation from the contingency fund if the balance in the account is below \$250,000. If the balance in the account is not sufficient to provide a grant of money to an incorporated city, a county, a political subdivision of this State or a tribal government in this State, the State Engineer shall request an allocation from the contingency fund.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: 
ACTION ITEM: _____



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

February 16, 2024

Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, Nevada 89701

Re: Channel Clearance, Surveying and Monumenting Program, B/A 4222

To Whom It May Concern,

Nevada Revised Statutes 532.220 was enacted in 1973, establishing a program to aid in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers. Any incorporated city, county, other political subdivision of this State or tribal government in this State may apply to the State Engineer for a grant under this program if the incorporated city, county, other political subdivision or tribal government requesting the money agrees to match the state grant equally. NRS 532.230 states that if the balance in the account is below \$250,000.00, the State Engineer may request an allocation from the contingency fund pursuant to NRS 353.266, 353.268 and 353.269. If the balance in the account is not sufficient to provide a grant of money to an incorporated city, a county, a political subdivision of this State or a tribal government in this State, the State Engineer shall request an allocation from the contingency fund.

Currently there is a balance of \$65,833.32 in the channel clearance fund, of which \$65,000 is committed to the Carson Valley Conservation District for an emergency flood damage repair project in Minden. It is to be completed within the next year.

After the above-referenced commitment has been paid, there will be a balance of \$836.32 left in the account. This amount of funding is not sufficient to cover any additional projects. In the event of an emergency the availability of this money could be needed without delay. These funds have been extremely useful and helpful in the past for assisting in potential flood problems and helping local jurisdictions.

Therefore, it is respectfully requested that the Channel Clearance Fund be restored from the contingency fund per statute in the amount of \$250,000.00.

Sincerely,

Adam Sullivan, P.E.
Nevada State Engineer

State of Nevada Work Program

WP Number: C67404

FY 2024

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY

DATE _____

APPROVED ON BEHALF OF
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
02/14/24	101	705	4222	CNR CHANNEL CLEARANCE - NON-EXEC

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	250,000	0	250,000
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		250,000		250,000
Total Budgetary & Revenue GLs					250,000		

Expenditures

CAT	Amount	CAT	Amount
10	250,000		
Sub Total Category Expenditures			250,000

Remarks
 The purpose of this work program is to request the addition of Interim Finance Committee Contingency funds to replenish the Channel Clearance account.

Total Budgetary General Ledgers and Category Expenditures (AP) **250,000**

_____ **pmisch** _____
 Authorized Signature

_____ **02/15/24** _____
 Date

_____ **Controller's Office Approval** _____

Does not require Interim Finance approval since Action Item; Pursuant to NRS 532.230(4)

Joe Lombardo
Governor

Jhone M. Ebert
Superintendent of
Public Instruction



Southern Nevada Office
2080 East Flamingo Rd,
Suite 210
Las Vegas, Nevada 89119-0811
Phone: (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

MEMORANDUM

TO: Amy Stephenson, Clerk of the Board of Examiners
State of Nevada Board of Examiners

THROUGH: Celeste D Arnold, Administrative Services Officer III
Department Support Services/Nevada Department of Education

Celeste D Arnold

FROM: Jhone M. Ebert, Superintendent of Public Instruction
Department of Education

Jhone M. Ebert

DATE: March 5, 2024

SUBJECT: Interim Finance Contingency Request Budget Account 2675

The Office of Teaching and Learning (OTL) currently has one Director that oversees the following nine subject areas: mathematics, English Language Arts, science, social studies, computer science, fine arts, physical education, health, and World Languages, which includes standards writing and professional learning, in addition to all Read By Grade 3 (RBG3) initiatives, data, professional learning as well as the Science of Reading implementation. OTL also collects and examines statewide data to determine areas of focus and oversees multiple grants, including PBS, RPDP, First Nevada Robotics, and RBG3 grants. OTL reviews and approves all Tier 1 instructional materials for the state and oversees distance education in the state, including approval of programs and courses. They create digital learning courses and professional learning in Canvas Oversee, manage state instance of Canvas, and provide technical assistance for districts/schools on Canvas usage and implementation. OTL manages and coordinates dual credit applications for the state, and they lead competency-based learning initiatives. Additionally, they collect and oversee both STEM and STEAM seals, support OSIT on reviewing grants, and STEM designation process.

In addition, OTL also oversees Holocaust education, PAEMST – Presidential Awards for Excellence in Math and Science Teaching and manages that for the whole state. OTL develops the Nevada State Literacy Plan which includes writing, leading cohorts, meetings, and the AI Taskforce for Department statewide initiatives. They are the Smarter Balanced Assessment Consortium (SBAC) representative, sharing resources for the districts and schools. They develop and facilitate numerous conferences and professional learning summits, working with the Board of Directors participation from many team members. OTL consists of 20 team members and one Director to manage the whole team, including all probationary and permanent employee evaluations. As a result of these responsibilities, additional management level supervisory requirements are needed to ensure that the office meets its goals of providing teaching and learning support. This would align OTL with other offices within the Department of Education.

Additionally, this position would provide guidance in the absence of the Director, provide leadership for projects and core standards development and improvement, lead special projects as assigned by the Director, and provide leadership on various local and state boards and committees. The requested position would also actively participate on agency and external committees, work groups and collaborative teams for the purpose of strategic plans, legislative requirements, supervise assigned staff and their workloads, evaluate assigned staff performance, and maintain work performance standards of assigned staff.

Currently, the Director of the Office of Teaching and Learning has assumed all educational program supervisor duties that are typically handled by an educational program supervisor in all the other offices within the Department of Education, in addition to their own duties. This takes away resources needed to ensure that the Office of Teaching and Learning is successful.

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: March 12, 2024

To: Amy Stephenson, Director
Governor's Finance Office

From: Theresa Bawden, 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 Examiner's meeting.

**DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION –
REHABILITATION DIVISION**

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests an allocation of \$492,216 from the Interim Finance Committee Contingency Account to cover a projected shortfall for the remainder of the fiscal year.

Additional Information:

The department requests funds to cover its vocational services to eligible individuals and disabilities obligations in fiscal year 2024.

Statutory Authority:

NRS 353.268

REVIEWED: 
ACTION ITEM: _____



JOE LOMBARDO
GOVERNOR

CHRIS SEWELL
DIRECTOR

DRAZEN ELEZ
ADMINISTRATOR

DATE March 12, 2024

To:

State of Nevada Board of Examiners

Subject:

Interim Finance Contingency Request Budget Account 3265

The Bureau of Vocational Rehabilitation (BVR) seeks approval from the Board of Examiners to request funds in the amount of \$492,216 from the Interim Finance Committee Contingency Account to support an increase in services being provided to Nevadans with disabilities.

The Bureau has seen and increase in the need for its services since coming out of the COVID-19 pandemic. Prior to the COVID-19 pandemic, Nevada VR received approximately 150 new paper applications per month. Now, with the development of a website and online application process, Nevada VR applications have grown to approximately 350-400 per month which is a 267% increase.

The state funds being requested are also needed to fulfill the match requirement for the federal grant award that the Bureau receives from the Rehabilitation Services Administration (RSA). Per the terms of the award, all Federal funds drawn down for use must be matched in an amount equivalent to at least 21.3% of the total amount expended under the VR program. The additional \$492,216 in state funds will allow the Bureau to draw down an additional \$1,818,657 in federal funds.

Thank you for your attention to this matter,

A handwritten signature in black ink, appearing to read 'Josh Marhevka'.

03/12/2024

Josh Marhevka
DETR Administration
Deputy Director

State of Nevada Work Program

WP Number: C65975

FY 2024

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY

DATE _____

APPROVED ON BEHALF OF _____

THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
02/21/24	101	901	3265	DETR - VOCATIONAL REHABILITATION

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	492,216	0	492,216
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		492,216		492,216
Total Budgetary & Revenue GLs					492,216		

Expenditures

CAT	Amount	CAT	Amount
09	492,216		
Sub Total Category Expenditures			492,216

Remarks

This work program requests an increase in State General Funds through the Interim Finance Committee Contingency funds, to the Client Services categories, to fund a projected shortfall for the remainder of the fiscal year.

Total Budgetary General Ledgers and Category Expenditures (AP) **492,216**

sterr2
Authorized Signature

03/12/24
Date

Controller's Office Approval

Does not require Interim Finance approval since This work program supports an Action Item request for appropriation from the Interim Finance Committee Contingency Fund.

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR’S OFFICE	CHOWANEC REVOCABLE TRUST 3/11/94	\$349,316
		This is a relocation.	
	Term of Lease:	05/01/2024 – 12/31/2028	Located in Carson City
2.	DEPARTMENT OF MOTOR VEHICLES – FIELD SERVICES DIVISION	O’FLAHERTY RENTALS, LLC	\$231,207
		This is an extension of an existing lease.	
	Term of Lease:	07/01/2024 – 06/30/2029	Located in Ely
3.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL DIVISION	CITY OF LAS VEGAS	\$177,466
		This is an extension of an existing lease.	
	Term of Lease:	12/01/2023 – 11/30/2028	Located in Las Vegas
4.	SECRETARY OF STATE	THE TRUST FOR METHODIST DEVELOPMENT OF THE FIRST UNITED METHODIST CHURCH OF CARSON CITY, NEVADA	\$425,217
		This is a new location.	
	Term of Lease:	05/01/2024 – 04/30/2027	Located in Carson City

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Director's Office
 1000 N Division Suite 102
 Carson City, Nevada 89703
 Lesa Galloway
 T: 775-684-4019 E: l.galloway@dhhs.nv.gov

Remarks: New Lease - Expansion

Exceptions/Special notes: Expanding Current Leased Space approved by Director Jack Robb
 Same lease terms and expiration date of current leased space.

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

3. Name of Lessor: Chowanec Revocable Trust

4. Address of Lessor: 5476 Reno Corporate Dr
 Reno, Nevada 89511

5. Property contact: Niki Wilcox
 T: 775-851-3666 E: nwilcox@NCSReno.com

6. Address of Lease property: 1000 N. Division Suites 101
 Carson City, Nevada 89703

a. Square Footage: Usable 3,508

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%	\$ 5,788.20	8	\$ 46,305.60	May 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.65
3.50%	\$ 5,980.79	12	\$ 71,889.44	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.71
3.50%	\$ 6,200.46	12	\$ 74,405.57	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.77
3.50%	\$ 6,417.48	12	\$ 77,009.77	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.83
3.50%	\$ 6,642.09	12	\$ 79,705.11	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.89
		56	\$ 349,315.50				\$1.77

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: Seven 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: Limited data \$1.49 SF for only two locations

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

n. Lease will be paid for by Agency Budget Account Number: 3060 at 66%, 3195 at 17% and 3223 at 17%

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
 MAR 05 2024
 GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

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

Yes _____ No _____ Dec Unit _____

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

includes Return to Work Funds

[Signature] 3/5/2024
 Authorized Agency Signature Date

38

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"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
f. Nevada Business ID Number: <u>NV20232934179</u>	Exp: <u>10/31/2024</u>	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>T29047870</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

Brian Wacker 3/5/24
 Authorized Signature Date
 Public Works Division

RG
 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:	VINCE KING-BROWN
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Motor Vehicles
Field Services Division
555 Wright Way
Carson City, Nevada 89711
Jarrod Carpenter
T: 775-684-4804 E: jarrodcarpenter@dmy.nv.gov

Remarks: Lease Renewal - Approved by Director Jack Robb

Exceptions/Special notes: No Market Data Rural Area. No Tenant Improvements
Added 170 SF of Office Space not billed in current leased space

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

3. Name of Lessor: O'Flaherty Rentals, LLC

4. Address of Lessor: 965 Pioche Highway
Ely, Nevada 89301

5. Property contact: John O'Flaherty
T: 775-289-2801 E: oflahertyph@gmail.com

6. Address of Lease property: 480 Campton Street
Ely, Nevada 89301

a. Square Footage: Rentable Usable 3,345

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
5%	\$ 3,512.25	12	\$ 42,147.00	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$1.05
4%	\$ 3,679.50	12	\$ 44,154.00	July 1, 2025 - June 30, 2026	\$0.00	\$0.00	\$1.10
2%	\$ 3,779.85	12	\$ 45,358.20	July 1, 2026 - June 30, 2027	\$0.00	\$0.00	\$1.13
6%	\$ 4,047.45	12	\$ 48,569.40	July 1, 2027 - June 30, 2028	\$0.00	\$0.00	\$1.21
4%	\$ 4,248.16	12	\$ 50,977.80	July 1, 2028 - June 30, 2029	\$0.00	\$0.00	\$1.27
c. Total Lease Consideration:		60	\$ 231,206.40				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input checked="" type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)					
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
l. Comparable Area Market Rate Average:	No Market Data Average State Rate in Ely \$1.38 per SF						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:							

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: Angela Smith-Romb Date: 2/23/24 Page 1 of 2

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:	NV20071746105	Exp: 11/30/2024
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:	T80692360	
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

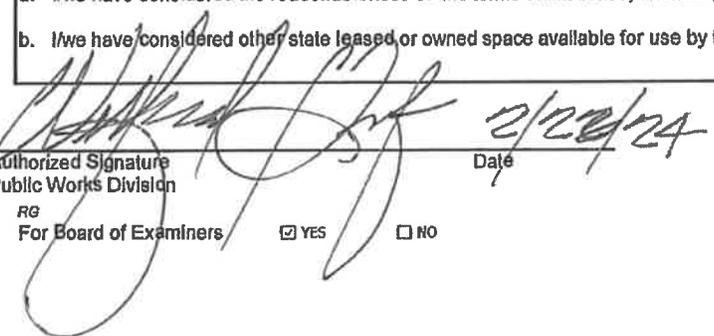
Date

RG

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:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
 Division of Nevada Highway Patrol
 555 Wright Way
 Carson City, Nevada 89701
 Rocío Zarazua
 T: 775-684-4650 E: rvelasquez@dps.state.nv.us

Remarks: This is a renewal of a current lease. The market rate is \$2.63 a sf. The agency currently is at \$1.67 and has not had an increase in five (5) years. The renewal rate is \$1.90 a sf. The Director has given permission to move forward with this renewal.

Exceptions/Special notes:

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

3. Name of Lessor: City of Las Vegas

4. Address of Lessor: 945 South Main Street, 5th Floor
 Las Vegas, NV 89101

5. Property contact: Teresa Boyce
 T: 702-229-1022 E: tboyce@lasvegasnevada.gov
 Wendy Mercado
 T: 702-229-1023 E: wmercado@lasvegasnevada.gov

6. Address of Lease property: 9043 Ackerman Avenue
 Las Vegas, Nevada 89143

a. Square Footage: Rentable Usable 1,440

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
14%	\$ 2,736.00	12	\$ 32,832.00	December 1, 2023 - November 30, 2024	\$0.00	\$0.00	\$1.90
5%	\$ 2,880.00	12	\$ 34,560.00	December 1, 2024 - November 30, 2025	\$0.00	\$0.00	\$2.00
3%	\$ 2,966.40	12	\$ 35,596.80	December 1, 2025 - November 30, 2026	\$0.00	\$0.00	\$2.06
3%	\$ 3,052.80	12	\$ 36,633.60	December 1, 2026 - November 30, 2027	\$0.00	\$0.00	\$2.12
3%	\$ 3,153.60	12	\$ 37,843.20	December 1, 2027 - November 30, 2028	\$0.00	\$0.00	\$2.19
		60	\$ 177,465.60				\$2.05

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: 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: Current Market Rate \$2.63, current rate \$1.67, Negotiated rate \$1.90

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

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

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

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FEB 22 2024

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

Jennifer Ramos Digitally signed by Jennifer Ramos
Date: 2024.02.14 08:06:00 -08'00'

Authorized Agency Signature _____ Date _____

9

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"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Government</u>	
f. Nevada Business ID Number: <u>NV20161345271</u>		Exp: <u>6/30/2024</u>
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain.... _____	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>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

 ^{FOR} _____ Date 2/21/2024

Authorized Signature
Public Works Division

BM
For Board of Examiners YES NO

N/S anticipates savings in staff physicals and will submit a work program needed to cover a shortfall.

Joe Lombardo
Governor



Jack Robb
Director

Matthew Tuma
Deputy Director

Wilfred J Lewis, Jr.
Administrator

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

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

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

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

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

ROUTING & TRANSMITTAL SLIP

Date: February 22, 2024
To: Kirk Hawkins, Executive Branch Budget Officer
From: Grace Mason, Public Works Division, Leasing Services
Subject: For placement on April's 2024 BOE agenda

Projected BOE Date: April 9th, 2024

BOE Deadline Date: March 5th, 2024

Lessor: City of Las Vegas
Tenant: Department of Public Safety, Division of Nevada Highway Patrol
Property Location: 9043 Ackerman Avenue, Las Vegas, Nevada 89143

This is a lease renewal for the Department of Public Safety, Division of Nevada Highway Patrol. The current market rate is \$2.63 per SF. The current rate is \$1.67 per SF, the agency has no had an increase in five (5) years. This is a 5- year lease renewal, we have negotiated a renewal rate at \$1.90 per SF, with a 5% increase in year 2 and 3% increase in year 3-5. This is a retroactive lease that was held up by the lessor, City of Las Vegas, as it was presented at the February City Council meeting for the mayor's approval. Director Jack Robb has given approval to term length and rate. There is currently no state space available in this location.

Thank you for your time,
Grace Mason

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FEB 22 2024

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

mkc 3/7

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:	

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MAR 05 2024
 GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

1. Agency:

Secretary of State
 101 N Carson Street, Suite 3
 Carson City, Nevada 89701
 Debbie Bowman
 775-684-5656 E: debbiebowman@sos.nv.gov

Remarks:

New Lease for Additional Staffing Needs, Approved by Director Jack Robb

Exceptions/Special notes:

New Lease with Tenant Improvements taking over vacated space from DPBH/DIRECTOR's Office Leasing Suites 200, 205 and 300. Maintenance Improvements- paint walls, replace carpet in Suite 300, and ensure all lighting, electrical, plumbing, window and doors are working properly to our standards.

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

The Trust of Methodist Development of the First United Methodist Church Carson City, Nevada

4. Address of Lessor:

C/O 301 West Washington St
Carson City, Nevada 89703

5. Property contact:

Sam Douglas
T: 775-884-1896 E: samuel@nvccg.us

6. Address of Lease property:

400 West King Street Suites 200, 205, and 300
Carson City, Nevada 89703

a. Square Footage:

Rentable Suite 300 = 5,057 SF Suites 200 and 205 = 1,891 SF Total 6,948 SF
 Usable 6,948

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
				\$0.00	\$0.00	\$1.65
3% \$ 11,464.20	12	\$ 137,570.40	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$1.70
3% \$ 11,808.13	12	\$ 141,697.51	May 1, 2025 - April 30, 2026	\$0.00	\$0.00	\$1.75
3% \$ 12,162.37	12	\$ 145,948.44	May 1, 2026 - April 30, 2027	\$0.00	\$0.00	\$1.75
		\$ -				
		\$ -				
	36	\$ 425,216.35				\$1.70

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 365 Renewal terms: One Identical Term

of Days required 30 Holdover terms: 5%/90

Three 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

Co Star MG \$1.53 Limited Comps

Breach/Default lack of funding

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)
- 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

Debbie Bowman

3.05.2024

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....	<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 Nonprofit Corporation			
f. Nevada Business ID Number:	NV19861025336	Exp:	12/31/2024	
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:	T29047843			
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		

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

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

Bruce J. Wacker 3/5/24
Authorized Signature Date
Public Works Division

RG
For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - CORE.NV	PLANTE & MORAN, LLC	GENERAL 81% HIGHWAY 19%	\$1,833,000	
	Contract Description:	The is a new contract to provide a comprehensive evaluation of the CORE.NV project implementation.				
		Term of Contract:	Upon Approval - 11/30/2026	Contract # 29050		
2.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	FORT ORANGE PRESS, INC.	GENERAL	\$497,066	
	Contract Description:	This is the first amendment to the original contract which provides ballot printing for the 2024 elections. This amendment increases the maximum amount from \$1,900,000.00 to \$2,397,065.90 due to the increased need for these services.				
		Term of Contract:	09/18/2023 - 12/31/2025	Contract # 28231		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AFFINITI STUDIOS (LUONG), PLLC	GENERAL	\$125,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the McCarran Center - Install Electric Vehicle Charging Stations CIP project to include site investigations, schematic design, design development, topographic survey, civil plans, electric design, construction documents, bid review, and construction administration services for the design and installation of 25 Level II dual port charging stations: CIP Project No. 23-S05(12e); SWPD Contract No. 116444.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28962		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	BCC MANAGEMENT, INC.	BONDS	\$163,800	Professional Service
	Contract Description:	This is a new contract to provide professional miscellaneous services for the Department of Motor Vehicles (DMV) - Silverado Ranch Facility CIP Project to include plan review, documents, submittal review, testing services, functional performance testing, commissioning, and close out documentation for the construction of a full service DMV center, including Commercial Driver's License services, customer service stations, classrooms, testing spaces, and waiting areas: CIP Project No. 23-C02; SPWD Contract No. 116404.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28911		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	083	DEPARTMENT OF ADMINISTRATION - PURCHASING	PERISCOPE HOLDINGS, INC.	FEE: CONTRACT ADMINISTRATION	\$2,479,372	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17648 which provides eProcurement Solutions and Services. This service agreement provides ongoing maintenance and enhancement of NevadaEPro.				
		Term of Contract:	Upon Approval - 03/31/2028	Contract # 28912		
6.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT DIVISION	PERSHING GENERAL HOSPITAL	OTHER: VARIOUS AGENCIES	\$1,100,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing occupational health services to employees in Lovelock and the surrounding area.				
		Term of Contract:	04/01/2024 - 03/31/2029	Contract # 28987		
7.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	SW EXCURSION & EDUCATIONAL TOURS	OTHER: LODGING TAX	\$250,000	
	Contract Description:	This is a new contract to provide ongoing motor coach transportation services.				
		Term of Contract:	04/10/2024 - 04/30/2028	Contract # 28937		
8.	130	DEPARTMENT OF TAXATION	MATHTECH, INC.	FEDERAL	\$152,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17503 which provides procurement acquisition support services. This service agreement provides strategy, guidance, planning, and execution support services for the implementation of the Modernize Your Nevada Tax project.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 28967		
9.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$74,188	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides ongoing Infant, Toddler, and Child Development Associate Training Program services. This amendment increases the maximum amount from \$1,183,194 to \$1,257,382 due to the increased need for these services.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23171		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	WASHOE COUNTY SCHOOL DISTRICT	FEDERAL	\$290,885	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing Nevada Registry and Nevada Early Learning Standards services for the Child Care and Development Program services. This amendment increases the maximum amount from \$3,206,540.00 to \$3,317,424.80 due to the increased need for these services.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24278			
11.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	WESTED	FEDERAL	\$109,550	Exempt
	Contract Description:	This is a new interlocal agreement to provide a web-based platform to assist local educational agencies with College and Career Readiness.				
	Term of Contract:	Upon Approval - 09/30/2024	Contract # 28951			
12.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	CATAPULT LEARNING WEST, LLC	GENERAL	\$290,476	Exempt
	Contract Description:	This is a new contract to provide professional learning and coaching support services to teachers and leadership.				
	Term of Contract:	Upon Approval - 06/30/2024	Contract # 28933			
13.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	MYBRARY	OTHER: REVENUE	\$130,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
	Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27991			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	PALCO, INC.	GENERAL 81% FEDERAL 19%	\$942,000	
	Contract Description:	This is the second amendment to the original contract which provides financial management services. This amendment extends the termination date from March 31, 2024 to June 30, 2024 and increases the maximum amount from \$7,063,000 to \$8,005,000 due to the continued need for these services.				
	Term of Contract:	04/01/2020 - 06/30/2024	Contract # 22663			
15.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$11,564,594	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit and Graduate Medical Education Supplemental Payment Programs for non-state government-owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28778			
16.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$7,115,367	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit and Graduate Medical Education Supplemental Payment Programs for non-state government owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28779			
17.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$2,345,367	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28780			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$2,105,362	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28781			
19.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	MINERAL COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$2,698,415	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28784			
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	MINERAL COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$2,123,053	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28785			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$1,436,360	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28786			
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$972,005	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28787			
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$1,156,420	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28788			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$1,023,765	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28789			
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	CLARK COUNTY SCHOOL DISTRICT	FEDERAL	\$9,500,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide administrative cost recovery relating to the administrative functions of the school district for current or potential Nevada Medicaid and Nevada Check Up eligible students.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28391			
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PULSELIGHT HOLDINGS, INC.	GENERAL 32% FEDERAL 68%	\$3,798,500	
	Contract Description:	This is a new contract to provide a surveillance and utilization review case management and data analytics system for fraud detection. This contract is contingent upon IFC approval of work program #C67524.				
	Term of Contract:	Upon Approval - 03/31/2028	Contract # 28990			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ALIGNMENT HEALTH PLAN OF NEVADA, INC.	OTHER: NO COST	\$0	Exempt
	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 extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
		Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25794		
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	DOUGLAS COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$1,097,861	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28557		
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MINERAL COUNTY	OTHER: REVENUE	\$400,754	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28565		
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MOAPA VALLEY FIRE PROTECTION DISTRICT	FEDERAL	\$2,882,812	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28631		
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LAS VEGAS FIRE DEPARTMENT	FEDERAL	\$51,709,567	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing reimbursement for emergency transportation services provided to Medicaid recipients. This amendment increases the maximum amount from \$30,166,500.00 to \$81,876,066.58 due to the increased need for these services.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24830		

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 - MEDICAID	SILVERSUMMIT HEALTHPLAN, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25804			
33.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	WASHOE COUNTY OBO WASHOE COUNTY JUVENILE SERVICES	FEDERAL	\$1,946,420	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides targeted case management and administrative services cost recovery. This amendment increases the maximum amount from \$130,920.00 to \$2,077,339.55 due to the increased need for these services.				
	Term of Contract:	10/01/2022 - 09/30/2026	Contract # 25237			
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	NEVADA STATE BOARD OF NURSING	FEDERAL	\$463,050	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing program development to regulate nursing assistants employed in nursing facilities and home health agencies.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 28917			
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$407,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing emergency preparedness laboratory services. This amendment increases the maximum amount from \$3,500,000 to \$3,907,000 due to the increased need for these services.				
	Term of Contract:	07/01/2019 - 06/30/2024	Contract # 22273			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	NETSMART TECHNOLOGIES, INC.	FEDERAL	\$387,986	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides modernization for the National Vital Statistics System. This amendment increases the maximum amount from \$2,686,505.47 to 3,074,491.96 due to the increased need for these services.				
	Term of Contract:	07/12/2022 - 06/30/2026	Contract # 26383			
37.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	MAXIMUS HUMAN SERVICES, INC.	GENERAL 34% FEDERAL 66%	\$462,917	
	Contract Description:	This is the seventh amendment to the original contract which provides quality assurance services for the Nevada Child Support Enforcement Automated System replacement project also known as NVKIDS. This amendment extends the termination date from April 30, 2024 to December 31, 2024 and increases the maximum amount of the contract from \$12,353,378 to \$12,798,295 due to the continued need for these services.				
	Term of Contract:	02/01/2018 - 12/31/2024	Contract # 19159			
38.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	PUBLIC KNOWLEDGE, LLC	GENERAL 32% OTHER: STATE SHARE OF COLLECTIONS 2% FEDERAL 66%	\$537,937	
	Contract Description:	This is the fifth amendment to the original contract which provides Independent Verification and Validation services for the Child Support Enforcement Automated System replacement. This amendment extends the termination date from April 30, 2024 to April 30, 2025 and increases the maximum amount of the contract from \$6,599,077.80 to \$7,137,014.80 due to the continued need for these services.				
	Term of Contract:	05/01/2018 - 04/30/2025	Contract # 19741			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	KPMG, LLP	FEDERAL	\$1,500,000	
	Contract Description:	This is a new contract to provide planning, procurement, and implementation for a new comprehensive child welfare information system.				
		Term of Contract:	Upon Approval - 10/31/2025	Contract # 28972		
40.	440	DEPARTMENT OF CORRECTIONS - ONE-SHOT	N HARRIS COMPUTER CORPORATION	GENERAL	\$3,806,991	Exempt
	Contract Description:	This is a new contract to provide ongoing maintenance and support for a new sentence calculation for the Nevada Offender Tracking Information System.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28509		
41.	702	DEPARTMENT OF WILDLIFE - DATA AND TECHNOLOGY SERVICES	AMPLEX CORPORATION	FEE: SPORTSMEN REVENUE	\$307,463	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides processing services for the Federal Electronic Duck Stamp program. This amendment increases the maximum amount from \$517,239 to \$824,702 due to the increased need for these services.				
		Term of Contract:	12/14/2021 - 09/30/2025	Contract # 24748		
42.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	THE ABBI AGENCY	FEE: SPORTSMEN REVENUE	\$185,250	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17902 which provides consulting, marketing, and education services. This service agreement provides website maintenance.				
		Term of Contract:	05/01/2024 - 07/31/2027	Contract # 28930		
43.	702	DEPARTMENT OF WILDLIFE - LAW ENFORCEMENT	US DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT	OTHER: REVENUE	\$180,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing dispatch services for law enforcement officers in northern Nevada.				
		Term of Contract:	01/01/2024 - 12/31/2027	Contract # 28386		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	702	DEPARTMENT OF WILDLIFE - HABITAT	LANDER COUNTY CONSERVATION DISTRICT	FEE: UPLAND GAME STAMP AND HABITAT CONSERVATION 50% FEDERAL 50%	\$235,300	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat restoration and enhancement, noxious weed control, and riparian habitat conservation on public, private, and state-owned lands within Lander County.				
		Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28680		
45.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	ARCHITECTURAL RESOURCES GROUP, INC.	GENERAL	\$298,622	
	Contract Description:	This is a new contract to provide historic context and historic structure reports for ranches in Spring Valley State Park.				
		Term of Contract:	Upon Approval - 04/08/2026	Contract # 28959		
46.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	MINERAL COUNTY PUBLIC WORKS	HIGHWAY	\$126,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide expenditure reimbursement for road maintenance due to the establishment of the Walker River State Recreation Area.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28882		
47.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	GOLD SYSTEMS, INC.	GENERAL	\$239,534	
	Contract Description:	This is the third amendment to the original contract which provides a web-based fire billing system linked to the Integrated Reporting of Wildland Fire Information database. This amendment extends the termination date from April 13, 2024 to June 30, 2026 and increases the maximum amount from \$460,466 to \$700,000 due to the continued need for these services.				
		Term of Contract:	04/14/2020 - 06/30/2026	Contract # 22869		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS	ENKON INFORMATION SYSTEMS (USA), INC.	GENERAL	\$662,600	
	Contract Description:	This is a new contract to provide a new lands management system.				
	Term of Contract:	Upon Approval - 04/30/2029	Contract # 28874			
49.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - INDUSTRIAL SITE CLEANUP	BROADBENT & ASSOCIATES, INC.	OTHER: ADMINISTRATIVE ORDER ON CONSENT	\$4,000,000	
	Contract Description:	This is a new contract to provide technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28843			
50.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	BROADBENT & ASSOCIATES, INC.	FEE: LABORATORY CHARGES 19% FEDERAL 81%	\$132,616	
	Contract Description:	This is the second amendment to the original contract which provides testing of water sources for potentially dangerous levels of Perfluoroalkyl and Polyfluoroalkyl substances. This amendment extends the termination date from June 30, 2024 to August 31, 2024 and increases the maximum amount from \$279,314 to \$411,930 due to the continued need for these services.				
	Term of Contract:	04/11/2023 - 08/31/2024	Contract # 27276			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	DOUGLAS COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$119,694	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing funding for a Transition Coordinator position to improve post-secondary outcomes for students with disabilities. This contract is contingent upon approval of IFC work program #C67609.				
		Term of Contract:	07/01/2024 - 06/30/2026	Contract # 28934		
52.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	WORKFORCE CONNECTIONS	FEDERAL	(\$117,503)	Exempt
	Contract Description:	This is the first amendment to the original contract which provides tuition and fee support for the training of dislocated and underemployed workers, new job seekers, or limited English proficient adults adversely affected by the COVID-19 pandemic. This amendment reduces the maximum amount from \$125,000 to \$7,497 due to the reallocation of the grant budget.				
		Term of Contract:	06/13/2023 - 09/30/2024	Contract # 27478		
53.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	DEPARTMENT OF INDIGENT DEFENSE SERVICES	OTHER: WAGE ASSESMENT - CAREER ENHANCEMENT PROGRAM	\$465,647	Exempt
	Contract Description:	This is a new interlocal agreement to provide an indigent defense services summer training program by partnering current law students with experienced public defense attorneys located in underserved or rural areas.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 28845		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29050**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: Plante & Moran, LLC
Agency Code: 015	Contractor Name: Plante & Moran, LLC
Appropriation Unit: 1325-09	Address: 3000 Town Center, Suite 100
Is budget authority available?: Yes	City/State/Zip: Southfield,, MI 48075
If "No" please explain: Not Applicable	Contact/Phone: Mike Riffel 312-602-3539
	Vendor No.: T29045586
	NV Business ID: NV20121431685
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	81.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	19.00 %	Other funding	0.00 %

Agency Reference #: 01GO-S2655

2. Contract start date:

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

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2026**

Contract term: **2 years and 243 days**

4. Type of contract: **Contract**

Contract description: **Evaluation**

5. Purpose of contract:

The is a new contract to provide a comprehensive evaluation of the CORE.NV project implementation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,833,000.00**

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?

CORE.NV is required to hire a vendor to provide Quality Assurance (QA) and Independent Verification and Validation (IV&V) Services. The vendor will work directly with CORE.NV PM staff, but report out to Nevada Chief Information Officer to fully preserve independence. The CIO will then provide the EC with the results of the ongoing IV&V process.

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

The agency does not have the manpower or the resources to produce 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):

Sabot Technologies, Inc.
Plante Moran
Baker Tilly US, LLP
Tr33 LLC
ISG Public Sector

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #01GO-S2655 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/14/2024 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	dlenzner	03/28/2024 09:43:29 AM
Division Approval	dlenzner	03/28/2024 09:43:30 AM
Department Approval	dlenzner	03/28/2024 09:43:32 AM
Contract Manager Approval	dlenzner	03/28/2024 09:43:34 AM
Budget Analyst Approval	dlenzner	03/28/2024 09:43:37 AM
BOE Agenda Approval	dlenzner	03/28/2024 09:43:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28231** Amendment Number: **1**

Agency Name: **SECRETARY OF STATE'S OFFICE** Legal Entity Name: **FORT ORANGE PRESS, INC.**

Agency Code: **040** Contractor Name: **FORT ORANGE PRESS, INC.**

Appropriation Unit: **1050-25** Address: **11 SAND CREEK ROAD**

Is budget authority available?: **Yes** City/State/Zip: **ALBANY, NY 12205**

If "No" please explain: Not Applicable Contact/Phone: **ROBERT F. WITKO 518-493-3233**

Vendor No.: **Pend. Reg.**

NV Business ID: **NV20232874263**

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.

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

Agency Reference #: **RFP# 04SOS-S2459**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2023**

Anticipated BOE meeting date **04/2024**

Retroactive? **Yes**

If "Yes", please explain

It was imperative that the work begin on the scope of this amendment prior to the April BOE to ensure the voters of Nevada had the necessary information ahead of the Presidential Preference Primary election mandated by AB126 of the 81st Legislative Session.

3. Previously Approved Termination Date: **12/31/2025**

Contract term: **2 years and 105 days**

4. Type of contract: **Contract**

Contract description: **Ballot Printing**

5. Purpose of contract:

This is the first amendment to the original contract which provides ballot printing for the 2024 elections. This amendment increases the maximum amount from \$1,900,000.00 to \$2,397,065.90 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,900,000.00	\$1,900,000.00	\$1,900,000.00	Yes - Action
2. Amount of current amendment (#1):	\$497,065.90	\$497,065.90	\$497,065.90	Yes - Action
3. New maximum contract amount:	\$2,397,065.90			

II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 293.200 requires the Secretary of State's office to reimburse counties for ballot stock. In order to increase buying power and reduce costs, the SOS is requesting a single source for ballot printing needs. Amendment #1 adds informational postcards in advance of the Presidential Preference Primary election mandated by AB126 of the 81st Legislative Session.

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

The Secretary of State's office does not have the ability to provide these services. The quantity and detail needed to print ballot stock is out of the realm of state printing services.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #04SOS-S2459, 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: 08/10/2023 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?

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

dbowma1

03/05/2024 16:43:17 PM

Division Approval	dbowma1	03/05/2024 16:43:24 PM
Department Approval	dbowma1	03/05/2024 16:43:30 PM
Contract Manager Approval	adale	03/05/2024 16:59:31 PM
Budget Analyst Approval	mranki1	03/07/2024 09:23:36 AM
BOE Agenda Approval	mranki1	03/07/2024 09:23:41 AM

FRANCISCO V. AGUILAR
Secretary of State

GABRIEL DI CHIARA
Chief Deputy Secretary of State

MAGGIE SALAS CRESPO
Deputy Secretary for Southern Nevada

ERIN HOUSTON
Deputy Secretary for Securities

DEBBIE I. BOWMAN
Deputy Secretary for Operations

MARK A. WLASCHIN
Deputy Secretary for Elections

SHAUNA BAKKEDAHL
Deputy Secretary for Commercial Recordings

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

MEMORANDUM

To: Michael Rankin, Governor's Finance Office

From: Mark Wlaschin, Deputy Secretary of State for Elections
CC: Miguel Camacho, Management Analyst 2

Date: January 22, 2024

Subject: Retroactive Amendment #1 - CETS 28231 - Fort Orange Press

Enclosed for your consideration is Amendment #1 to the contract between the Nevada Secretary of State and Fort Orange Press. In order to inform voters of the various upcoming elections, it is necessary to add the printing and mailing of informational flyers to the scope of this contract.

It is imperative that work begin on this amendment prior to the BOE meeting to ensure the voters of Nevada have necessary information ahead of the Presidential Preference Primary Election mandated by AB126 of the 81st Legislative Session. While Election Day is February 6, 2024, voters have already begun receiving ballots.

Please consider this memorandum as justification for approval of this retroactive amendment.

Should you have any questions, please contact me at 684-7156.

Thank you for your consideration.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28962**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AFFINITI STUDIOS (LUONG), PLLC
Agency Code: 082	Contractor Name: AFFINITI STUDIOS (LUONG), PLLC
Appropriation Unit: 1585-80	Address: 6040 S. DURANGO DR., STE. 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: 702-338-2612
	Vendor No.: T29047371
	NV Business ID: NV20171098536

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 #: 116444

2. Contract start date:

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

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 90 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 McCarran Center - Install Electric Vehicle Charging Stations CIP project to include site investigations, schematic design, design development, topographic survey, civil plans, electric design, construction documents, bid review, and construction administration services for the design and installation of 25 Level II dual port charging stations: CIP Project No. 23-S05(12e); SWPD Contract No. 116444.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 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:

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:

Markus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/05/2024 14:04:29 PM
Division Approval	nmann	03/05/2024 14:04:31 PM
Department Approval	nmann	03/05/2024 14:04:34 PM
Contract Manager Approval	lwildes	03/05/2024 14:12:58 PM
Budget Analyst Approval	klay0	03/11/2024 11:25:19 AM
BOE Agenda Approval	bmacke1	03/15/2024 13:06:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28911**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BCC MANAGEMENT, INC.
Agency Code: 082	Contractor Name: BCC MANAGEMENT, INC.
Appropriation Unit: 1593-24	Address: 6037 S. FORT APACHE RD., STE. 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148-7604
If "No" please explain: Not Applicable	Contact/Phone: 702-897-1000
	Vendor No.: T32014111
	NV Business ID: NV20101683179

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 #: 116404

2. Contract start date:

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

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 90 days**

4. Type of contract: **Contract**

Contract description: **Misc. Srvc Agree**

5. Purpose of contract:

This is a new contract to provide professional miscellaneous services for the Department of Motor Vehicles (DMV) - Silverado Ranch Facility CIP Project to include plan review, documents, submittal review, testing services, functional performance testing, commissioning, and close out documentation for the construction of a full service DMV center, including Commercial Driver's License services, customer service stations, classrooms, testing spaces, and waiting areas: CIP Project No. 23-C02; SPWD Contract No. 116404.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$163,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Justus Pang, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/27/2024 12:38:23 PM
Division Approval	nmann	02/27/2024 12:38:26 PM
Department Approval	nmann	02/27/2024 12:38:30 PM
Contract Manager Approval	lwildes	02/27/2024 12:54:30 PM
Budget Analyst Approval	klay0	03/11/2024 08:13:52 AM
BOE Agenda Approval	bmacke1	03/15/2024 13:24:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28912**

Agency Name: **ADMIN - PURCHASING DIVISION**
Agency Code: **083**
Appropriation Unit: **1358-26**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Periscope Holdings, Inc.**
Contractor Name: **Periscope Holdings, Inc.**
Address: **5000 Plaza on the Lake**
City/State/Zip: **Austin, TX 78746**
Contact/Phone: **Jeff Haag 775-230-6790**
Vendor No.: **T2704484**
NV Business ID: **NV20171351907**

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 %	X	Fees	100.00 % Contract Administration
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **99SWC-NV24-17648/LD**

2. Contract start date:

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

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **eProcurement**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17648 which provides eProcurement Solutions and Services. This service agreement provides ongoing maintenance and enhancement of NevadaEPro.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,479,372.21**

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 of Nevada requires a statewide single solution for enhanced functionality and technology to support and automate many of the State's procurement and purchasing business processes. This technology will improve customer services, improve cycle time, reduce 'off contract' spending, administer, and manage contracts and gather statewide information on purchases made.

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

State employees do not have the resources or software capabilities to provide a statewide eProcurement solution.

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 chosen to provide enhancement and upgrade of the existing eProcurement solution currently in place.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Department of Administration, Purchasing Division from July 5, 2017 to current. Services provided have been verified as satisfactory.

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

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

Not Applicable

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

Linda DeLoach, Management Analyst IV Ph: 775-684-5862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	02/20/2024 14:02:49 PM
Division Approval	gdavi6	02/20/2024 14:02:51 PM
Department Approval	gdavi6	02/20/2024 14:02:54 PM
Contract Manager Approval	cclark3	02/20/2024 15:24:54 PM
EITS Approval	ljean	02/21/2024 12:13:44 PM
Budget Analyst Approval	Iramire7	02/26/2024 15:06:51 PM
BOE Agenda Approval	stilley	03/18/2024 17:11:09 PM
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: Gideon Davis, Administrator, Purchasing, DOA
Melissa Starr, Management Analyst IV, Purchasing, DOA
Linda DeLoach, Management Analyst IV, Purchasing, DOA

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Sean Montierth, IT Chief, Computing, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DOA – TIN 828 – *Ongoing Statewide Electronic Procurement System Project* – BA 1358

DATE: February 15, 2024

We have completed our review for the Department of Administration (DOA), Purchasing Division's – *Ongoing Statewide Electronic Procurement System Project* – TIN 828.

The submitted TIN, for an estimated value of \$904,064.35 in the FY24/FY25 biennium, \$1,252,785.94 in the FY26/FY27 biennium, and \$322,521.93 in FY28 (statewide contract administrative fee funding), is to continue an existing relationship with Periscope Holdings, Inc. in the provision of Periscope's ePro Solution.

This enhancement aims to introduce Single Sign-On (SSO) capability to the system, a feature that will streamline authentication processes for users by integrating with the State's Microsoft identity

management solution. The endeavor will require project management and technical support from the contractor in coordination with the OCIO's Computing Services unit to configure the SSO feature, ensuring seamless integration and providing ongoing support and issue resolution post-implementation.

The new Statewide Contract Service Agreement, set to commence following the termination of the current contract on April 11, 2024, will enable the State to continue using the ePro Solution and to activate the SSO feature as part of Periscope's ePro Cloud Solutions. This initiative encompasses a broad scope of services and functionalities across various modules, including Supplier Portal, Sourcing, Request-Pay/Catalogs, and Data Analytics, each designed to enhance the procurement process across four different environments: Production, UAT, Train, and Disaster Recovery.

Additionally, the agreement provides the option for the State to integrate further product solution modules upon request. These optional services require implementation services and will only be executed upon the State's request through an executed change order to the original agreement.

This strategic investment aims to leverage technological advancements to facilitate a more efficient, secure, and user-friendly procurement process for the State, thereby enhancing operational efficiencies and supporting compliance with procurement policies and procedures.

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: **28987**

Agency Name:	ADMIN - RISK MANAGEMENT DIVISION	Legal Entity Name:	PERSHING GENERAL HOSPITAL
Agency Code:	085	Contractor Name:	PERSHING GENERAL HOSPITAL
Appropriation Unit:	All Budget Accounts - Category 04	Address:	NURSING HOME PO BOX 661
Is budget authority available?:	Yes	City/State/Zip:	LOVELOCK, NV 89419-0661
If "No" please explain:	Not Applicable		
		Contact/Phone:	775/273-2621
		Vendor No.:	T80588140A
		NV Business ID:	NV20151320477

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **Yes**

If "Yes", please explain

Risk Management is requesting the interlocal contract with Pershing General Hospital be retroactive to April 1, 2024, as the current interlocal contract expires March 31, 2024.

This will allow utilizing agencies to fulfill their statutory obligation of providing annual heart and lung physicals in a timely manner and without disruption of service.

3. Termination Date: **03/31/2029**

Contract term: **5 years**

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

Contract description: **Physicals**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing occupational health services to employees in Lovelock and the surrounding area.

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?

NRS 317.455 and NRS 617.457 require named Police Officers and Firefighters identified in NRS 617.135 to have annual physicals to qualify for Heart and Lung Benefits. The same Officers are required to have annual physicals as part of their job requirements.

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

Physicals must be performed by a licensed physician

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

Was the solicitation (RFP) done by the 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:

Since 1999, various agencies 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 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	dcarlso4	03/08/2024 15:03:06 PM
Division Approval	nmann	03/08/2024 16:02:12 PM
Department Approval	ssands	03/08/2024 16:16:51 PM
Contract Manager Approval	ssands	03/11/2024 13:19:42 PM
Budget Analyst Approval	dspeed1	03/12/2024 16:42:36 PM
BOE Agenda Approval	vmilazz1	03/18/2024 18:45:36 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor



Jack Robb
Director
Mandy Hagler
Administrator - Risk Manager

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Risk Management Division
201 South Roop Street, Suite 201 | Carson City, Nevada 89701
Phone: (775) 687-1750 | www.risk.nv.gov | Fax: (775) 687-3195

MEMORANDUM

TO: Dustin Speed, Governors Finance Office

FROM: Mandy Hagler, Administrator/Risk Manager

A handwritten signature in blue ink that reads "Mandy Hagler".

SUBJECT: Retroactive Contract

DATE: March 11, 2024

Risk Management is requesting the interlocal contract with Pershing General Hospital be retroactive to April 1, 2024, as the current interlocal contract expires March 31, 2024.

This will allow utilizing agencies to fulfill their statutory obligation of providing annual heart and lung physicals in a timely manner and without disruption of service.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28937**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: SW EXCURSION & EDUCATIONAL TOURS
Agency Code: 101	Contractor Name: SW EXCURSION & EDUCATIONAL TOURS
Appropriation Unit: 1522-31	Address: 3162 W TECO AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: EARL JOBSON 702-349-9908
	Vendor No.: T27040214
	NV Business ID: NV20031422530

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 % LODGING TAX

Agency Reference #: **RFP #10TCA-S2599 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2028**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Transportation**

5. Purpose of contract:

This is a new contract to provide ongoing motor coach transportation services.

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?

The Division of Tourism conducts familiarization (FAM) tours as a tool to showcase the State to tour operators, travel writers, and media. The best way for tour operators to sell tours to Nevada, or for journalists to write about Nevada, is to see and experience the product for themselves. When touring the State, they will get first hand knowledge of what Nevada has to offer and can better reflect that in their tours. In fact, most travel writers will not write about a destination they have not personally been to. Tours hosted by the Division of Tourism are an essential function of its media and sales departments. Division staff work with industry partners and vendors to convey the best experiences to their guests.

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

The motor coaches and buses used for transportation during a FAM tour are not available through 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):

Amador Stage Lines
Platinum LV Transportation
SW Excursions dba Sweetours
Windstar Lines

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S2599, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/22/2023 Anticipated re-bid date: 11/01/2027

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:

Nevada Department of Tourism and Cultural Affairs 2019-2023. They have been deemed satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	02/27/2024 08:40:08 AM
Division Approval	amathies	02/27/2024 08:40:11 AM
Department Approval	amathies	02/27/2024 08:40:14 AM
Contract Manager Approval	amathies	02/27/2024 08:40:15 AM
Budget Analyst Approval	mbro28	03/05/2024 10:39:21 AM
BOE Agenda Approval	stilly	03/18/2024 17:19:43 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: **28967**

Agency Name: **DEPARTMENT OF TAXATION**
Agency Code: **130**
Appropriation Unit: **2361-13**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Mathtech, Inc.**
Contractor Name: **Mathtech, Inc.**
Address: **1 AAA Drive, Suite 102 Suite 200**
City/State/Zip: **Hamilton, NJ 08691**
Contact/Phone: **Frank Nestore 609-256-3584**
Vendor No.: **T32014759**
NV Business ID: **NV20232873308**

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

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

General Funds	0.00 %	Fees	0.00 %
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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **90 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Service Agreement**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17503 which provides procurement acquisition support services. This service agreement provides strategy, guidance, planning, and execution support services for the implementation of the Modernize Your Nevada Tax project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$152,000.00**

Other basis for payment: \$190 per hour for Technical Manager and Architect, and \$190 per hour for Organizational Change Management Lead.

II. JUSTIFICATION

7. What conditions require that this work be done?

Notice of Allocation #23UTSRE01 granted the Department ARPA funding for Project MYNT (Modernize Your Nevada Tax). The purpose of this allocation is to modernize the core tax processing Information Technology systems, including all taxes and fees that the Department collects, as well as all related tax processes.

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

State Master Service Agreement; Provide specific knowledge within the Taxation and Revenue domain, and within the Technical Architecture and Organizational Change Management subjects to make Project MYNT successful. Mathtech is a strategy and consulting services firm with offices in New Jersey, Virginia, and Arizona. With nearly 60 years of experience serving federal, state, and local government agencies, nonprofits, and commercial organizations, Mathtech has built a solid reputation for successfully completing projects and working collaboratively with our clients.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Statewide contract 99SWC-NV24-17503

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?

Yes If "Yes", please explain

Taxation - Contract Number 28185

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

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

Taxation - Contract Number 28185

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgrimmer	03/07/2024 08:22:19 AM
Division Approval	jgrimmer	03/07/2024 08:22:23 AM
Department Approval	jgrimmer	03/07/2024 08:22:26 AM
Contract Manager Approval	jgrimmer	03/07/2024 08:34:49 AM
EITS Approval	ljean	03/08/2024 08:33:54 AM
Budget Analyst Approval	vmilazz1	03/18/2024 18:40:05 PM
BOE Agenda Approval	vmilazz1	03/18/2024 18:40:08 PM
BOE Final Approval	Pending	



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

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: **23171** Amendment Number: **2**

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 STREET**

Appropriation Unit: **2709-21** City/State/Zip: **RENO, NV 89557-0325**

Is budget authority available?: **Yes** Contact/Phone: **KARIM HUSSEIN 775/784-4040**

If "No" please explain: **Not Applicable** Vendor No.: **D35000816**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **CDA TRAINING PROGRAM**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides ongoing Infant, Toddler, and Child Development Associate Training Program services. This amendment increases the maximum amount from \$1,183,194 to \$1,257,382 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,115,836.00	\$1,115,836.00	\$1,115,836.00	Yes - Action
a. Amendment 1:	\$67,358.00	\$67,358.00	\$67,358.00	Yes - Info
2. Amount of current amendment (#2):	\$74,188.00	\$74,188.00	\$141,546.00	Yes - Action
3. New maximum contract amount:	\$1,257,382.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Infant Toddler CDA training programs is part of Nevada's State Plan (as submitted by the Division of Welfare and Supportive Service Child Care Chief) which is a requirement of the Child Care and Development Block Grant.

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

The NDE, Office of Early Learning does not have sufficient number of staff to perform these activities. The Board of Regents - UNR is a government entity.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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; the agency is contracting with the Board of Regents, Nevada System of Higher Education OBO University of Nevada, Reno

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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- 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	carnol1	03/05/2024 16:15:24 PM
Division Approval	carnol1	03/05/2024 16:15:27 PM
Department Approval	carnol1	03/05/2024 16:15:31 PM
Contract Manager Approval	carnol1	03/05/2024 16:15:34 PM
Budget Analyst Approval	vfajota	03/11/2024 10:08:43 AM
BOE Agenda Approval	mranki1	03/12/2024 09:45:57 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 24278	Amendment Number: 1
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WASHOE COUNTY SCHOOL DISTRICT
Agency Code: 300	Contractor Name: WASHOE COUNTY SCHOOL DISTRICT
Appropriation Unit: 2709-22	Address: 425 E 9TH ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89520
If "No" please explain: Not Applicable	Contact/Phone: LAUREN BELAUSTEGUI OHLIN 775/333-0254
	Vendor No.: T40234300B
	NV Business ID: Governmental Entity

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	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **4 years**

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

Contract description: **Child Care Quality**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides ongoing Nevada Registry and Nevada Early Learning Standards services for the Child Care and Development Program services. This amendment increases the maximum amount from \$3,206,540.00 to \$3,317,424.80 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:	\$3,026,540.00	\$3,026,540.00	\$3,026,540.00	Yes - Action
2. Amount of current amendment (#1):	\$290,884.80	\$290,884.80	\$290,884.80	Yes - Action
3. New maximum contract amount:	\$3,317,424.80			

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to stay in compliance with our Sub-Award with DWSS for the CCDF funds that we receive to help to enhance child care quality.

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 perform these duties.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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-Education-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	carnol1	02/28/2024 11:20:35 AM
Division Approval	carnol1	02/28/2024 11:20:38 AM
Department Approval	carnol1	02/28/2024 11:20:41 AM
Contract Manager Approval	carnol1	02/28/2024 11:20:46 AM
Budget Analyst Approval	vfajota	03/13/2024 11:11:01 AM
BOE Agenda Approval	mranki1	03/14/2024 16:10:42 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: **28951**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WestEd
Agency Code: 300	Contractor Name: WestEd
Appropriation Unit: 2710-21	Address: 730 Harrison St
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94107
If "No" please explain: Not Applicable	Contact/Phone: Lauren Wrotniak 415-615-3136
	Vendor No.: T81012500
	NV Business ID: NV20111743662

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 %
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: **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **182 days**

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

Contract description: **LEA CCReadiness**

5. Purpose of contract:

This is a new interlocal agreement to provide a web-based platform to assist local educational agencies with College and Career Readiness.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$109,550.00**

Other basis for payment: **Invoiced bi-monthly for hours spent towards completion.**

II. JUSTIFICATION

7. What conditions require that this work be done?

WestEd has provided a significant portion of this work. In this phase the vendor will provide the following supports: Support the technical maintenance of the CCR website including testing links, security and viruses, etc.; Website Transition (develop clear criteria to apply to resources to determine inclusion in the website, create a practice manual for NOE staff to input and update resources for the CCR website, and complete 2-3 trainings for staff to practice data entry); Develop a resources website to support NDE's School Improvement effort, and; Develop a landing page for resources (PoL, School Improvement, CCR) that will be hosted within NDE's website

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

Current Department of Education staff do not have the expertise or capacity for 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 - Interlocal contracts

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	02/28/2024 08:46:16 AM
Division Approval	carnol1	02/28/2024 08:46:20 AM
Department Approval	carnol1	02/28/2024 08:46:24 AM
Contract Manager Approval	carnol1	02/28/2024 08:46:28 AM
Budget Analyst Approval	vfajota	03/08/2024 15:28:31 PM
BOE Agenda Approval	mranki1	03/12/2024 10:54:48 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: **28933**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: CATAPULT LEARNING WEST, LLC
Agency Code: 300	Contractor Name: CATAPULT LEARNING WEST, LLC
Appropriation Unit: 2712-72	Address: PO BOX 444
Is budget authority available?: Yes	City/State/Zip: ELMSFORD, NY 10523
If "No" please explain: Not Applicable	Contact/Phone: JENNIFER GOTKIN 267-668-4010
	Vendor No.: T29045011
	NV Business ID: NV20101342044

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

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

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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **90 days**

4. Type of contract: **Other (include description): Joinder**

Contract description: **Teacher PD**

5. Purpose of contract:

This is a new contract to provide professional learning and coaching support services to teachers and leadership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$290,476.00**

Other basis for payment: Upon approval of itemized invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the ESSA (�l l l(d)(3)(A)(ii)), state education agencies must review resources to support school improvement in districts with a significant number of schools identified for improvement. Catapult Learning offers "a balanced, holistic approach to professional development that encompasses classroom management, instructional excellence, and leadership development empowers educators to meet and overcome the diverse challenges they face. This integrated approach fortifies learning environments and offers vital support for educators, providing a robust and efficacious pathway to enhanced student outcomes and comprehensive school transformation."

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

Current NDE staff have neither the experience or capacity to do this work.

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

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

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

Not Applicable

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

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

NRS 333.475 - Entering into contract pursuant to solicitation for bid or proposal by other governmental entities.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	carnol1	02/26/2024 16:07:09 PM
Division Approval	carnol1	02/26/2024 16:07:12 PM
Department Approval	carnol1	02/26/2024 16:07:14 PM
Contract Manager Approval	carnol1	02/26/2024 16:07:17 PM
Budget Analyst Approval	vfajota	03/08/2024 12:38:43 PM
BOE Agenda Approval	mranki1	03/12/2024 08:40:59 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 #:	6240201

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:		Nevada Department of Education
	Contact Name and Title		Phone Number
			Email Address
	Maria Sauter - Director, OSSS		775-687-9248
Cynthia Strong - CCM, OSSS		775-687-9209	cynthia.strong@doe.nv.gov

2	Vendor Information:	
	Identify Vendor:	Catapult Learning West
	Contact Name:	Jennifer Gotkin
	Complete Address:	PO Box 39830 Chicago, IL 60694
	Telephone Number:	702.521.7881
Email Address:	Jennifer.gotkin@catapultlearning.com	

3	State/Entity that Released the Solicitation & Type of Solicitation. Must be Competitively Bid.	
	Type of Solicitation:	RFP USBE-MI23050
	Identify Original State/Entity:	Murray City School District
	Contact Name:	Robin Williams -Secondary Director of Teaching and Learning
	Telephone Number:	Office: 801-264-7400 ext. 5019
Email Address:	rwilliams@murrayschools.org	

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:	May 1, 2023	End Date:	June 30, 2025
	New Contract:	Start Date:	Upon Approval	End Date:	June 30, 2025

5	Funding for this new contract:	
	State Appropriated:	\$290,476 from 2712-72
	Federal Funds:	
	Grant Funds:	
Other (Explain):		

Resub 02/12/24 /hauto ✓

<i>Purchasing Use Only:</i>	
Approval #:	G240201

6	Total estimated value of this service contract:	\$290,476 In person training Does not require Technology
	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 checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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11	Is this vendor registered in NevadaEPro? VEN 7262	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.				

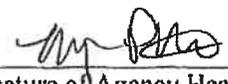
<i>Purchasing Use Only:</i>	
Approval #:	6240201

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

Chris McAulany _____ 1/5/24
 Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request

Megan Peterson Deputy Superintendent, Student Investment Division _____
 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.

<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>	<input type="checkbox"/>
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Approved by:


 Administrator, Purchasing Division or Designee

2/22/24

 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: **27991**

Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name: MyBrary
Agency Code: 332	Contractor Name: MyBrary
Appropriation Unit: 2895-00	Address: 720 Court Street
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775-738-3066
	Vendor No.:
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **04/2024**

Retroactive? **Yes**

If "Yes", please explain

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Revenue**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$130,000.00**

Payment for services will be made at the rate of \$32,500.00 per year

Other basis for payment: FY24, \$32,500;FY25, \$32,500;FY26, \$32,500 & FY27, \$32,500.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

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

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

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

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

Not Applicable

b. Solicitation Waiver: **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?

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

Nevada Library Cooperative, (CoOp) (formerly known as CLAN) has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/28/2023 14:03:27 PM
Division Approval	jkidd	07/28/2023 15:37:53 PM
Department Approval	ssands	12/27/2023 07:19:15 AM
Contract Manager Approval	ssands	03/12/2024 15:27:40 PM
Budget Analyst Approval	Iramire7	03/12/2024 15:28:54 PM
BOE Agenda Approval	stilley	03/18/2024 16:31:17 PM

N e v a d a
L I B R A R Y
C o o p e r a t i v e

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

From: Kari Ward, Director, Nevada Library Cooperative

Date: August 8, 2023

Re: Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

Dear Jennifer:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –



Kari Ward – Director, Nevada Library Cooperative

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22663** Amendment Number: **2**
 Legal Entity Name: **PALCO, INC.**
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Contractor Name: **PALCO, INC.**
 Agency Code: **402** Address: **17300 Chenal Parkway, Ste. 300**
 Appropriation Unit: **3167-11** City/State/Zip: **Little Rock, AR 72223**
 Is budget authority available?: **Yes** Contact/Phone: **Alicia Paladino 501/604-9936**
 If "No" please explain: **Not Applicable** Vendor No.: **T32002687A**
 NV Business ID: **NV20131682265**
 To what State Fiscal Year(s) will the contract be charged? **2020-2024**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	81.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	19.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #44DHHS-S821-AM**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2020**
 Anticipated BOE meeting date **04/2024**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2024**
 Contract term: **4 years and 91 days**

4. Type of contract: **Contract**
 Contract description: **Fiscal Intermediary**

5. Purpose of contract:
This is the second amendment to the original contract which provides financial management services. This amendment extends the termination date from March 31, 2024 to June 30, 2024 and increases the maximum amount from \$7,063,000 to \$8,005,000 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:	\$5,460,000.00	\$5,460,000.00	\$5,460,000.00	Yes - Action
a. Amendment 1:	\$1,603,000.00	\$1,603,000.00	\$1,603,000.00	Yes - Action
2. Amount of current amendment (#2):	\$942,000.00	\$942,000.00	\$942,000.00	Yes - Action
3. New maximum contract amount:	\$8,005,000.00			
and/or the termination date of the original contract has changed to:		06/30/2024		

II. JUSTIFICATION

7. What conditions require that this work be done?

The State requires a fiscal intermediary service to manage the State-Funded, Self-Directed program.

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 or expertise to 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):

Public Consulting Group
Maximus
Palco

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S821, 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: 08/19/2019 Anticipated re-bid date: 09/01/2023

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:

ADSD, 4/1/14 - 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:
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	tric1	02/29/2024 08:56:07 AM
Division Approval	tric1	02/29/2024 08:56:11 AM

Department Approval	ecrecli	03/05/2024 14:25:43 PM
Contract Manager Approval	maceved1	03/14/2024 13:36:22 PM
Budget Analyst Approval	khal5	03/14/2024 13:45:22 PM
BOE Agenda Approval	nrezaie	03/15/2024 07:27:01 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 #:	#540

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:	ADSD	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Jessica Adams, Deputy Administrator	775-684-5894	jinadams@adsd.nv.gov
	Gary Winder, ASO III	702-486-6205	gmwinder@adsd.nv.gov
	Mariana Acevedo, Management Analyst II	775-684-4210	macevedo@adsd.nv.gov

2	Contractor Information:	
	Contractor Name:	Palco, Inc.
	Contact Name:	Alicia Paladino
	Complete Address: City, State and Zip Code	17300 Chenal Parkway, Ste. 300 Little Rock, AR 72223
	Phone Number:	501-604-9936
	Email Address:	alicia@palcofirst.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	RFP	#:	3082
	Enter CETS Number:	15223		
	Contract Amount:	\$6,755,470.00		
	Contract Term:	Start Date:	04/01/2014	End Date:

Purchasing Use Only:	
Approval #:	5400

List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
Solicitation Type, if applicable:	<i>RFP</i>		#:	3459
Enter CETS Number:	19470			
Contract Amount:	\$2,980,000.00			
Contract Term:	Start Date:	04/01/2018	End Date:	03/31/2020

Current Contract Information:					
4	Solicitation Type, if applicable:	<i>RFP</i>		#:	40DHHS-S821
	Enter CETS Number:	#22663			
	Initial Contract Amount:	\$5,460,000.00			
	Contract Term:	Start Date:	04/01/2020	End Date:	03/31/2024

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	Added funds	\$1,603,000.00	N/A

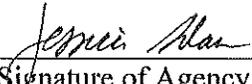
<u>Proposed</u> Amendment Information:				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	2	Added funds and changed termination date	\$942,000.00	06/30/2024

7	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?			
	<i>We are currently running RFP 40DHHS-S2556, to replace this contract, but have not finalized a contract. Per our Purchasing Officer we should have a new contract by July 1, 2024.</i>			

<i>Purchasing Use Only:</i>	
Approval #:	540②

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>The vendor distributes funding for hundreds of clients each month. Without this agreement, there would be no feasible way to distribute that funding. children whose families/guardians choose to direct their own services and support through the state-funded, self-directed program and to veterans who qualify for the veteran-directed home and community-based services offered through the Aging and Disability Services Division, would not be able to receive funding used for food, utilities, and other personal care items.</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.



 Signature of Agency Representative Initiating Request

Jessica Adams, ADSD Deputy Administrator 2/26/2024

 Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request 2/27/24

Dena Schmidt, ADSD Administrator Date

 Print Name of Agency Head Authorizing Request

#540②

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:



Administrator, Purchasing Division or Designee

2/28/24

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: **28778**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Humboldt County Hospital District
Agency Code: 403	Contractor Name: Humboldt County Hospital District
Appropriation Unit: 3157-00	Address: 118 E Haskell St
Is budget authority available?: Yes	City/State/Zip: Winnemucca, NV 89445
If "No" please explain: Not Applicable	Contact/Phone: Kimberley Plummer 7756235222
	Vendor No.: T40232400
	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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **UPL State Match (SM)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit and Graduate Medical Education Supplemental Payment Programs for non-state government-owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,564,594.19**

Payment for services will be made at the rate of \$2,891,148.55 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 12:16:03 PM
Division Approval	laaron	02/14/2024 10:09:59 AM
Department Approval	sruyballi	02/14/2024 11:05:09 AM
Contract Manager Approval	swes2	02/14/2024 11:18:54 AM
Budget Analyst Approval	nrezaie	03/07/2024 11:29:13 AM
BOE Agenda Approval	nrezaie	03/07/2024 11:30:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28779**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Humboldt County Hospital District
Agency Code:	403	Contractor Name:	Humboldt County Hospital District
Appropriation Unit:	3157-00	Address:	118 E Haskell St
Is budget authority available?:	Yes	City/State/Zip:	Winnemucca, NV 89445
If "No" please explain:	Not Applicable	Contact/Phone:	Kimberley Plummer 775-623-5222
		Vendor No.:	T40232400
		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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Voluntary (VC)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit and Graduate Medical Education Supplemental Payment Programs for non-state government owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,115,366.88**

Payment for services will be made at the rate of \$1,778,841.72 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 12:17:57 PM
Division Approval	laaron	02/14/2024 10:13:40 AM
Department Approval	sruyball	02/14/2024 11:05:22 AM
Contract Manager Approval	swes2	02/14/2024 11:18:42 AM
Budget Analyst Approval	nrezaie	03/07/2024 12:03:48 PM
BOE Agenda Approval	nrezaie	03/07/2024 12:04:33 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28780**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Lander County Hospital District
Agency Code:	403	Contractor Name:	Lander County Hospital District
Appropriation Unit:	3157-00	Address:	535 S Humboldt St
Is budget authority available?:	Yes	City/State/Zip:	Battle Mountain, NV 89820
If "No" please explain:	Not Applicable	Contact/Phone:	Cindy Fagg 775-735-2550
		Vendor No.:	T80588130
		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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **UPL State Match (SM)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,345,366.57**

Payment for services will be made at the rate of \$586,341.64 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 16:08:36 PM
Division Approval	laaron	02/14/2024 10:03:47 AM
Department Approval	sruyballi	02/14/2024 14:34:55 PM
Contract Manager Approval	swes2	02/15/2024 11:44:36 AM
Budget Analyst Approval	nrezaie	03/08/2024 11:36:05 AM
BOE Agenda Approval	nrezaie	03/08/2024 11:36:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28781**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Lander County Hospital District
Agency Code: 403	Contractor Name: Lander County Hospital District
Appropriation Unit: 3157-00	Address: 535 S Humboldt St
Is budget authority available?: Yes	City/State/Zip: Battle Mountain, NV 89820
If "No" please explain: Not Applicable	Contact/Phone: Cindy Fagg 775-735-2550
	Vendor No.: T80588130
	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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Voluntary (VC)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,105,361.81**

Payment for services will be made at the rate of \$526,340.45 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 16:11:20 PM
Division Approval	laaron	02/14/2024 10:08:10 AM
Department Approval	sruyball	02/14/2024 14:35:12 PM
Contract Manager Approval	swes2	02/15/2024 11:44:45 AM
Budget Analyst Approval	nrezaie	03/08/2024 11:34:25 AM
BOE Agenda Approval	nrezaie	03/08/2024 11:36:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28784**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Mineral County Hospital District
Agency Code: 403	Contractor Name: Mineral County Hospital District
Appropriation Unit: 3157-00	Address: PO Box 1510
Is budget authority available?: Yes	City/State/Zip: Hawthorne, NV 89415
If "No" please explain: Not Applicable	Contact/Phone: Sandi Lehman 775-945-2461
	Vendor No.:
	NV Business ID: Governmental Entity

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

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **UPL State Match (SM)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,698,414.61**

Payment for services will be made at the rate of \$674,603.65 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	03/04/2024 16:50:17 PM
Division Approval	laaron	03/06/2024 01:24:39 AM
Department Approval	staciew4	03/07/2024 15:18:06 PM
Contract Manager Approval	trya4	03/07/2024 16:10:50 PM
Budget Analyst Approval	nrezaie	03/12/2024 08:26:58 AM
BOE Agenda Approval	nrezaie	03/12/2024 10:00:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28785**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Mineral County Hospital District
Agency Code:	403	Contractor Name:	Mineral County Hospital District
Appropriation Unit:	3157-00	Address:	PO Box 1510
Is budget authority available?:	Yes	City/State/Zip:	Hawthorne, NV 89415
If "No" please explain:	Not Applicable	Contact/Phone:	Sandi Lehman 775-945-2461
		Vendor No.:	
		NV Business ID:	Governmental Entity

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

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Voluntary (VC)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,123,053.25**

Payment for services will be made at the rate of \$530,763.31 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	03/04/2024 16:53:26 PM
Division Approval	laaron	03/06/2024 01:25:24 AM
Department Approval	staciew4	03/07/2024 15:18:18 PM
Contract Manager Approval	trya4	03/07/2024 16:11:12 PM
Budget Analyst Approval	nrezaie	03/12/2024 08:34:59 AM
BOE Agenda Approval	nrezaie	03/12/2024 11:39:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28786**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Pershing County Hospital District
Agency Code:	403	Contractor Name:	Pershing County Hospital District
Appropriation Unit:	3157-00	Address:	PO Box 661
Is budget authority available?:	Yes	City/State/Zip:	Lovelock, NV 89419
If "No" please explain:	Not Applicable	Contact/Phone:	Debbie Mock 775-273-2621
		Vendor No.:	T80588140
		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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **UPL State Match (SM)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,436,360.04**

Payment for services will be made at the rate of \$359,090.01 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 11:56:15 AM
Division Approval	laaron	02/14/2024 10:00:23 AM
Department Approval	sruyballi	02/14/2024 11:05:48 AM
Contract Manager Approval	swes2	02/14/2024 11:22:46 AM
Budget Analyst Approval	nrezaie	03/08/2024 11:41:35 AM
BOE Agenda Approval	nrezaie	03/08/2024 12:24:51 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: **28787**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Pershing County Hospital District
Agency Code:	403	Contractor Name:	Pershing County Hospital District
Appropriation Unit:	3157-00	Address:	PO Box 661
Is budget authority available?:	Yes	City/State/Zip:	Lovelock, NV 89419
If "No" please explain:	Not Applicable		
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 % Revenue

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Voluntary (VC)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$972,004.77**

Payment for services will be made at the rate of \$243,001.19 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 11:58:24 AM
Division Approval	laaron	02/14/2024 10:02:10 AM
Department Approval	sruyballi	02/14/2024 11:06:05 AM
Contract Manager Approval	swes2	02/14/2024 11:23:04 AM
Budget Analyst Approval	nrezaie	03/08/2024 11:43:11 AM
BOE Agenda Approval	nrezaie	03/08/2024 12:25:01 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: **28788**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: South Lyon County Hospital District
Agency Code: 403	Contractor Name: South Lyon County Hospital District
Appropriation Unit: 3157-00	Address: PO Box 940
Is budget authority available?: Yes	City/State/Zip: Yerington, NV 89447
If "No" please explain: Not Applicable	Contact/Phone: Toni Inserra 775-463-6404
	Vendor No.: T80944859
	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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **UPL State Match (SM)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the Inpatient and Outpatient Public Upper Payment Limit Supplemental Payment Programs for non-state government-owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,156,420.22**

Payment for services will be made at the rate of \$289,105.05 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/27/2024 11:19:01 AM
Division Approval	laaron	02/28/2024 21:46:09 PM
Department Approval	staciew4	02/29/2024 11:16:23 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:15:15 AM
Budget Analyst Approval	nrezaie	03/12/2024 08:53:30 AM
BOE Agenda Approval	nrezaie	03/12/2024 10:24:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28789**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	South Lyon County Hospital District
Agency Code:	403	Contractor Name:	South Lyon County Hospital District
Appropriation Unit:	3157-00	Address:	PO Box 940
Is budget authority available?:	Yes	City/State/Zip:	Yerington, NV 89447
If "No" please explain:	Not Applicable	Contact/Phone:	Toni Inserra 775-463-6404
		Vendor No.:	T80944859
		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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Voluntary (VC)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which are calculated based on the Outpatient Public Upper Payment Limit Supplemental Payment Program for non-state government owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,023,764.58**

Payment for services will be made at the rate of \$255,941.15 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

County employees and contractors are required to do this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Hospital District has been a contracted vendor with the DHCFP for many years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Anjana Radhakrishnan, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/27/2024 11:22:39 AM
Division Approval	laaron	02/28/2024 21:47:29 PM
Department Approval	staciew4	02/29/2024 11:16:32 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:16:33 AM
Budget Analyst Approval	nrezaie	03/11/2024 15:55:03 PM
BOE Agenda Approval	nrezaie	03/11/2024 16:09:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28391**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: CLARK COUNTY SCHOOL DISTRICT
Agency Code: 403	Contractor Name: CLARK COUNTY SCHOOL DISTRICT
Appropriation Unit: 3158-24	Address: 4260 Eucalyptus Avenue Building 9
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89121
If "No" please explain: Not Applicable	Contact/Phone: Sherron Dickenson 702/799-5358
	Vendor No.: T40231800
	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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Admin Claiming**

5. Purpose of contract:

This is a new interlocal agreement to provide administrative cost recovery relating to the administrative functions of the school district for current or potential Nevada Medicaid and Nevada Check Up eligible students.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,500,000.00**

Other basis for payment: FY25: \$2,000,000; FY26: \$2,250,000; FY27: \$2,500,000; FY28: \$2,750,000

II. JUSTIFICATION

7. What conditions require that this work be done?

School Based Medicaid Administrative Claiming was established to allow for Medicaid reimbursement for the administrative functions of the School District for current or potential Nevada Medicaid/Check Up eligible students. Eligible reimbursable services include Medicaid eligibility, outreach, and referral, coordination, and monitoring of Medicaid services.

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

State agencies are currently providing these services within various agencies. This contract allows for the expansion of these services in a school setting.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2016 - current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	03/04/2024 16:56:47 PM
Division Approval	laaron	03/06/2024 01:17:49 AM
Department Approval	staciew4	03/07/2024 15:17:52 PM
Contract Manager Approval	trya4	03/07/2024 16:09:56 PM
Budget Analyst Approval	nrezaie	03/11/2024 16:03:38 PM
BOE Agenda Approval	nrezaie	03/12/2024 08:24:59 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28990**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Pulselight Holdings, Inc.
Agency Code: 403	Contractor Name: Pulselight Holdings, Inc.
Appropriation Unit: 3158-34	Address: 201 West 5th Street, Suite 1575
Is budget authority available?: No	City/State/Zip: Austin, TX 78701
If "No" please explain: Pending April IFC Work Program #C67524.	Contact/Phone: Rita Diamond 512-684-1601
	Vendor No.: Pending
	NV Business ID: NV20232914212

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.

<input checked="" type="checkbox"/> General Funds	32.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	68.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 40DHHS-S2426 RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SUR Case Management**

5. Purpose of contract:

This is a new contract to provide a surveillance and utilization review case management and data analytics system for fraud detection. This contract is contingent upon IFC approval of work program #C67524.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,798,500.00**

Other basis for payment: FY2024: \$421,350; FY2025: \$1,298,150; FY2026/27: \$756,000; FY2028: \$567,000

II. JUSTIFICATION

7. What conditions require that this work be done?

The SUR Unit currently uses an antiquated Access database for case tracking. The database does not have any analytic capabilities to detect fraud, waste, and abuse. This effort will procure an advanced analytics fraud, waste, and abuse detection system that utilizes artificial intelligence and machine learning to detect unknown anomalies and patterns. The system will also serve as a fully integrated investigative case tracking and management system, including robust reporting capabilities. The SUR Case Management system will identify aberrant billing practices, recovers overpayments, recommends sanctions for those that improperly bill Medicaid and assist in criminal investigations when necessary.

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):

HMS
West Publishing Corporation
Pulselight Holdings, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2426, 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: 08/01/2023 Anticipated re-bid date: 08/01/2027

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

b. Is the contract part of an IT investment project over \$50,000? 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	aroma2	03/11/2024 11:00:06 AM
Division Approval	laaron	03/11/2024 12:07:15 PM
Department Approval	staciew4	03/11/2024 15:20:34 PM
Contract Manager Approval	ltuttl1	03/12/2024 06:47:41 AM
EITS Approval	ljean	03/12/2024 07:26:02 AM
Budget Analyst Approval	nrezaie	03/13/2024 09:19:06 AM
BOE Agenda Approval	nrezaie	03/13/2024 09:19:19 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: Stacie Weeks, Administrator, DHCFP, DHHS
Jennifer Krupp, Chief Financial Officer, DHCFP, DHHS
April Caughron, IT Manager II, DHCFP, DHHS
Robin Ochenschlager, IT Professional IV, DHCFP, 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 – DHCFP – TIN 350 – *Surveillance and Utilization Review Data System* – Update B – BA 3158

DATE: March 8, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Division of Healthcare Financing and Policy's (DHCFP) – *Surveillance and Utilization Review Data System* – TIN 350, Update B.

The submitted TIN, for an estimated value of \$1,719,500.02 in the FY24/FY25 biennium, \$1,512,000.00 in the FY26/FY27 biennium, and \$567,000.03 in FY28 (44.72% Federal Funds, 32.02% General Fund and 23.26% ARPA funding), is to update cost and contact information for the Surveillance and Utilization Review Data System. The solution is a cloud-based, SaaS data system for the Surveillance and Utilization Review (SUR) team that will have a dramatic impact on the SUR unit's efficiency and effectiveness.

Currently, the SUR unit uses an Access data system to search for outlier providers that warrant further research. The Access data system is not capable of machine learning, artificial intelligence, and advanced analytics to detect anomalies and patterns; however, these are distinguishing characteristics of modern systems. Additionally, modern systems offer case management tools that will improve SURs workflow and analytics for worker productivity. Investing in a data system for the SUR team will decrease fraud, waste, and abuse, and improve the efficiency and effectiveness of the SUR team.

This SOC 2, Type II Certified solution will be hosted on Microsoft Azure which is FedRamp High certified. All access to the platform will be through a secure VPN Tunnel with dual factor authentication. Data transfers will be done through STFP.

Prior to finalizing the purchase of the product, the customer should work with OCIO to ensure that their identity methodology is supported by Microsoft and the state server environment.

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: **25794** Amendment Number: **2**

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 and 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.: 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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **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 extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	Exception - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	02/29/2024 14:35:10 PM
Division Approval	laaron	03/04/2024 11:14:21 AM
Department Approval	sruyballi	03/04/2024 12:37:47 PM
Contract Manager Approval	trya4	03/04/2024 12:55:02 PM
Budget Analyst Approval	nrezaie	03/19/2024 09:33:07 AM
BOE Agenda Approval	nrezaie	03/19/2024 09:33:13 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28557**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Douglas County Social Services
Agency Code:	403	Contractor Name:	Douglas County Social Services
Appropriation Unit:	3243-00	Address:	PO Box 218
Is budget authority available?:	Yes	City/State/Zip:	Minden, NV 89423
If "No" please explain:	Not Applicable	Contact/Phone:	Jodi Martinez 775-782-9825
		Vendor No.:	T40174400G
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 04/2024

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,097,861.24**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY24 \$267,368.75 and FY25-27 \$276,830.83

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2015 to 2023. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/21/2024 20:27:29 PM
Division Approval	laaron	02/28/2024 21:44:18 PM
Department Approval	staciew4	02/29/2024 11:14:02 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:12:43 AM
Budget Analyst Approval	nrezaie	03/07/2024 11:44:18 AM
BOE Agenda Approval	nrezaie	03/07/2024 11:46:30 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

MEMORANDUM

DATE: November 28, 2023

TO: Aaron Frantz, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Administrator, Division of Health Care Financing and Policy (DHCFP)

RE: **Request for Retroactive Start Date of July 1, 2023, for County Match Contracts**

This memorandum requests the County Match contracts listed below be approved for a retroactive start date effective July 1, 2023.

- CETS 28553 Carson County
- CETS 28554 Churchill County
- CETS 28556 Clark County
- CETS 28557 Douglas County
- CETS 28558 Elko County
- CETS 28559 Esmeralda County
- CETS 28560 Eureka County
- CETS 28551 Humboldt County
- CETS 28552 Lander County
- CETS 28563 Lincoln County
- CETS 28564 Lyon County
- CETS 28565 Mineral County
- CETS 28566 Nye County
- CETS 28567 Pershing County
- CETS 28568 Storey County
- CETS 28569 Washoe County
- CETS 28570 White Pine County

Historically, these contracts are retroactive due to falling in line with the approved Biennial budget in which the counties must be aware of funding approved in the Legislatively approved budget. These contracts are delayed due to the need for projections and the division has been struggling with staffing shortages and therefore did not have staff to directly oversee the program until after July 01, 2023.

While these contracts require a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

To streamline the County Match contracts process, these contracts shall have a term of four years, rather than the previous two-year terms, to ensure all contracts are in place while new projections are calculated for FY2026 and FY2027. If necessary, contracts will be amended, which will avoid contract terminations and retroactive requests.

Thank you.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28565**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Mineral County
Agency Code: 403	Contractor Name: Mineral County
Appropriation Unit: 3243-00	Address: PO Box 1450
Is budget authority available?: Yes	City/State/Zip: Hawthorne, NV 89415
If "No" please explain: Not Applicable	Contact/Phone: Teresa McNally 775-945-2446
	Vendor No.: T40291300J
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **04/2024**

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the state to collect revenue from the county for the non-federal share of medical care of indigent persons. The counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285. This contract falls in line with the approved biennial budget and the counties need to be aware of the funding approved in the Legislatively Approved Budget.

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the non-federal share for medical care of indigent persons within the Medicaid County Match Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,753.89**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property. FY24 \$97,444.92 and FY25-FY27 \$101,102.99

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2015 to 2023. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/21/2024 20:23:55 PM
Division Approval	laaron	02/28/2024 21:45:21 PM
Department Approval	staciew4	02/29/2024 11:16:11 AM
Contract Manager Approval	ltuttl1	03/11/2024 16:22:14 PM
Budget Analyst Approval	nrezaie	03/11/2024 16:25:43 PM
BOE Agenda Approval	nrezaie	03/11/2024 16:32:22 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

MEMORANDUM

DATE: November 28, 2023

TO: Aaron Frantz, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Administrator, Division of Health Care Financing and Policy (DHCFP)

RE: **Request for Retroactive Start Date of July 1, 2023, for County Match Contracts**

This memorandum requests the County Match contracts listed below be approved for a retroactive start date effective July 1, 2023.

- CETS 28553 Carson County
- CETS 28554 Churchill County
- CETS 28556 Clark County
- CETS 28557 Douglas County
- CETS 28558 Elko County
- CETS 28559 Esmeralda County
- CETS 28560 Eureka County
- CETS 28551 Humboldt County
- CETS 28552 Lander County
- CETS 28563 Lincoln County
- CETS 28564 Lyon County
- CETS 28565 Mineral County
- CETS 28566 Nye County
- CETS 28567 Pershing County
- CETS 28568 Storey County
- CETS 28569 Washoe County
- CETS 28570 White Pine County

Historically, these contracts are retroactive due to falling in line with the approved Biennial budget in which the counties must be aware of funding approved in the Legislatively approved budget. These contracts are delayed due to the need for projections and the division has been struggling with staffing shortages and therefore did not have staff to directly oversee the program until after July 01, 2023.

While these contracts require a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.285.

To streamline the County Match contracts process, these contracts shall have a term of four years, rather than the previous two-year terms, to ensure all contracts are in place while new projections are calculated for FY2026 and FY2027. If necessary, contracts will be amended, which will avoid contract terminations and retroactive requests.

Thank you.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28631**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Moapa Valley Fire Protection District
Agency Code: 403	Contractor Name: Moapa Valley Fire Protection District
Appropriation Unit: 3243-24	Address: 3570 N. Lyman P.O. BOX 578
Is budget authority available?: Yes	City/State/Zip: Logandale, NV 89021
If "No" please explain: Not Applicable	Contact/Phone: Stephen Neel 702-817-3179
	Vendor No.: T27044342
	NV Business ID: Governmental Entitiy

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 02/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,882,812.50**

Other basis for payment: FY25: \$500,000; FY26: \$625,000; FY27: \$781,250; FY28: \$976,562.50

II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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 or expertise to provide these services.

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

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP SFY 2021-2024. 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:

Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/13/2024 12:04:43 PM
Division Approval	laaron	02/14/2024 10:16:14 AM
Department Approval	sruyballi	02/14/2024 11:06:36 AM
Contract Manager Approval	trya4	02/14/2024 11:28:50 AM
Budget Analyst Approval	nrezaie	03/07/2024 11:17:35 AM
BOE Agenda Approval	nrezaie	03/07/2024 11:20:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 24830	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: City of North Las Vegas
Agency Code: 403	Contractor Name: North Las Vegas Fire Department
Appropriation Unit: 3243-24	Address: 4040 Losee Road
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89030
If "No" please explain: Not Applicable	Contact/Phone: Travis Anderson 702-633-1102
	Vendor No.: T81105862
	NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **CPE GEMT**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides ongoing reimbursement for emergency transportation services provided to Medicaid recipients. This amendment increases the maximum amount from \$30,166,500.00 to \$81,876,066.58 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:	\$30,166,500.00	\$30,166,500.00	\$30,166,500.00	Yes - Action
2. Amount of current amendment (#1):	\$51,709,566.58	\$51,709,566.58	\$51,709,566.58	Yes - Action
3. New maximum contract amount:	\$81,876,066.58			

II. JUSTIFICATION

7. What conditions require that this work be done?

Fire Districts perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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 or expertise to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2018 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/15/2024 18:43:06 PM
Division Approval	laaron	02/28/2024 21:43:38 PM
Department Approval	staciew4	02/29/2024 11:15:06 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:29:11 AM
Budget Analyst Approval	nrezaie	03/13/2024 09:29:52 AM
BOE Agenda Approval	nrezaie	03/13/2024 11:45:48 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25804** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **SilverSummit Healthplan, Inc.**

Agency Code: **403** Contractor Name: **SilverSummit Healthplan, Inc.**

Appropriation Unit: **3243-14** Address: **2500 N. Buffalo Dr. Suite 250**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89128**

If "No" please explain: **Not Applicable** Contact/Phone: **Eric Schmacker 775-834-9308**

Vendor No.:

NV Business ID: **NV20061600559**

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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	02/27/2024 11:26:27 AM
Division Approval	laaron	02/28/2024 21:48:33 PM
Department Approval	staciew4	02/29/2024 11:15:50 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:19:18 AM
Budget Analyst Approval	nrezaie	03/19/2024 09:42:15 AM
BOE Agenda Approval	nrezaie	03/19/2024 09:42:18 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: **25237** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Washoe County OBO Washoe County Juvenile Services**

Agency Code: **403** Contractor Name: **Washoe County OBO Washoe County Juvenile Services**

Appropriation Unit: **3243-24** Address: **1001 E. 9th St.**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89512**

If "No" please explain: **Not Applicable** Contact/Phone: **Jon Bozanich 775-325-7800**

To what State Fiscal Year(s) will the contract be charged? **2023-2027** Vendor No.: **T40283400**

NV Business ID: **Governmental Entity**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2022**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2026**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
Contract description: **TCM /Admin Services**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides targeted case management and administrative services cost recovery. This amendment increases the maximum amount from \$130,920.00 to \$2,077,339.55 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:	\$130,920.00	\$130,920.00	\$130,920.00	Yes - Action
2. Amount of current amendment (#1):	\$1,946,419.55	\$1,946,419.55	\$1,946,419.55	Yes - Action
3. New maximum contract amount:	\$2,077,339.55			

II. JUSTIFICATION

7. What conditions require that this work be done?

Targeted Case Management Services are pervaded per the Medicaid State Plan Amendment in the Nevada Medicaid Services Manual.

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

State agencies do not have the staff available to provide these services.

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2018 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/27/2024 11:58:32 AM
Division Approval	laaron	02/28/2024 21:49:43 PM
Department Approval	staciew4	02/29/2024 09:56:31 AM
Contract Manager Approval	ltuttl1	03/01/2024 07:20:51 AM
Budget Analyst Approval	nrezaie	03/13/2024 09:26:14 AM
BOE Agenda Approval	nrezaie	03/13/2024 11:46:09 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: **28917**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	NEVADA STATE BOARD OF NURSING
Agency Code:	406	Contractor Name:	NEVADA STATE BOARD OF NURSING
Appropriation Unit:	3216-12	Address:	STE 300 5011 MEADOWOOD MALL WAY RENO, NV 89502-6547
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89502-6547
If "No" please explain:	Not Applicable	Contact/Phone:	Cathy Dinaucr, Executive Director 775/688-2620
		Vendor No.:	T80147500
		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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C18336

2. Contract start date:

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

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 90 days**

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

Contract description: **Health Related Svcs.**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing program development to regulate nursing assistants employed in nursing facilities and home health agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$463,050.00**

Payment for services will be made at the rate of \$231,525.00 per FY 2024, FY 2025

Other basis for payment: As Invoiced per Attachment A and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The Health Division is obligated to implement and determine compliance with the provisions of Public Law 100-203 (Omnibus Budget Reconciliation Act of 1987) including amendments to, and regarding P.L. 100-203, with respect to the development of a program to regulate nursing assistants employed in nursing facilities and home health agencies in the state. The contractor is qualified to perform these duties efficiently and in a timely manner.

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

The agreement is with a State Agency.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

Exempt per 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 contract with agency with satisfactory service.

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

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

Not Applicable

15. The contractor is 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	03/05/2024 10:02:22 AM
Division Approval	dcastro	03/05/2024 10:02:25 AM
Department Approval	dcastro	03/05/2024 10:02:38 AM
Contract Manager Approval	dcastro	03/05/2024 10:02:40 AM
Budget Analyst Approval	cdavis	03/13/2024 10:02:46 AM
BOE Agenda Approval	nrezaie	03/14/2024 07:40:18 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: **22273** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO**

Agency Code: **406** Address: **Nevada State Public Health Lab**

Appropriation Unit: **3218-22** City/State/Zip: **Reno, NV 89557-0325**

Is budget authority available?: **Yes** Contact/Phone: **Stephanie Van Hooser 775-682-6205**

If "No" please explain: **Not Applicable** Vendor No.: **D35000816**

NV Business ID: **Governmental Entity**

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

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

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

Agency Reference #: **C 17361**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **12/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 1 day**

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

Contract description: **Laboratory Services**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides ongoing emergency preparedness laboratory services. This amendment increases the maximum amount from \$3,500,000 to \$3,907,000 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:	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$407,000.00	\$407,000.00	\$407,000.00	Yes - Action
3. New maximum contract amount:	\$3,907,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The CDC-PHEP Cooperative Agreement requires growth in Domain 6: Strengthen Biosurveillance - the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. This work is completed through the Nevada State Public Health Laboratory (NSPHL).

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

NSHE employees will be performing the work at the NSPHL.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

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

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

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 agencies routinely perform services for each other - 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	ijanssen	10/31/2023 13:47:52 PM
Division Approval	ijanssen	10/31/2023 13:47:56 PM
Department Approval	ijanssen	10/31/2023 13:48:01 PM
Contract Manager Approval	dcastro	03/12/2024 14:29:29 PM

Budget Analyst Approval
BOE Agenda Approval

cdavis
nrezaie

03/13/2024 07:13:56 AM
03/14/2024 08:22:23 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: **26383** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Netsmart Technologies, Inc.**

Agency Code: **406** Contractor Name: **Netsmart Technologies, Inc.**

Appropriation Unit: **3219-13** Address: **11100 Nall Ave**

Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66211**

If "No" please explain: **Not Applicable** Contact/Phone: **Kade Harris 913-242-6176**

Vendor No.: **PUR0003686**

NV Business ID: **NV20101021052**

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 #: **C 17937**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2022**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 354 days**

4. Type of contract: **Contract**

Contract description: **Vital Records**

5. Purpose of contract:
This is the second amendment to the original contract which provides modernization for the National Vital Statistics System. This amendment increases the maximum amount from \$2,686,505.47 to 3,074,491.96 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:	\$2,608,302.37	\$2,608,302.37	\$2,608,302.37	Yes - Action
a. Amendment 1:	\$78,203.47	\$78,203.47	\$78,203.47	Yes - Info
2. Amount of current amendment (#2):	\$387,986.12	\$387,986.12	\$466,189.59	Yes - Action
3. New maximum contract amount:	\$3,074,491.96			

II. JUSTIFICATION

7. What conditions require that this work be done?
Under the conditions of the received grant, this program must be updated following specific requirements to obtain a cohesive system throughout the nation. Additionally, the current system will no longer be supported in the Internet Explorer environment by the end of 2022.

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

The requirements of this upgrade exceed the internal capabilities and functionalities to successfully implement within the current time constraints.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 211206

Approval Date: 12/13/2021

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

Ongoing contract for system modernization

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:

DPBH vendor since 2004, 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	ijanssen	03/05/2024 14:39:20 PM
Division Approval	ijanssen	03/05/2024 14:39:26 PM
Department Approval	ijanssen	03/05/2024 14:39:29 PM

Contract Manager Approval	ijanssen	03/05/2024 14:39:33 PM
EITS Approval	ljean	03/08/2024 08:35:06 AM
Budget Analyst Approval	cdavis	03/14/2024 11:27:05 AM
BOE Agenda Approval	nrezaie	03/14/2024 11:29:59 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: Kyle Devine, Deputy Administrator – Regulatory & Planning Svcs., DHHS
Kelly Sonnemann, Project Manager, DHHS
Erin Wright, Accounting Assistant II, DHHS
Nikki Mead, OVR Program Officer III, 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 – DHHS – TIN 73 – *Vital Records System Modernization* – Update D – BA 3190

DATE: January 19, 2024

We have completed our review for the Department of Health and Human Services’ (DHHS) – *Vital Records System Modernization* – TIN 73, Update D.

The submitted TIN, for an estimated value of \$1,577,153.96 in the FY24/FY25 biennium and \$493,438.56 in FY26/FY27 biennium (60% State Fees, 40% Federal Grant), is to update cost information for FY25/FY26 to add the WebIZ Interface to the Vital Records System (VRS).

In an effort to modernize the VRS and increase the Office of Vital Records (OVR) efficiency, state and federal reporting needs, and customer satisfaction, the VRS system is being upgraded to a COTS, cloud solution with a custom API.

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#:	21206 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:			
	ENTER STATE AGENCY NAME:	Department of Health and Human Services Division of Public and Behavioral Health, Office of HIV		
		Contact Name and Title	Phone Number	Email Address
		Stephanie Herrera	775-684-4162	s.herrera@health.nv.gov
		Ronda Miller, MA III	775-684-5932	rondamiller@health.nv.gov

1b	Vendor Information:	
	Vendor Name:	Netsmart
	Contact Name:	Kade Harris
	Complete Address:	4950 College Boulevard
	City, State, and Zip Code	Overland Park, KS 66211
	Telephone Number:	913-242-6176
	Email Address:	kharris@ntst.com

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

1d	Contract Information:				
	Is this a new Contract? Check One:	Yes:	x	No:	
	Amendment Number:	#			
	Enter CETS Number:	#			

1e	Term:				
	One (1) Time Purchase? Check One:	Yes:		No:	X
	Contract:	Start Date:	1/1/22	End Date:	1/1/26 06/30/26

1f	Funding:	
	State Appropriated:	Vital Records System fees
	Federal Funds:	
	Grant Funds:	ELC DMI Funding
	Other (Explain):	

Rep'd 12/07/21

Purchasing Use Only:

Approval #:

211206 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>Total estimated value over 4 year is \$2,894,767.50.</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The current Netsmart BA vital records system (VRS) is old and antiquated and will need to be upgraded to NX to eliminate the complexity for installation and dependency on Internet Explorer browser. The Program received ELC DMI Grant Funding to meet Fast Healthcare Interoperability Resources (FHIR) interoperability. To meet FHIR interoperability, the current Netsmart VRS BA system must be upgraded to Netsmart VRS NX. The upgrade will also include FHIR Integration and the development of 3 APIs.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Due to this being proprietary software upgrade that can be provided through the current vendor. The current vendor will also not allow other 3rd party APIs to meet FHIR/HL7 interoperability.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Division completed an RFI for budgetary purposes and it was determined after reviewing submitted proposals that a system upgrade was the most cost effective due to our current budget. Since it is an upgrade and not a new system it is the most economical option in order to receive ELC DMI grant funding and meet the goal date for interoperability..</i>

	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
5	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	<i>We received 10 responses as a result of the RFI. As a result of the RFI it was determined a new system is very costly and DPBH does not have the funds in our budget for a new system. We narrowed down our choices to 3 vendors (Axiel, Mantech, & Genesis) but their quotes were too high and the total contract cost over 5 years ranged from about \$4 million to \$6.6 million. These quotes did not include FHIR interoperability.</i>		
	<i>An NX system upgrade including the FHIR interoperability would cost approximately \$2,894,767.50 over 4 years and DPBH has received \$1.3 million in grant funding to cover the upgrade costs, MSA contractor, FHIR training, and API development. The current system is not browser agnostic and is dependent on Internet Explorer, an upgrade is imperative since Microsoft will no longer support IE as of October 2025. The program has received</i>		

many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.

b. If not, why were alternatives not evaluated?

Has the agency purchased this service or commodity in the past? Check One:				Yes	No
<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>				X	
a. <i>If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:</i>					
Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	
Start Date	End Date				
July 2021	June 2023	\$753,604.42	Maintenance & Support	MA 14557-6	
November 2019	Dec 2019	\$14,000	Environment Sync & VA hotfix	MA 14557-5	
July 2019	June 2020	\$180833.57(an nual fee)	Amendment for Maintenance & Support terms; and hosting terms	MA 14557-4	
Aug 2016	Dec 2016	\$0	Amendment for training for mobile app with no additional cost	MA 14557-3	
July 2014	June 2019	\$1,883,655	Amendment Maintenance Agreement License and Services; Fee Schedule for year 1-5 (total value)	MA 14557-3 (&C01),2,1 -	
June 20154	June 2019	\$0	Language update only since Netsmart excluded reference to 200 Concucurrent User.	MA 14557-1	
July 2014	June 2019	\$see update MA 14557-2	Maintenance & Support; Schedule for year 1-5	MA 14557	
				Original contract cannot be located by program or vendor	

Purchasing Use Only:	
Approval #:	211206 @

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p>
	<p><i>The current VRS system is running on a Microsoft platform and can only be used on Internet Explorer. Microsoft will no longer support IE from October 2025.</i></p> <p><i>If this request is denied we will be unable to ensure the security of death and birth data. The following are a few critical reasons to modernize:</i></p> <ul style="list-style-type: none"> • <i>Current technologies used are outdated.</i> • <i>It is creating a security risk.</i> • <i>the System Security needs to be up-to-date to adhere to all Federal and State Information Security Regulations and Policies including those from the National Institute of Standards and Technology (NIST) and HIPAA.</i> • <i>A secure system will reduce the risk of a breach of Personal Health Information (PHI) and subsequent Identity Theft.</i> <p><i>The program has received many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.</i></p>

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>
	<p><i>We completed an RFI. We asked for very detailed cost analysis and it was determined that to purchase a new system was not an option with our current budget, and other reasons stated above in #5.</i></p>

9	<p>Will this purchase obligate the State to this vendor for future purchases? Check One:</p>	Yes	No
	<p><u><i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u></p>	X	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>There will be ongoing annual costs for system maintenance, support and hosting.</i></p>		

<i>Purchasing Use Only:</i>	
Approval #:	211206 @

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.

Ronda Miller

Agency Representative Initiating Request

Ronda Miller

12/6/21

Print Name of Agency Representative Initiating Request

Date

[Handwritten Signature]

Signature of Agency Head Authorizing Request

Kelli Quintero

12/6/21

Print Name of Agency Head Authorizing Request

Date

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

*** Note: EITS TIN approval memo must be included as an attachment in EITS ***

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

12/13/21
 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: 19159	Amendment Number: 7	
Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: MAXIMUS HUMAN SERVICES, INC.	Contractor Name: MAXIMUS HUMAN SERVICES, INC.
Agency Code: 407	Address: 1891 METRO CENTER DR	
Appropriation Unit: 3238-35	City/State/Zip: RESTON, VA 20190-5287	
Is budget authority available?: Yes	Contact/Phone: 703/251-8500	
If "No" please explain: Not Applicable	Vendor No.: T32002765	
	NV Business ID: NV20091030881	

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.

<input checked="" type="checkbox"/>	General Funds	34.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	66.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**
 Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2024**
 Contract term: **6 years and 335 days**

4. Type of contract: **Contract**
 Contract description: **Quality Assurance**

5. Purpose of contract:

This is the seventh amendment to the original contract which provides quality assurance services for the Nevada Child Support Enforcement Automated System replacement project also known as NVKIDS. This amendment extends the termination date from April 30, 2024 to December 31, 2024 and increases the maximum amount of the contract from \$12,353,378 to \$12,798,295 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:	\$14,335,378.00	\$14,335,378.00	\$14,335,378.00	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:	-\$2,000,000.00	-\$2,000,000.00	-\$2,000,000.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#7):	\$462,917.00	\$462,917.00	\$462,917.00	Yes - Action
3. New maximum contract amount:	\$12,798,295.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency requires a QA vendor for the Nevada Child Support Enforcement Automated System 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 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):

PCG
Deloitte
CinCom Systems Corp

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3433, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. We only received the one (1) proposal.

d. Last bid date: 04/26/2017 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? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Previously under contract with DWSS and provided satisfactory services.

HDDS/DWSS 05-2015 � 07/2016
HDDS/DWSS 10-2010 � 10/2011
Dept. of Health & Welfare � 10-1996 � 09-2000
Dept. of Administration � 08-1998 � 09-1999
Department of Motor Vehicles � 11-1999 � 02-2000

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

No If "Yes", please provide details of the litigation 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	bbarlo1	03/01/2024 13:14:03 PM
Division Approval	cbuscay	03/04/2024 12:30:49 PM
Department Approval	rthomps1	03/05/2024 08:15:43 AM
Contract Manager Approval	mpomerle	03/05/2024 08:34:21 AM
EITS Approval	ljean	03/27/2024 11:28:52 AM
Budget Analyst Approval	afrantz	03/27/2024 16:12:14 PM
BOE Agenda Approval	afrantz	03/27/2024 16:13:04 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: 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 B – BA 3238

DATE: February 21, 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 B.

The submitted TIN, for an estimated value of \$25,869,599.00 in the FY24/FY25 biennium (66% Federal Grant and 34% General Fund), is to extend the NVKIDS project out to April 30, 2025. There are no changes in scope and costs are well within the budgeted investment cost estimate.

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.



**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 #:	5330

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>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Kiersten Gallagher, Chief, CSEP</i>	<i>702-486-1068</i>	<i>kgallagher@dwss.nv.gov</i>
	<i>Monique Pomerleau</i>	<i>775-684-0678</i>	<i>mpomerleau@dwss.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>Maximus Human Services, Inc.</i>
	Contact Name:	<i>Todd Bright</i>
	Complete Address: City, State and Zip Code	<i>1891 Metro Center Dr. Reston, VA 20190</i>
	Phone Number:	<i>602-909-1304</i>
	Email Address:	<i>ToddBright@maximus.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:

add 02/12/24 / auto ✓

Purchasing Use Only:	
Approval #:	533②

Current Contract Information:					
4	Solicitation Type, if applicable:	<i>Formal Solicitation</i>		#:	3433
	Enter CETS Number:	#19159			
	Initial Contract Amount:	\$14,335,378.00			
	Contract Term:	Start Date:	02/01/2018	End Date:	04/30/2024

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 <i>Staff augmentation to support DWSS Project staff, increase holdback percentage</i>	\$0.00	None
	2 <i>Staff augmentation to support DWSS Project staff</i>	\$0.00	None
	3 <i>Reduction in Total project Costs due to Reallocation of Change Order Allocation and Staff augmentation to support DWSS Project staff</i>	(\$2,000,000)	None
	4 <i>Staff augmentation to support DWSS Project staff, increase holdback percentage</i>	\$0.00	7/31/2023
	5 <i>Staff augmentation to support DWSS Project staff, increase holdback percentage</i>	\$0.00	9/30/2023
	6 <i>Contract extension from September 30, 2023 to April 30, 2024</i>	\$0.00	04/30/2024

<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	7 <i>Staff augmentation to support DWSS Project staff, increase holdback percentage</i>	\$462,917	12/31/2024

7	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?
	<i>The Child Support Enforcement modernization project Implementation and Certification phases are delayed and expected to conclude December 2024. Due to the nature of a large, specialized system implementation, it is critical that the Project maintain resources with knowledge of the system and the Federal Certification process to provide support to the Division of Welfare and Supportive Services project team members. Extending this contract to secure these resources will ensure a successful outcome.</i>

Purchasing Use Only:	
Approval #:	5330

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. A loss of knowledgeable resources assisting in the user acceptance testing and Federal Certification activities would jeopardize certification occurring as scheduled, resulting in potential cost overruns.</i>

<i>Purchasing Use Only:</i>	
Approval #:	533(1)

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 A. Gallagher

Signature of Agency Representative Initiating Request

Kiersten Gallagher

02/12/2024

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Robert Thompson, Administrator

02/12/2024

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.



Signed:



Administrator, Purchasing Division or Designee

2/22/24

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: **19741** Amendment Number: **5**

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES** Legal Entity Name: **PUBLIC KNOWLEDGE, LLC**

Agency Code: **407** Contractor Name: **PUBLIC KNOWLEDGE, LLC**

Appropriation Unit: **3238-35** Address: **4720 INDEPENDENCE ST**

Is budget authority available?: **Yes** City/State/Zip: **WHEAT RIDGE, CO 80033**

If "No" please explain: **Not Applicable** Contact/Phone: **Carl Blanchette 307-287-8941**

Vendor No.: **T27022922**

NV Business ID: **NV20091086529**

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.

<input checked="" type="checkbox"/>	General Funds	32.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	66.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	2.00 % State Share of Collections

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **7 years and 1 day**

4. Type of contract: **Contract**

Contract description: **IV&V Services - CSEP**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides Independent Verification and Validation services for the Child Support Enforcement Automated System replacement. This amendment extends the termination date from April 30, 2024 to April 30, 2025 and increases the maximum amount of the contract from \$6,599,077.80 to \$7,137,014.80 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:	\$2,211,680.00	\$2,211,680.00	\$2,211,680.00	Yes - Action
a. Amendment 1:	\$5,287,397.80	\$5,287,397.80	\$5,287,397.80	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	-\$900,000.00	-\$900,000.00	-\$900,000.00	Yes - Action
2. Amount of current amendment (#5):	\$537,937.00	\$537,937.00	\$537,937.00	Yes - Action
3. New maximum contract amount:	\$7,137,014.80			
and/or the termination date of the original contract has changed to:	04/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency requires an IV&V vendor for the Nevada Child Support Enforcement Automated System replacement project due to requirements from the Federal Office of Child Support Enforcement.

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 must be provided by an independent vendor.

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):

Gartner Group
BerryDunn
SLI Global Solutions, LLC
Computer Consultants International

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3475, 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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	02/29/2024 09:03:04 AM
Division Approval	cbuscay	02/29/2024 09:03:08 AM
Department Approval	rthomps1	02/29/2024 10:25:20 AM
Contract Manager Approval	mpomerle	02/29/2024 11:09:20 AM
EITS Approval	ljean	02/29/2024 12:33:50 PM
Budget Analyst Approval	afrantz	03/18/2024 10:10:20 AM
BOE Agenda Approval	afrantz	03/18/2024 10:10:30 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: 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 B – BA 3238

DATE: February 21, 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 B.

The submitted TIN, for an estimated value of \$25,869,599.00 in the FY24/FY25 biennium (66% Federal Grant and 34% General Fund), is to extend the NVKIDS project out to April 30, 2025. There are no changes in scope and costs are well within the budgeted investment cost estimate.

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.



**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 #:	5340

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:	DIVISION OF WELFARE AND SUPPORTIVE SERVICES	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Kiersten Gallagher, Chief, CSEP</i>	<i>702-486-1068</i>	<i>kgallagher@dwss.nv.gov</i>
	<i>Monique Pomerleau</i>	<i>775-684-0678</i>	<i>mpomerleau@dwss.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>Public Knowledge, LLC.</i>
	Contact Name:	<i>Stacey Obrecht</i>
	Complete Address: City, State and Zip Code	<i>4720 Independence St. Wheat Ridge, CO 80033</i>
	Phone Number:	<i>307-287-8949</i>
	Email Address:	<i>sobrecht@pubknow.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 #:	5340

Current Contract Information:					
Solicitation Type, if applicable:		<i>Formal Solicitation</i>		#:	<i>RFP #3475</i>
4	Enter CETS Number:	#19741			
	Initial Contract Amount:	\$6,599,077.80			
	Contract Term:	Start Date:	<i>05/01/2018</i>	End Date:	<i>04/30/2024</i>

Amendment Information – List <u>all previously</u> approved amendments:				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	<i>1</i>	<i>Revise scope of work and amend deliverable payment schedule</i>	<i>0.00</i>	<i>None</i>
	<i>2</i>	<i>Assignment of contract from SLI Global Solutions, LLC. To Public Knowledge, LLC.</i>	<i>0.00</i>	<i>None</i>
	<i>3</i>	<i>Revises Attachment AA, Deliverable Payment Schedule and incorporates Attachment AB, Change Request Form 416 Penetration and Vulnerability Testing</i>	<i>0.00</i>	<i>None</i>
	<i>4</i>	<i>This amendment reduces the Total Contract Authority from \$7,449,077.80 to \$6,599,077.80 and revises Attachment AA, Deliverable Payment Schedule</i>	<i>(\$900,000)</i>	<i>None</i>

<u>Proposed</u> Amendment Information:				
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	<i>5</i>	<i>Extension of IVV services through system certification per Office of Child Support Services, reallocating \$462,917 from to QA contract, and increasing budget authority from \$6,599,077.80 to \$7,137,014.80</i>	<i>\$537,937</i>	<i>04/30/2025</i>

7	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?
	<i>The Child Support Enforcement modernization project Implementation and Certification phases are delayed and final certification is expected to be received by April 2025. Due to the nature of a large, specialized system implementation, it is critical that the Project maintain oversight required by OCSS.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>The Office of Child Support Services (OCSS) must certify a Child Support computer system in order for the system to continue to receive the 66% Federal funding provided to states. The OCSS requires states to maintain and IV&V vendor through successful, final certification.</i>

<i>Purchasing Use Only:</i>	
Approval #:	534@

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

02/13/2024

Print Name of Agency Representative Initiating Request

Date

Robert Thompson

Signature of Agency Head Authorizing Request

Robert Thompson, Administrator

02/22/2024

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

2/22/24

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: **28972**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: KPMG, LLP
Agency Code: 409	Contractor Name: KPMG, LLP
Appropriation Unit: 3143-41	Address: 500 Capitol Mall, Ste. 2100
Is budget authority available?: Yes	City/State/Zip: Sacramento , CA 95814
If "No" please explain: Not Applicable	Contact/Phone: Allen Sheldon 720-840-1609
	Vendor No.:
	NV Business ID: NV20111353640

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2025**

Contract term: **1 year and 213 days**

4. Type of contract: **Contract**

Contract description: **Needs Assessment**

5. Purpose of contract:

This is a new contract to provide planning, procurement, and implementation for a new comprehensive child welfare information system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: **Completed Deliverables as Set Forth in Cost Proposal**

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to modernize the existing Comprehensive Child Welfare Information System requires a needs assessment to determine what will best suit 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 do not have the expertise to conduct the needs assessment.

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):

Maximus Us Services INC.
HD Dynamics Software Solutions
Apprise Incorporated
Quality Healthcare Asset Management LLC
KPMG LLP

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2551, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/21/2023 Anticipated re-bid date:

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Srini Bokka, IT Manager 2 Ph: 775-687-9023

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/05/2024 13:26:07 PM
Division Approval	dfrohlic	03/05/2024 13:27:25 PM
Department Approval	mwillia9	03/05/2024 14:23:20 PM
Contract Manager Approval	sknigge	03/08/2024 15:49:05 PM
EITS Approval	ljean	03/11/2024 10:29:22 AM
Budget Analyst Approval	pokeefe	03/11/2024 10:41:22 AM
BOE Agenda Approval	nrezaie	03/13/2024 14:54:47 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: Cindy Pitlock, Administrator, DCFS, DHHS
Jennifer Ouellette, Deputy Administrator, DCFS, DHHS
Katrina Nielsen, Administrative Services Officer IV, DCFS, DHHS
Srinivas Bokka, IT Manager II, DCFS, DHHS

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
Jeremiah Duley, State Integration Manager, OPM
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DCFS – TIN 397 – *DCFS CCWIS / UNITY REPLACEMENT* – BA 3143 – Update A

DATE: June 20, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Child and Family Services' (DCFS) – *DCFS CCWIS / UNITY REPLACEMENT* – TIN 397, Update A.

The submitted TIN, for an estimated value of \$17,370,000 in the FY24/FY25 biennium (50% Federal Grant and 50% General Fund), is to hire a contractor to conduct a needs assessment and replacement of the existing UNITY system with a cloud-based Comprehensive Child Welfare Information System (CCWIS) solution.

DCFS currently employs 24 FTEs annually to patch holes in the antiquated UNITY system. This system replacement is mission critical for creating efficiencies through technological innovation and will help DCFS staff manage their workloads. It is expected that the CCWIS solution will increase the agency's

efficiency by reducing data entry time for social workers and staff turnover, resulting in improved youth outcomes and foster/adoptive family engagement, in addition to fulfilling audit and compliance requirements. While replacement of the UNITY system is the ultimate goal of this request, the division is seeking to perform a contracted needs assessment and development of a request for proposal in the FY24-25 biennium to ensure the system selected meets the needs of Nevada's Child Welfare Agencies.

The solution will include a change to the current server environment and EITS supported server hosting is expected to decrease. The solution's server equipment will physically reside in the EITS Data Center therefore the agency should keep EITS informed on the progress of the implementation.

Existing WAN equipment is expected to be upgraded or replaced and EITS supported WAN traffic is expected to decrease. Existing LAN equipment will be upgraded or replaced and new LAN wiring and equipment using Power over Ethernet will be included. These changes affect system firewalls. The business application will include system interfaces into the SMART21 ERP product.

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 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: **28509**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: N HARRIS COMPUTER CORPORATION
Agency Code: 440	Contractor Name: N HARRIS COMPUTER CORPORATION
Appropriation Unit: 3714-23	Address: 1 ANTARES DR STE 400
Is budget authority available?: Yes	City/State/Zip: OTTAWA , ON K2E 8C4
If "No" please explain: Not Applicable	Contact/Phone: Jerry Baker 778-717-5111
	Vendor No.: F00000041
	NV Business ID: NV20161366268

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 90 days**

4. Type of contract: **Contract**

Contract description: **NOTIS updates**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and support for a new sentence calculation for the Nevada Offender Tracking Information System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,806,991.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is for offender management program upgrade and support.

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

This is not offered by any agency or state employee.

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

Was the solicitation (RFP) done by the 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?

Approved by legislature SB 413.

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	kshe1	03/04/2024 18:21:55 PM
Division Approval	kshe1	03/04/2024 18:22:00 PM
Department Approval	kshe1	03/04/2024 18:22:04 PM
Contract Manager Approval	kshe1	03/04/2024 18:22:09 PM
EITS Approval	ljean	03/05/2024 07:23:49 AM
Budget Analyst Approval	dlenzner	03/27/2024 14:14:30 PM
BOE Agenda Approval	dlenzner	03/27/2024 14:14:32 PM
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
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M E M O R A N D U M

TO: James Dzurenda, Director, NDOC
Lisa Lucas, IT Chief, NDOC

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
Jason Benshoof, Support Services Unit, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – NDOC – TIN 775 – *Syscon Maintenance Agreement* – BA 3710

DATE: October 2, 2023

We have completed our review for the Nevada Department of Corrections' (NDOC) – *Syscon Maintenance Agreement* – TIN 775.

The submitted TIN, for an estimated value of \$181,931.00 in the FY24/FY25 biennium (100% General Fund), is for continued Syscon support for the NOTIS software application.

Syscon provides NDOC with support services accessible via telephone, email, or Internet connection, between the hours of 6:00 am and 6:00 pm PST, seven days a week. The scope of these services is narrowly defined to exclusively address the needs related to the NOTIS software application, including any custom modifications. It explicitly excludes any issues pertaining to the underlying database or third-party software and hardware components. It should also be noted that Syscon's access to the NOTIS production system is highly restricted, only permissible under emergency or crisis situations and upon

explicit request from NDOC.

The longstanding relationship between NDOC and Syscon has culminated in a deeply integrated Offender Management System (OMS). The NDOC development staff oversees a complex architecture comprising four reporting platforms, a data warehouse, multiple interfaces, a public-facing offender search portal, and a specialized Sentence Management Application. All these components are intricately linked to the NOTIS relational database. The NOTIS application serves as a critical operational asset for NDOC, playing a pivotal role in the management of inmates across the state. A lapse in contract renewal would render this application unsupported, posing a catastrophic risk to both the institution and public safety.

The security risk associated with continued investment in Syscon's services and the NOTIS application is considered to be low. The software's architecture has been customized to align closely with agency requirements and will be hosted internally. However, it remains imperative for NDOC to continue its rigorous monitoring and risk assessment procedures to ensure the sustained integrity and security of the system.

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: **3**
 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 **04/2024**

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 third amendment to the original contract which provides processing services for the Federal Electronic Duck Stamp program. This amendment increases the maximum amount from \$517,239 to \$824,702 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:	\$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
2. Amount of current amendment (#3):	\$307,463.00	\$307,463.00	\$307,463.00	Yes - Action
3. New maximum contract amount:	\$824,702.00			

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:

Department of Wildlife from 2015-current and the work is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	02/13/2024 09:24:15 AM
Division Approval	cbalcon	02/14/2024 14:29:10 PM
Department Approval	jneubau2	03/01/2024 10:44:07 AM

Contract Manager Approval	abarredo	03/01/2024 11:55:25 AM
Budget Analyst Approval	dspeed1	03/11/2024 14:57:03 PM
BOE Agenda Approval	vmilazz1	03/18/2024 19:15:16 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#:	216802 (C)

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 Wildlife		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Cynthia Prasad, Contract Manager	775-688-1526	cprasad@ndow.org
		Bonnie Long, Deputy Director	775-688-1982	bonnie.long@ndow.org

1b	Vendor Information:	
	Identify Vendor:	Amplex Corporation
	Contact Name:	1100 Fountain Parkway
	Complete Address:	Grand Prairie, Texas 75050
	Telephone Number:	214-672-0638
	Email Address:	Tammy Wright

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

1d	Contract Information:			
	Is this a new Contract?	Yes	X	No
	Amendment:	N/A		
	CETS:	24748		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	Upon Approval	End Date:	9/30/2025

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Federal E-Duck Stamp and Fees

08/05/21 Red-C

Purchasing Use Only:

Approval #:

210802@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$864,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The vendor is the fulfillment center for the purchase of Duck Stamps. The vendor will provide an electronic version of the duck stamp to the purchaser and will also fulfill the delivery of the actual stamp to the purchaser.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This is vendor chosen by the U.S. Fish and Wildlife Services to fulfill the e-Duck stamp orders. States who have elected to participate in the e-Duck stamp program must do so through this vendor.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>This is vendor chosen by the U.S. Fish and Wildlife Services to fulfill the e-Duck stamp orders. States who have elected to participate in the e-Duck stamp program must do so through this vendor.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	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>This is the only vendor who can provide this service as they are the vendor used by the U.S. Fish and Wildlife Services to handle the fulfillment of the e-Duck stamps.</i>				

Purchasing Use Only:

Approval #:

210802-0

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:	X	No:		
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	<i>July 1, 2015</i>	<i>August 31, 2021</i>	<i>\$76,000.00</i>	<i>Fulfillment center for the delivery of the Duck Stamp to the purchaser.</i>	<i>N/A</i>			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The agency would have to opt out of providing the e-Duck stamp if we are not able to contract with this vendor to pass through the funds needed to fulfill orders.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>None, there are no other vendors who can provide these services.</i>

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

Purchasing Use Only:

Approval #:

210802-2

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

[Signature]

Agency Representative Initiating Request

Cynthia Prasad

Print Name of Agency Representative Initiating Request

8/5/21

Date

[Signature]

Signature of Agency Head Authorizing Request

Bonnie Long

Print Name of Agency Head Authorizing Request

8/4/21

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

8/10/21

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: **28930**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: THE ABBI AGENCY
Agency Code: 702	Contractor Name: THE ABBI AGENCY
Appropriation Unit: 4462-10	Address: 1385 HASKELL ST STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-2844
If "No" please explain: Not Applicable	Contact/Phone: Patrick Ty Whitaker 775/323-2977
	Vendor No.: T27037235
	NV Business ID: NV20081200897
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 %	X	Fees	100.00 %	Sportsmen Revenue
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 24-65

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2027**

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

4. Type of contract: **Contract**

Contract description: **Website Maintenance**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17902 which provides consulting, marketing, and education services. This service agreement provides website maintenance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$185,250.00**

Payment for services will be made at the rate of \$4,750.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

The department needs to have a way to reach Nevada residents and other non-agency employees with department information and this contract provides website maintenance for the departments website to ensure that can happen.

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

There department has no staff with the experience or technical expertise (coding) to maintain the website.

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?

We have an existing relationship and established work flow for services provided for the department. This is also a statewide vendor.

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:

NDOW, 2020 - current, and 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:

Chris Vasey, Conservation Education Administrator Ph: (775) 688-1553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	02/27/2024 08:35:43 AM
Division Approval	cbalcon	02/28/2024 14:04:37 PM
Department Approval	jneubau2	03/01/2024 10:45:21 AM
Contract Manager Approval	abarredo	03/05/2024 14:35:30 PM
EITS Approval	ljean	03/08/2024 08:37:55 AM
Budget Analyst Approval	dspeed1	03/11/2024 12:09:12 PM
BOE Agenda Approval	vmilazz1	03/18/2024 19:00:29 PM
BOE Final Approval	Pending	

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STATE OF NEVADA
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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: Alan Jenne, Director, NDOW
Chris Vasey, Division Administrator, NDOW
Eric Dugger, IT Professional IV, NDOW
Ashley White, Management Analyst, NDOW

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 – NDOW – TIN 766 – *NDOW Website Maintenance* – BA 4462

DATE: October 17, 2023

We have completed our review for the Nevada Department of Wildlife's (NDOW) – *NDOW Website Maintenance* – TIN 766.

The submitted TIN, for an estimated value of \$66,500.00 in the FY24/FY25 biennium, \$114,000.00 in the FY26/FY27 biennium, and \$47,500.00 in FY28 (100% fee funding), is for website updates.

Website updates will include design, development, and maintenance of the agency's website content management system (CMS). Information provided on the website serves the citizens of Nevada and any other person seeking information about the wildlife, recreation facilities, laws, regulations, and licensing information for hunting, fishing, and boating.

General maintenance for the website will be opened to competitive bidding through an RFP in FY24 to include data backups and template updates.

The selected vendor must implement robust security measures, including encryption and real-time monitoring, to ensure data integrity, confidentiality, and availability. Additionally, the vendor must be subject to periodic independent security audits to validate ongoing compliance with established cybersecurity standards. These multi-tiered safeguards will ensure the agency's commitment to data protection and responsible governance, with the goal of upholding the highest level of public trust in the state's digital infrastructure.

OCIO's position on agency web investments has two pillars:

The first pillar is that the State Digital Experience Platform (DXP), to be implemented in the future, will be the technology foundation for all executive branch agencies and will be used to host their websites and web applications, thus taking advantage of security, modern web services, data insights, intelligent mobile, economies of scale, and a set of templates for a State-unified User Experience (UX) wherever possible. Upon selection, the modern cloud-based solution, will be the replacement for Ektron.

The second pillar is that agencies should use their own content creators, MSAs, or other contract vehicles to build their websites and web applications on the State's DXP platform. OCIO's web team does not have the resources to build websites for agencies (with some minor exceptions), focusing instead on a unified, statewide, online experience and ADA training programs.

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: **28386**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: US Department of the Interior, Bureau of Land Management
Agency Code: 702	Contractor Name: US Department of the Interior, Bureau of Land Management
Appropriation Unit: 4463-00	Address: 1340 Financial Blvd
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89520
If "No" please explain: Not Applicable	Contact/Phone: Tyler Johnson 775/8616741
	Vendor No.: T80964941
	NV Business ID: Government Entity

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 % Revenue

Agency Reference #: 24R-03

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **Yes**

If "Yes", please explain

The department is requesting this revenue contract to be retroactive because we received the contract back from the BLM on February 16, 2023, after the agency deadline for the December BOE meeting. The contract start date was anticipated to make the December 2023 BOE meeting. It is imperative that BLM obtain these services from the department to continue protecting persons and property on the public lands, waters, roads, and trails administered by the BLM within the confines of Nevada.

3. Termination Date: **12/31/2027**

Contract term: **4 years**

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

Contract description: **Dispatch Services**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing dispatch services for law enforcement officers in northern Nevada.

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?

BLM uses NDOW Dispatch services for law enforcement activities.

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

This is revenue generating. State employees are conducting the work.

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

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

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

Not Applicable

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

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

NRS 277.180 authorized 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?

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

Not Applicable

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

Brady Phillips, Game Warden Captain Ph: (775) 688-1544

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	10/23/2023 14:17:09 PM
Division Approval	cbalcon	10/23/2023 14:50:14 PM
Department Approval	jneubau2	02/23/2024 14:41:38 PM
Contract Manager Approval	abarredo	03/11/2024 15:09:35 PM
Budget Analyst Approval	dspeed1	03/12/2024 16:11:21 PM
BOE Agenda Approval	vmilazz1	03/18/2024 19:20:53 PM
BOE Final Approval	Pending	



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: February 20, 2024

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

From: Alan Jenne, Director, Nevada Department of Wildlife 

Subject: Request for Retroactive Revenue Contract with Bureau of Land Management

The Department is seeking approval of the retroactive start date of January 1, 2024, for the U.S. Department of the Interior, Bureau of Land Management (BLM) revenue contract to provide radio dispatch services to law enforcement officers and special agents.

The Department is requesting this revenue contract to be retroactive because we received the contract back from the BLM on February 16, 2024, after the agency deadline for the December Board of Examiners meeting. The contract start date was anticipated to make the December 2023 Board of Examiners meeting which would have been needed for work starting in January. It is imperative that BLM obtain these services from the Nevada Department of Wildlife to continue protecting persons and property on the public lands, waters, roads and trails administered by the BLM within the confines of Nevada.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28680**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: LANDER COUNTY CONSERVATION DISTRICT
Agency Code: 702	Contractor Name: LANDER COUNTY CONSERVATION DISTRICT
Appropriation Unit: 4467-12	Address: 815 N 2ND ST
Is budget authority available?: Yes	City/State/Zip: BATTLE MOUNTAIN, NV 89820-2834
If "No" please explain: Not Applicable	Contact/Phone: 775/635-9207
	Vendor No.: T81000349
	NV Business ID: Government 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	50.00 % Upland Game Stamp and Habitat Conservation
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 24-41

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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

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

Contract description: **Habitat Improvement**

5. Purpose of contract:

This is a new interlocal agreement to provide habitat restoration and enhancement, noxious weed control, and riparian habitat conservation on public, private, and state-owned lands within Lander County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$235,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The need for habitat restoration and enhancement, noxious weed control, and riparian habitat conservation on public, private and state owned lands.

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

Lander County Conservation District has the technical knowledge and experienced staff to help accommodate the work that NDOW employees can not. NDOW also does not have the staff and capacity to carry out this work.

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

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jwilkin3	12/22/2023 14:41:29 PM
Division Approval	cbalcon	12/27/2023 10:00:20 AM
Department Approval	jneubau2	02/23/2024 14:39:50 PM
Contract Manager Approval	amedin4	02/26/2024 16:10:14 PM
Budget Analyst Approval	dspeed1	03/11/2024 16:48:46 PM
BOE Agenda Approval	vmilazz1	03/19/2024 15:25:24 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: **28959**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: ARCHITECTURAL RESOURCES GROUP, INC.
Agency Code: 704	Contractor Name: ARCHITECTURAL RESOURCES GROUP, INC.
Appropriation Unit: 4162-15	Address: 360 E. 2nd Street, Suite 225
Is budget authority available?: Yes	City/State/Zip: LOS ANGELES, CA 90012
If "No" please explain: Not Applicable	Contact/Phone: 626-583-1401
	Vendor No.: T29045252
	NV Business ID: NV20091559958

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.

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 #: **70CNR-S2563**

2. Contract start date:

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

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/08/2026**

Contract term: **2 years and 7 days**

4. Type of contract: **Contract**

Contract description: **SV Historic Reports**

5. Purpose of contract:

This is a new contract to provide historic context and historic structure reports for ranches in Spring Valley State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$298,622.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

As part of the Lincoln County Archaeological Initiative (LCAI), this project will identify, evaluate, and preserve historic agricultural resources on public land in Lincoln County and to improve the visiting public's awareness of archaeological resources in Spring Valley State Park. The project requires site-specific archaeological and architectural resource investigation, recordation, and preservation through the mechanism of a Historic Structure Report (HSR) for each ranch.

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 with the culturally significant historic structures.

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-S2563, 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	ethick1	02/29/2024 12:24:54 PM
Division Approval	ethick1	02/29/2024 12:24:57 PM
Department Approval	ethick1	02/29/2024 12:24:59 PM
Contract Manager Approval	ethick1	03/04/2024 11:49:53 AM
Budget Analyst Approval	rjacob3	03/06/2024 14:42:46 PM
BOE Agenda Approval	vmilazz1	03/18/2024 20:12:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28882**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mineral County Public Works

Contractor Name: **Mineral County Public Works**Address: **PO Box 1035**City/State/Zip: **Hawthorne, NV 89415**

Contact/Phone: 775-945-3897

Vendor No.:

NV Business ID: Governmental entity

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 %

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 04/2024

Retroactive? **Yes**

If "Yes", please explain

State Parks requests approval of a retroactive inter local agreement with Mineral County Public Works due to the delay in coordination between counties and Nevada State Parks. The previous agreement expired July 1st, 2023 and this agreement would start July 1st, 2023.

3. Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Mineral County PW**

5. Purpose of contract:

This is a new interlocal agreement to provide expenditure reimbursement for road maintenance due to the establishment of the Walker River State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$126,000.00**

Payment for services will be made at the rate of \$31,500.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The park will require road and culvert maintenance.

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

We don't have the proper machinery or staff expertise.

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

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

Not Applicable

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

Mineral County

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

Yes If "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 county is currently in a inter local agreement with satisfactory compliance.

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

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

Not Applicable

15. The contractor is 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	02/09/2024 13:35:09 PM
Division Approval	ethick1	02/09/2024 13:35:12 PM
Department Approval	ethick1	02/09/2024 13:35:14 PM
Contract Manager Approval	ethick1	02/21/2024 09:28:00 AM
Budget Analyst Approval	rjacob3	02/22/2024 13:44:26 PM
BOE Agenda Approval	vmilazz1	03/18/2024 19:58:46 PM
BOE Final Approval	Pending	

JOE LOMBARDO
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JAMES SETTLEMEYER
Director

Department of Conservation and
Natural Resources

ROBERT MERGELL
Administrator

STATE OF NEVADA



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DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS

Feb 21, 2024

MEMORANDUM

TO: Richard Jacobs, Budget Analyst
Robert Mergell, Administrator
Jennifer Villanueva, Administrative Service Officer
Nicole Ting, Deputy Attorney General

FROM: Emily Larsen, Management Analyst

SUBJECT: Retroactive Inter local with Mineral County Public Works for Walker River State Recreation Area

NDOT has agreed to contribute Highway Funds to Nevada State Parks for the road maintenance within the new Walker River State Recreational Area. Nevada State Parks will use these funds to reimburse Mineral County for the additional maintenance required to portions of roads required to reach the Walker River State Recreational Area.

I am requesting a retroactive inter local with Mineral County Public Works due to the delay in coordination between counties and Nevada State Parks. The previous agreement expired July 1st, 2023 and this agreement would start July 1st, 2023.

The inter local is not to exceed \$126,000 for the four-year term through June 30, 2027.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22869	Amendment Number: 3	
	Legal Entity Name: Gold Systems, Inc.	
Agency Name: DCNR - FORESTRY DIVISION	Contractor Name: Gold Systems, Inc.	
Agency Code: 706	Address: 2121 S McClelland St Ste 204	
Appropriation Unit: 4195-33		
Is budget authority available?: Yes	City/State/Zip: Salt Lake City, UT 84106-2558	
If "No" please explain: Not Applicable	Contact/Phone: Steve Gold 801-456-6129	
	Vendor No.: T29042829	
	NV Business ID: NV20191645381	

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.

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

Agency Reference #: **RFP #70CNR-S926**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**
 Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/13/2024**

Contract term: **6 years and 78 days**

4. Type of contract: **Contract**

Contract description: **Fire Billing System**

5. Purpose of contract:

This is the third amendment to the original contract which provides a web-based fire billing system linked to the Integrated Reporting of Wildland Fire Information database. This amendment extends the termination date from April 13, 2024 to June 30, 2026 and increases the maximum amount from \$460,466 to \$700,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$229,043.00	\$229,043.00	\$229,043.00	Yes - Action
a. Amendment 1:	\$191,423.00	\$191,423.00	\$191,423.00	Yes - Action
b. Amendment 2:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#3):	\$239,534.00	\$239,534.00	\$279,534.00	Yes - Action
3. New maximum contract amount:	\$700,000.00			
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?

Gold Systems web based Fire Billing System is linked to the Integrated Reporting of Wildland Fire Information (IRWIN) database allowing NDF to access incident data in real time, eliminating the need for manual data entry. Additional features include advanced reporting capabilities and also allow Cooperators to access the data base directly to enter billing rates, accounts payables/receivables and the like to further eliminate manual entry.

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 skill set required to accomplish this project.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S926, 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? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	02/15/2024 18:16:32 PM
Division Approval	hedmonds	02/15/2024 18:16:42 PM
Department Approval	hedmonds	02/15/2024 18:16:50 PM
Contract Manager Approval	rmorse	02/21/2024 11:47:12 AM
EITS Approval	ljean	02/21/2024 12:12:50 PM
Budget Analyst Approval	rjacob3	03/07/2024 14:57:50 PM
BOE Agenda Approval	vmilazz1	03/18/2024 19:42:53 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
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M E M O R A N D U M

TO: Kacey KC, Administrator, Forestry, DCNR
Hilary Reynolds, Administrative Services Officer, Forestry, DCNR
Ian Oliver, IT Professional II, Forestry, DCNR
Richard Morse, Program Manager, Forestry, DCNR

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 – Forestry – TIN 523 – *Fire Billing Software* – Update B – BA 4195

DATE: February 15, 2024

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Division of Forestry (Forestry) – *Fire Billing Software* – TIN 523, Update B.

The submitted TIN, for an estimated value of \$ 279,534.00 in the FY24/FY25 biennium (100% General Fund), is to update cost information to reflect extended licensing and hosting for the Fire Billing System.

The Fire Billing System is a cloud-based solution that improves processing and data management.

The agency considers the investment and final implementation to have an ongoing low security risk. While the solution is accessed from outside of SilverNet, it does not process, store, or transport personal identification information and has no impact on state 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: **28874**

Agency Name: DCNR - STATE LANDS	Legal Entity Name: ENKON Information Systems (USA), Inc.
Agency Code: 707	Contractor Name: ENKON Information Systems (USA), Inc.
Appropriation Unit: 4173-26	Address: 1700 Westlake Ave. Suite 200
Is budget authority available?: Yes	City/State/Zip: Seattle, WA 98109
If "No" please explain: Not Applicable	Contact/Phone: Nicholas Giunio-Zorkin 250-480-7103
	Vendor No.: Pending
	NV Business ID: NV20243027103

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2029**

Contract term: **5 years and 30 days**

4. Type of contract: **Contract**

Contract description: **LMS 2.0**

5. Purpose of contract:

This is a new contract to provide a new lands management system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$662,600.00**

Other basis for payment: See attached Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

2.9.1. The current LMS system was implemented in 2008. Over time, the program has slowly changed, resulting in database items not being used, application fields being renamed and used for other than what was intended, and data duplication as modules were updated to meet NDSL changing needs. Currently, NDSL staff spend much time inputting data from paper application forms, managing data entry as projects go through the process, creating authorization documents outside LMS only to upload them later once executed, having to remember minute items to ensure data integrity, etc. This results in time and cost inefficiencies, difficulty training new staff, and the need to continually monitor data integrity.

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

Agency staff does not have the knowledge and qualifications 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):

Codingscape
Eight Plus Sixteen LLC
Gray Quarter Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S2475, 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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	avance	02/08/2024 12:05:00 PM
Division Approval	avance	02/09/2024 09:32:21 AM
Department Approval	kwilliam	02/09/2024 11:27:34 AM
Contract Manager Approval	avance	02/09/2024 12:05:22 PM
EITS Approval	ljean	02/09/2024 12:45:22 PM
Budget Analyst Approval	rjacob3	02/22/2024 10:37:31 AM
BOE Agenda Approval	vmilazz1	03/18/2024 19:48:12 PM
BOE Final Approval	Pending	



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

M E M O R A N D U M

TO: Charlie Donohue, Administrator, NDSL, DCNR
Ellery Stahler, Deputy Administrator, NDSL, DCNR
Patrick Smorra, Administrative Services Officer I, NDSL, DCNR
Grahame Ross, Business Process Analyst III, NDSL, DCNR

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 – DCNR – TIN 379 – *Land Management System* – BA 4173

DATE: June 24, 2022

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Nevada Division of State Lands' (NDSL) – *Land Management System* – TIN 379.

The submitted TIN, for an estimated value of \$777,284 in the FY24/FY25 biennium (100% General Fund), is to replace the existing land management system with a modern solution selected through RFI/RFP.

The current Land Management System (LMS) presents risks related to antiquated system software developed in 2008 which leaves NDSL vulnerable to data loss and potential loss of revenue. The LMS has been modified several times in past years resulting in obsolete tables, fields, and reports, and duplication of data in other areas of the program.

This modernization effort will streamline processing, eliminate duplicated data, and add new functionality to the LMS including validation of user-submitted data and tracking, online payments, field entry of

inspection information, dashboards, notices and alerts, validation routines, integration of portfolio functions, and individual preference settings resulting in increased efficiency and cost savings.

NDSL is seeking enterprise solutions for address/entity verification, payment processing, and any other technologies not yet realized.

The agency considers the investment and final implementation to have an ongoing moderate security risk. EITS recommends that the agency take advantage of the Office of Information Security (OIS) to conduct a security review. 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: **28843**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: BROADBENT & ASSOCIATES, INC.
Agency Code: 709	Contractor Name: BROADBENT & ASSOCIATES, INC.
Appropriation Unit: 3175-75	Address: 8 WEST PACIFIC AVENUE
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015
If "No" please explain: Not Applicable	Contact/Phone: Kirk Stowers, CEM 702-363-0600
	Vendor No.: T80989610
	NV Business ID: NV19891031637

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 % Administrative Order on Consent

Agency Reference #: **DEP25-002**

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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **BMI Complex Cleanup**

5. Purpose of contract:

This is a new contract to provide technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **Upon NDEP approval**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews and provide comments to the State on required reports generated by the companies responsible for the environmental cleanup at the Black Mountain Industrial (BMI) Complex near Henderson, NV. NDEP regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.

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

The State does not have the staffing or expertise available to perform these services

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

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

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

No other proposals received

b. Solicitation Waiver: **Not Applicable**

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

No other proposals received.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

Alan Pineda, PE Supervisor, BISC Ph: 1-702-668-3925

JD Dotchin, Bureau Chief, BISC Ph: 1-702-668-3914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	02/08/2024 08:23:20 AM
Division Approval	jdotchin	02/13/2024 10:01:33 AM
Department Approval	jdotchin	02/13/2024 10:01:39 AM
Contract Manager Approval	ssimpso2	02/14/2024 13:21:36 PM
Budget Analyst Approval	rjacob3	02/21/2024 11:03:26 AM
BOE Agenda Approval	vmilazz1	03/18/2024 19:54:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 27276	Amendment Number: 2
Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: Broadbent & Associates, Inc.
Agency Code: 709	Contractor Name: Broadbent & Associates, Inc.
Appropriation Unit: 3197-04	Address: 5450 LOUIE LN # 101
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Douglas G. Guerrant 775-322-7969
	Vendor No.: T80989610B
	NV Business ID: NV19891031637

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 %	X	Fees	19.00 % Laboratory Charges
X Federal Funds	81.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 3197

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2023**
 Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 143 days**

4. Type of contract: **Contract**

Contract description: **PFAS Sampling Nevada**

5. Purpose of contract:

This is the second amendment to the original contract which provides testing of water sources for potentially dangerous levels of Perfluoroalkyl and Polyfluoroalkyl substances. This amendment extends the termination date from June 30, 2024 to August 31, 2024 and increases the maximum amount from \$279,314 to \$411,930 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:	\$274,000.00	\$274,000.00	\$274,000.00	Yes - Action
a. Amendment 1:	\$5,314.00	\$5,314.00	\$5,314.00	No
2. Amount of current amendment (#2):	\$132,616.00	\$137,930.00	\$137,930.00	Yes - Action
3. New maximum contract amount:	\$411,930.00			
and/or the termination date of the original contract has changed to:	08/31/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada completed the PFAS Action Plan development. This action is the next phase that initiates a vendor selection to monitor for PFAS chemicals in Nevada's public water system wells, waste water outfalls, and surface water bodies. This data will be used to understand the extent of PFAS contamination, if any, in Nevada and determine treatment or remediation priorities. Data may also be used to develop a hydrological PFAS Risk Assessment Tool.

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 means or expertise to conduct chemical-level samplings.

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?

Ranking based on the State of Nevada purchasing Evaluation Team recommendations assigned to the purchasing project. Evaluation Team following the State purchasing regulations of the SAM/DAM manuals.

d. Last bid date: 02/22/2023 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:

They have worked for NDEP, and the work has been satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	ahanso1	02/09/2024 07:44:49 AM
Division Approval	aseifert	02/15/2024 16:24:54 PM
Department Approval	aseifert	02/15/2024 16:25:56 PM
Contract Manager Approval	kpacheco	02/20/2024 14:11:29 PM
Budget Analyst Approval	rjacob3	02/20/2024 14:31:38 PM
BOE Agenda Approval	vmilazz1	03/18/2024 20:07:36 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: **28934**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: DOUGLAS COUNTY SCHOOL DISTRICT
Agency Code: 901	Contractor Name: DOUGLAS COUNTY SCHOOL DISTRICT
Appropriation Unit: 3265-10	Address: 1638 Mono Ave
Is budget authority available?: No	City/State/Zip: Minden, NV 89423
If "No" please explain: Pending approval of WP C67609.	Contact/Phone: Jeanette Dwyer 775-782-5134
	Vendor No.: T40231900
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3831-26-REHAB

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 05/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

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

Contract description: **Transition Coord**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing funding for a Transition Coordinator position to improve post-secondary outcomes for students with disabilities. This contract is contingent upon approval of IFC work program #C67609.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,694.50**

Other basis for payment: Fifty percent (50%) of the total salary plus fringe is projected to be no more than \$59,172.00 for State Fiscal Year 2025. Fifty percent (50%) of the total salary plus fringe is projected to be no more than \$60,522.50 for State Fiscal Year 2026. Total contract not to exceed \$119,694.50.

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts need a transition coordinator who can support transition efforts across all schools in the district to ensure that students and young adults with disabilities progress in school and graduate with the knowledge, skills and tools to succeed in post-secondary education or employment.

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

State employees do not have the time or the ability to provide the services.

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

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

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

Not Applicable

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

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

NRS 277.180 - Interlocal contract

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has provided satisfactory services to VR since March 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 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:

Mechelle Merrill, Deputy Administrator of Programs Ph: (775) 687-6862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clarki1	03/04/2024 10:22:43 AM
Division Approval	cedlefse	03/04/2024 10:25:17 AM
Department Approval	cedlefse	03/04/2024 10:25:22 AM
Contract Manager Approval	wcune1	03/04/2024 11:01:05 AM
Budget Analyst Approval	twollan1	03/12/2024 16:14:22 PM
BOE Agenda Approval	mranki1	03/13/2024 08:47:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27478** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **WORKFORCE CONNECTIONS**

Agency Code: **902** Contractor Name: **WORKFORCE CONNECTIONS**

Appropriation Unit: **1004-21** Address: **6330 W CHARLESTON BLVD STE 150**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146-1183**

If "No" please explain: Not Applicable Contact/Phone: **Jaime Cruz 702/636-2308**

Vendor No.: **T81079028**

NV Business ID: **NV20222528622**

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	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3743-25-GOWIN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2023**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 110 days**

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

Contract description: **SANDI Project**

5. Purpose of contract:

This is the first amendment to the original contract which provides tuition and fee support for the training of dislocated and underemployed workers, new job seekers, or limited English proficient adults adversely affected by the COVID-19 pandemic. This amendment reduces the maximum amount from \$125,000 to \$7,497 due to the reallocation of the grant budget.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$125,000.00	\$125,000.00	\$125,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$117,503.00	-\$117,503.00	-\$117,503.00	Yes - Action
3. New maximum contract amount:	\$7,497.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

US DOE Award Number V425G200036 for 84.425G Supporting and Advancing Nevada's Dislocated Individuals (SANDI) Project with tuition and fees requirement for participants.

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

State employees are not qualified to perform the 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: **Exempt (Per statute)**

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

NRS 277.180 - Interlocal Contract

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has provided satisfactory services to DETR since March 2001.

14. Is the contractor currently involved in litigation with the State 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	msanch12	03/08/2024 15:58:14 PM
Division Approval	sterr2	03/12/2024 15:17:49 PM
Department Approval	sterr2	03/12/2024 15:17:53 PM
Contract Manager Approval	wcune1	03/13/2024 13:24:32 PM
Budget Analyst Approval	twollan1	03/18/2024 13:02:48 PM
BOE Agenda Approval	mranki1	03/18/2024 13:34:58 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: **28845**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: Department of Indigent Defense Services
Agency Code: 902	Contractor Name: Department of Indigent Defense Services
Appropriation Unit: 4770-12	Address: 896 W. Nye Ln
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89703
If "No" please explain: Not Applicable	Contact/Phone: Marcie Ryba 775 687-8490
	Vendor No.:
	NV Business ID: Governmental Entity

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 % Wage Assesment - Career Enhancement Program

Agency Reference #: 3837-26-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 90 days**

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

Contract description: **Training Services**

5. Purpose of contract:

This is a new interlocal agreement to provide an indigent defense services summer training program by partnering current law students with experienced public defense attorneys located in underserved or rural areas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$465,647.00**

Other basis for payment: As invoiced by the Contractor and approved by the state. Contract not to exceed: \$465,647.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

CEP funding was implemented to provide assistance for specialized training projects. DIDS will provide specialized training and CLE training to Defense Attorneys and the public sector throughout the state.

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

Agency does not have the skill or expertise to train participants for certifications for in-demand 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: **Exempt (Per statute)**

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

NRS 277.180 Interlocal Contract

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has provided satisfactory services to ESD since October 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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	03/01/2024 09:13:32 AM
Division Approval	sterr2	03/05/2024 08:02:29 AM
Department Approval	sterr2	03/05/2024 08:02:31 AM
Contract Manager Approval	wcune1	03/05/2024 14:24:50 PM
Budget Analyst Approval	twollan1	03/12/2024 15:14:58 PM
BOE Agenda Approval	mranki1	03/13/2024 09:12:01 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	ASPEN CARE GROUP, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing respite care and supportive living arrangement services. This amendment increases the maximum amount from \$8,000,000 to \$14,000,000 due to the increased need for these services.				
	Term of Contract:	03/08/2022 - 01/31/2026	Contract # 25378			
2.		VARIOUS STATE AGENCIES	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	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 \$500,000 to \$3,000,000 due to the increased need for these services.				
	Term of Contract:	06/27/2022 - 04/30/2026	Contract # 26098			
3.		VARIOUS STATE AGENCIES	MOVE 4 LESS, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing moving services for northern Nevada.				
	Term of Contract:	03/01/2024 - 07/01/2027	Contract # 28909			
4.		VARIOUS STATE AGENCIES	PILOT THOMAS LOGISTICS, LLC	OTHER: VARIOUS AGENCIES	\$118,500,000	
	Contract Description:	This is a new contract to provide ongoing bulk fuel purchase and delivery services for state owned tanks.				
	Term of Contract:	Upon Approval - 01/30/2026	Contract # 28932			
5.		VARIOUS STATE AGENCIES	RENO BEHAVIORAL HEALTHCARE HOSPITAL, LLC	OTHER: VARIOUS AGENCIES	\$1,400,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing mental health and psychiatry services. This amendment increases the maximum amount from \$600,000 to \$2,000,000 due to the increased need for these services.				
	Term of Contract:	06/14/2022 - 04/30/2026	Contract # 26184			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25378** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **ASPEN CARE GROUP, LLC**

Agency Code: **MSA** Contractor Name: **ASPEN CARE GROUP, LLC**

Appropriation Unit: **9999 - All Categories** Address: **3482 ALCUDIA BAY AVE**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89141-3206**

If "No" please explain: **Not Applicable** Contact/Phone: **Katrina Calungsud 818-836-4240**

Vendor No.: **T29039328**

NV Business ID: **NV20161649079**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

General Funds	0.00 %	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 **03/08/2022**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 330 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 respite care and supportive living arrangement services. This amendment increases the maximum amount from \$8,000,000 to \$14,000,000 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:	\$8,000,000.00	\$8,000,000.00	\$8,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$6,000,000.00	\$6,000,000.00	\$6,000,000.00	Yes - Action
3. New maximum contract amount:	\$14,000,000.00			

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: 06/01/2026

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

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	12/05/2023 13:18:13 PM
Division Approval	Ideloach	12/05/2023 13:18:17 PM
Department Approval	Ideloach	12/05/2023 13:18:20 PM
Contract Manager Approval	ascaffid	02/06/2024 11:11:46 AM
Budget Analyst Approval	Iramire7	03/01/2024 10:21:12 AM
BOE Agenda Approval	stilly	03/08/2024 17:13:12 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: **26098** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC**

Agency Code: **MSA** Contractor Name: **DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC**

Appropriation Unit: **9999 - All Categories** Address: **3247 S MARYLAND PKWY**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89109-2412**

If "No" please explain: **Not Applicable** Contact/Phone: **Tristan Ivy 702-776-3513**

Vendor No.: **T29035238**

NV Business ID: **NV20121200392**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/27/2022**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2026**

Contract term: **3 years and 308 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 \$500,000 to \$3,000,000 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:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$2,500,000.00	\$2,500,000.00	\$2,500,000.00	Yes - Action
3. New maximum contract amount:	\$3,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	02/29/2024 08:27:17 AM
Division Approval	Ideloach	02/29/2024 08:27:22 AM
Department Approval	Ideloach	02/29/2024 08:27:52 AM
Contract Manager Approval	fdula1	02/29/2024 14:39:16 PM
Budget Analyst Approval	Iramire7	03/01/2024 09:58:04 AM
BOE Agenda Approval	stilly	03/08/2024 17:16:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28909**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Move 4 Less, LLC
Agency Code: MSA	Contractor Name: Move 4 Less, LLC
Appropriation Unit: 9999 - All Categories	Address: 6630 Arroyo Springs St #100
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: Donovan Vandever 702-381-1200
	Vendor No.: T29027965
	NV Business ID: NV20041105072

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 % Various Agencies

Agency Reference #: **99SWC-S2687**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **Yes**

If "Yes", please explain

Requesting retro active approval for Move4Less, Inc. (RFP 99SWC-S2687) to start March 1, 2024 due to upcoming staff moves starting March 1, 2024.

State Purchasing did a previous moving services RFP that resulted in one vendor in southern Nevada which developed into a quick turnaround for RFP 99SWC-S2687 to ensure a vendor be in place.

3. Termination Date: **07/01/2027**

Contract term: **3 years and 121 days**

4. Type of contract: **MSA**

Contract description: **Moving Services N.NV**

5. Purpose of contract:

This is a new contract to provide ongoing moving services for northern Nevada.

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?

To provide as needed relocation services for state agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no state agency to perform this service and no staff to perform this task.

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):

Puliz
Ace World Wide Movers
Carson Valley Movers

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor met all requirements.

d. Last bid date: 01/29/2024 Anticipated re-bid date: 01/01/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Joel Smedes, Purchasing Officer II Ph: 775-684-0172

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	02/27/2024 12:32:37 PM
Division Approval	Ideloach	02/27/2024 12:32:40 PM
Department Approval	Ideloach	02/27/2024 12:32:43 PM
Contract Manager Approval	jsmedes	02/27/2024 13:21:16 PM
Budget Analyst Approval	Iramire7	02/29/2024 11:50:40 AM
BOE Agenda Approval	stilley	03/19/2024 14:21:05 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor



Jack Robb
Director

Matthew Tuma
Deputy Director

Gideon Davis
Administrator

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

MEMORANDUM

DATE: 2/27/2024

TO: Leslie Volkov, Executive Branch Officer I
Nevada Governor's Finance Office, Budget Division

FROM: Heather Moon, Purchasing Officer II
Department of Administration/Purchasing Division

SUBJECT: Retroactive Approval Request: Move4Less, Inc. Contract #28909

The purpose of this memo is to request retroactive approval for the Move4Less, Inc. (RFP 99SWC-S2687) contract #28909 to start March 1, 2024 due to upcoming staff moves starting March 1, 2024.

State Purchasing did a previous moving services RFP that resulted in one vendor in southern Nevada which developed into a quick turnaround for RFP 99SWC-S2687 to ensure a vendor be in place.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28932**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Pilot Thomas Logistics, LLC
Agency Code: MSA	Contractor Name: Pilot Thomas Logistics, LLC
Appropriation Unit: 9999 - All Categories	Address: 995 South McCarran Blvd., Suite 103
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Paul Anderson 775-848-0834
	Vendor No.: PUR0004763
	NV Business ID: NV20201968251

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 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/30/2026**

Contract term: **1 year and 304 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel**

5. Purpose of contract:

This is a new contract to provide ongoing bulk fuel purchase and delivery services for state owned tanks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$118,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for bulk fuel purchase and delivery services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not employ bulk fuel purchase and delivery services for 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):

Ferrellgas
Rebel Oil
River City

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S818 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is on of 11 vendors selected by the 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:

Various Agencies for bulk fuel

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/05/2024 14:11:39 PM
Division Approval	ldeloach	03/05/2024 14:11:42 PM
Department Approval	ldeloach	03/05/2024 14:11:45 PM
Contract Manager Approval	nfese1	03/05/2024 14:14:16 PM
Budget Analyst Approval	Iramire7	03/07/2024 10:11:58 AM
BOE Agenda Approval	stilley	03/08/2024 17:09:39 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: **26184** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **RENO BEHAVIORAL HEALTHCARE HOSPITAL, LLC**

Agency Code: **MSA** Contractor Name: **RENO BEHAVIORAL HEALTHCARE HOSPITAL, LLC**

Appropriation Unit: **9999 - All Categories** Address: **6940 SIERRA CENTER PKWY**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2209**

If "No" please explain: **Not Applicable** Contact/Phone: **DON BUTTERFIELD 775/393-2226**

Vendor No.: **T29041557**

NV Business ID: **NV20161473226**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	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 **06/14/2022**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2026**

Contract term: **3 years and 321 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing mental health and psychiatry services. This amendment increases the maximum amount from \$600,000 to \$2,000,000 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:	\$600,000.00	\$600,000.00	\$600,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,400,000.00	\$1,400,000.00	\$1,400,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	02/29/2024 10:12:02 AM
Division Approval	Ideloach	02/29/2024 10:12:05 AM
Department Approval	Ideloach	02/29/2024 10:12:07 AM
Contract Manager Approval	fdula1	02/29/2024 14:38:56 PM
Budget Analyst Approval	Iramire7	03/01/2024 10:08:57 AM
BOE Agenda Approval	stilly	03/08/2024 17:18:28 PM

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - OFFICE OF ENERGY	THE OLSON GROUP	FEDERAL	\$34,624	
	Contract Description:	This is a new contract to provide an energy security plan seminar.				
		Term of Contract:	01/08/2024 - 01/31/2024	Contract # 28555		
2.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	DOMINION VOTING SYSTEMS, INC.	GENERAL	\$66,990	Sole Source
	Contract Description:	This is a new contract to provide programming of voting equipment and on-site support for counties participating in a mock election.				
		Term of Contract:	02/26/2024 - 03/31/2024	Contract # 28884		
3.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: CERTIFIED PUBLIC MANAGER ASSESSMENT	\$36,600	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing curriculum development and instruction services for the Nevada Certified Public Manager Program.				
		Term of Contract:	07/01/2024 - 06/30/2026	Contract # 28729		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RICK'S FLOOR COVERING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$66,975	
	Contract Description:	This is a new contract to provide replacement of carpet and baseboards at the Blasdel building located in Carson City.				
		Term of Contract:	03/01/2024 - 06/30/2024	Contract # 28795		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RICK'S FLOOR COVERING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$66,750	
	Contract Description:	This is a new contract to provide replacement of carpet at the EICON Building located in Carson City.				
		Term of Contract:	03/01/2024 - 06/30/2024	Contract # 28796		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RHP MECHANICAL SYSTEMS DBA RAY HEATING PRODUCTS, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$35,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services of heating, ventilation, and air conditioning systems for state-owned properties in northern Nevada.				
		Term of Contract:	03/01/2024 - 11/15/2025	Contract # 28519		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	KNIT	BONDS	\$15,500	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 - Security Upgrades CIP Project: CIP Project No. 21-M02-03; Contract No. 114235. This amendment increases the maximum amount from \$144,750 to \$160,250 due to additional courtyard design documents, bidding services, and construction administration services.					
		Term of Contract:	09/14/2021 - 06/30/2025	Contract # 24703			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	KNIT	GENERAL	\$23,000	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Southern Nevada State Veterans Home - Cooling Tower Piers Replacement CIP Project to include construction documents, bidding, and construction administration services for the replacement of the existing cooling tower concrete supports: CIP Project No. 23-M11; SPWD Contract No. 116376.					
		Term of Contract:	03/07/2024 - 06/30/2027	Contract # 28885			
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	GENERAL 28% FEDERAL 72%	\$24,495	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Plumb Lane Readiness Center- Roofing Replacement CIP Project to include schematic design, design development, construction documents, and construction administration services for the removal and replacement of the existing roof membrane and underlayment: CIP Project No. 23-S01g; SPWD Contract No. 116076.					
		Term of Contract:	02/21/2024 - 06/30/2027	Contract # 28622			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	GENERAL	\$13,350	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Roofing Replacement, Buildings 20 & 22 CIP Project to include schematic design, design development, construction documents, and construction administration services for the removal and replacement of the existing roof, coverboard, and fire-proof insulation: CIP Project No. 23-S01-8; SPWD Contract No. 116069.				
	Term of Contract:	03/11/2024 - 06/30/2027	Contract # 28624			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	GILBANE BUILDING COMPANY	BONDS	\$36,300	Professional Service
	Contract Description:	This is a new contract to provide construction manager at-risk services for the Department of Motor Vehicles, Carson City - Renovate Customer Counters Millwork and Install Exterior Self Service Kiosk CIP Project for the design and construction of updated Americans with Disabilities Act compliant millwork consisting of customer counters and information desks with staff-to-public security barriers, architectural updates to the lobby, and an exterior built-in kiosk with secure room: CIP Project No. 23-C07; SPWD Contract No. 116268.				
	Term of Contract:	03/12/2024 - 06/30/2027	Contract # 28771			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	L.R. NELSON CONSULTING ENGINEERS, LLC	HIGHWAY	\$72,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles, Flamingo - Construct Secure Parking CIP Project to include schematic design, design development, construction documents, bidding, and construction administration services for the design and construction of a secure parking area for approximately 20 state-owned vehicles, with security fencing, paved parking pad, secure badge access gate, electric vehicle charging points, and improved lighting: CIP Project No. 23-C10; SPWD Contract No. 116301.				
	Term of Contract:	03/11/2024 - 06/30/2027	Contract # 28793			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD. DBA H & K ARCHITECTS	BONDS	\$48,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Nevada State Library and Archives - Basement Tenant Improvement CIP Project: CIP Project No. 23-C15; SPWD Contract No. 116138. This amendment increases the maximum amount from \$200,000 to \$248,000 due to additional structural assessment services and demolition documents.				
		Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28582		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	WOOD RODGERS, INC.	BONDS	\$92,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the State Capitol - Exterior Renovation Tree Survey & Assessment CIP Project to include inventory, tagging, and labeling of the 115 trees on the Capitol grounds, and a detailed survey that addresses potential concerns with tree management methods and recommendations for species replacement: CIP Project No. 21-M46(d); SWPD Contract No. 116247.				
		Term of Contract:	03/05/2024 - 06/30/2027	Contract # 28804		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	FRAME ARCHITECTURE, INC.	OTHER: AGENCY FUNDED CIP	\$19,125	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Army Aviation Support Facility, Door and Window Replacement CIP Project: CIP Project No. 23-A010; SPWD Contract No. 115249. This amendment increases the maximum amount from \$64,638 to \$83,763 due to the Build America, Buy America certification.				
		Term of Contract:	03/10/2023 - 06/30/2025	Contract # 27157		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	JP ENGINEERING, LLC	OTHER: AGENCY FUNDED CIP	\$19,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the United States Fiscal and Property Office at the Nevada Army National Guard - Electric Vehicle Charging Stations CIP Project to include site investigation, consultation, calculations, construction documents, plan specifications, bid review, and construction administration services for the electrical design of electric vehicle car chargers on the existing utility meter: CIP Project No. 24-A011; SPWD Contract No. 116170.				
		Term of Contract:	03/12/2024 - 06/30/2025	Contract # 28720		

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	LGA ARCHITECTURE DBA LGA	OTHER: AGENCY FUNDED CIP	\$28,620	Professional Service
	Contract Description:	This is a new contract to provide professional bid assistance and services for the Boulder City Railroad Museum - Advance Planning: Visitor's Center Bidding Assistance CIP Project to include bidding assistance with bidding documents: CIP Project No. 22-A007-01; SPWD Contract No. 116110.				
		Term of Contract:	03/08/2024 - 06/30/2025	Contract # 28669		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE DBA LGA	OTHER: AGENCY FUNDED CIP	\$92,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Boulder City Railroad Museum - Advance Planning: Visitor's Center Master Plan CIP project to include site plans and cost estimates with breakouts for the existing maintenance building and future planned exhibit hall, topography survey, and master plan for the development of a comprehensive visitor experience: CIP Project No. 22-A007-03; SPWD Contract No. 116116.				
		Term of Contract:	02/21/2024 - 06/30/2025	Contract # 28668		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	PAUL CAVIN ARCHITECT, LLC	OTHER: AGENCY FUNDED CIP	\$11,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Arrowhead - Taxation Tenant Improvements CIP project to include construction documents, bid review, and construction administration services for framing, patch work, ceiling improvements, fire sprinkler, and alarm modifications: CIP Project No. 24-A003(c); SPWD Contract No. 116245.				
		Term of Contract:	03/01/2024 - 06/30/2025	Contract # 28715		
20.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	GLOBAL SPECTRUM LP DBA TAHOE BLUE EVENT CENTER	OTHER: LODGING TAX	\$82,456	
	Contract Description:	This is a new contract to provide a conference venue and services.				
		Term of Contract:	04/01/2024 - 04/30/2024	Contract # 28984		
21.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	LORNE BUCK	GENERAL	\$28,000	
	Contract Description:	This is a new contract to provide graphic design services.				
		Term of Contract:	02/22/2024 - 04/30/2028	Contract # 28898		
22.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	NEVADA PUBLIC HEALTH FOUNDATION, INC.	GENERAL 55% OTHER: CAREER ENHANCEMENT PROGRAM 45%	\$54,756	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides event and conference planning, facilitation, community building, and training services. This service agreement provides an annual conference for indigent defense services providers.				
		Term of Contract:	02/28/2024 - 07/30/2024	Contract # 28823		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - COMPUTER FACILITY	GARRATT-CALLAHAN COMPANY	OTHER: INTERNAL SERVICE FUNDS	\$33,231	
	Contract Description:	This is a new contract to provide ongoing maintenance services for the cooling condenser tower and chemical treatment system equipment.				
		Term of Contract:	03/11/2024 - 06/30/2027	Contract # 28919		
24.	240	DEPARTMENT OF VETERANS SERVICES - OFFICE OF VETERANS SERVICES	ADT COMMERCIAL, LLC	FEDERAL	\$13,680	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-16866 which provides security and fire protection services. This service agreement provides security equipment and monitoring.				
		Term of Contract:	02/14/2024 - 03/31/2026	Contract # 28856		
25.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	SILVER REEF BIOMEDICAL SERVICES, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$51,800	
	Contract Description:	This is a new contract to provide ongoing maintenance and repairs for biomedical equipment.				
		Term of Contract:	03/07/2024 - 04/30/2028	Contract # 28964		
26.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	AUGENBLICK, PALAICH AND ASSOCIATES, INC.	GENERAL	\$24,950	
	Contract Description:	This is a new contract to provide recommendations of adjustments to the Nevada Cost of Education Index to the Commission on School Funding.				
		Term of Contract:	02/23/2024 - 06/30/2025	Contract # 28895		
27.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	GOLDEN NUGGET EXPERIENCE, LLC DBA GOLDEN NUGGET	FEDERAL	\$46,004	
	Contract Description:	This is a new contract to provide a venue for the Learning for the Future professional development conference.				
		Term of Contract:	03/12/2024 - 07/31/2024	Contract # 28257		
28.	334	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - HISTORIC PRESERVATION - COMSTOCK HISTORIC DISTRICT	ADT COMMERCIAL, LLC	GENERAL	\$15,885	
	Contract Description:	This is a new contract to provide ongoing security and fire alarm monitoring.				
		Term of Contract:	02/23/2024 - 07/31/2028	Contract # 28906		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
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	GENERAL	\$45,002	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 conference planning and staff training for individual, group, nursing, and assisted living facilities.				
	Term of Contract:	02/14/2024 - 06/30/2024	Contract # 28806			
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	HEALTH MANAGEMENT ASSOCIATES, INC.	GENERAL 50% FEDERAL 50%	\$93,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides consulting, marketing, and education services. This service agreement provides grant development support for Centers for Medicare and Medicaid Services State Grants to implement, enhance, and expand Medicaid and Childrens Health Insurance Program School-Based Services.				
	Term of Contract:	02/27/2024 - 04/30/2024	Contract # 28915			
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	SOUTHLAND INDUSTRIES	GENERAL	\$56,742	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing mechanical and building automation to ensure the facilities operate with minimum interruptions. This amendment is an assignment of contract due to the merger of Enviser with Southland Industries, and increases the maximum amount from \$502,064 to \$558,806 due to the increased need for these services.				
	Term of Contract:	10/12/2021 - 06/30/2025	Contract # 24501			
32.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE W.W. WILLIAMS COMPANY, LLC	GENERAL	\$28,060	
	Contract Description:	This is a new contract to provide ongoing service, testing, and maintenance of campus wide emergency generators for the Las Vegas campus.				
	Term of Contract:	02/21/2024 - 03/31/2026	Contract # 28735			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT	KPS/3	FEDERAL	\$17,220	
	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 services to produce infographics for the Women, Infants, and Children, Breastfeeding Peer Counseling program. Term of Contract: 02/15/2024 - 07/31/2024 Contract # 28824					
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	OTHER: PHARMACEUTICAL REBATES 100%	\$21,000	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 data analysis, community building, and report development for the Nevada Integrated HIV Prevention and Care Plan. Term of Contract: 01/01/2024 - 03/31/2024 Contract # 28683					
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$51,813	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 course development addressing highly infectious agents. Term of Contract: 01/01/2024 - 07/31/2024 Contract # 28587					
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	KPS/3	FEDERAL	\$37,945	
	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 consulting, marketing and education services to support the One Health program. Term of Contract: 02/15/2024 - 07/31/2024 Contract # 28841					

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	PARENTS AS TEACHERS NATIONAL CENTER	FEDERAL	\$58,800	
	Contract Description:	This is a new contract to provide training to Child Welfare Agency employees.				
		Term of Contract:	02/29/2024 - 06/30/2027	Contract # 28827		
38.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CASEY BREWER, LCSW, LLC	GENERAL	\$10,997	
	Contract Description:	This is a new contract to provide Child-Parent Psychotherapy.				
		Term of Contract:	03/05/2024 - 08/30/2024	Contract # 28892		
39.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	YESCO OUTDOOR MEDIA, LLC DBA YOUNG ELECTRIC SIGN COMPANY	FEE: MINING	\$24,000	
	Contract Description:	This is the first amendment to the original contract which provides billboard space for the Abandoned Mine Lands, Stay Out, Stay Alive campaign. This amendment extends the termination date from June 30, 2024 to June 30, 2026 and increases the maximum amount from \$24,000 to \$48,000 due to the continued need for these services.				
		Term of Contract:	05/27/2022 - 06/30/2026	Contract # 26366		
40.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	INSIGHT PUBLIC SECTOR, INC.	FEDERAL	\$92,920	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV18-413 which provides cloud services. This service agreement provides development of the Azure Application database to assist with the DPS Ignition Interlock program.				
		Term of Contract:	02/14/2024 - 09/15/2026	Contract # 28817		
41.	655	DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY	DATAWORKS PLUS, LLC	FEE: ADMINISTRATIVE	\$36,718	
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing software and hardware maintenance support for the General Services National Institute of Standards and Technology System. This amendment extends the termination date from March 31, 2024 to December 31, 2024 and increases the maximum amount from \$431,016.37 to \$467,734.06 due to the continued need for these services.				
		Term of Contract:	04/14/2015 - 12/31/2024	Contract # 16368		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	MBP ENTERPRISES DBA ROUNDABOUT CATERING & PARTY	FEDERAL	\$11,289	
	Contract Description:	This is a new contract to provide catering services at the annual outdoor education awards volunteer dinner.				
		Term of Contract:	02/22/2024 - 06/30/2026	Contract # 28776		
43.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	WILDLIFE REVOLUTIONS, LLC	FEE: SPORTSMEN REVENUE	\$10,000	
	Contract Description:	This is a new contract to provide taxidermy services.				
		Term of Contract:	03/07/2024 - 01/31/2028	Contract # 28802		
44.	702	DEPARTMENT OF WILDLIFE - HABITAT	MARSHALL'S SANITATION SERVICES, LLC	FEDERAL	\$33,988	
	Contract Description:	This is a new contract to provide portable restrooms at the Carson Lake Wildlife Management Area.				
		Term of Contract:	05/01/2024 - 04/30/2028	Contract # 28727		
45.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LANCE M. DEHNE DBA ARTINEERING	GENERAL	\$19,800	Professional Service
	Contract Description:	This is a new contract to provide fire protection engineering services at the Walker River State Recreational Area.				
		Term of Contract:	02/14/2024 - 12/01/2024	Contract # 28876		
46.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - FACILITY AND GROUNDS MAINTENANCE-Non-Exec	CARAHSOFT TECHNOLOGY CORPORATION	GENERAL	\$54,343	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-13299 which provides cloud services. This service agreement provides a mobile application to provide general park information, trail maps, interpretive nodes, emergency information, and a digital passport feature.				
		Term of Contract:	02/14/2024 - 12/31/2024	Contract # 28647		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	FUNDIN PUMP & WELL SERVICE, LLC	FEE: UTILITY SURCHARGE	\$48,000	
	Contract Description:	This is a new contract to provide well repair services and control components throughout Western Region State Parks. Term of Contract: 02/20/2024 - 03/31/2027 Contract # 28888				
48.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	KEN MORGAN DBA GREAT BASIN CONTROL SYSTEMS	FEE: MAINTENANCE OF STATE PARKS - SURCHARGE	\$50,000	
	Contract Description:	This is the first amendment to the original contract which provides maintenance and installation services for water control systems for the Western Region parks. This amendment increases the maximum amount from \$48,000 to \$98,000 due to the increased need for these services. Term of Contract: 08/09/2022 - 06/30/2026 Contract # 26521				
49.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION	CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	FEDERAL	\$12,598	
	Contract Description:	This is a new contract to provide hazardous waste material collection, packaging, transportation, recycling, and disposal. Term of Contract: 03/08/2024 - 09/30/2024 Contract # 28939				
50.	710	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - DIVISION OF OUTDOOR RECREATION	GROUND TRUTH GEOGRAPHICS, LLC DBA COMMUNITY GEOGRAPHICS (COMM GEO)	FEDERAL	\$33,780	
	Contract Description:	This is a new contract to provide web hosting, maintenance support, and website enhancements. Term of Contract: 03/01/2024 - 12/31/2027 Contract # 28800				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BROWN BAG MEALS, LLC	OTHER: REVENUE	\$49,800	
	Contract Description:	This is a new revenue contract to provide food and beverage services at northern Nevada Business Enterprises of Nevada program sites.				
		Term of Contract:	03/12/2024 - 03/31/2026	Contract # 28881		
52.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ROYAL REFRIGERATION, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services of commercial refrigerators and refrigeration units, freezers, ice makers, chillers, walk-ins, reach-ins, and display units at southern Nevada Business Enterprises of Nevada program sites.				
		Term of Contract:	05/01/2024 - 04/30/2026	Contract # 28889		
53.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	THE ABBI AGENCY	FEDERAL	\$50,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17902 which provides consulting, marketing, and education support services. This service agreement provides an interactive webpage for work-based learning opportunities to existing and prospective employers and jobseekers.				
		Term of Contract:	03/12/2024 - 06/30/2024	Contract # 28853		
54.	B018	LICENSING BOARDS AND COMMISSIONS - LONG TERM CARE ADMINISTRATORS	LING LTD.	FEE: LICENSURE	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
		Term of Contract:	02/15/2024 - 07/31/2025	Contract # 28863		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28555**

Agency Name: **STATE ENERGY OFFICE**
Agency Code: **011**
Appropriation Unit: **4868-11**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: The Olson Group
Contractor Name: **The Olson Group**
Address: **11 Canal Center Plaza Suite 103**
City/State/Zip: **Alexandria, VA 226314**
Contact/Phone: Kyle Olson 703-518-9982
Vendor No.: T32013622
NV Business ID: NV20232683089

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
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 **01/08/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2024**

Contract term: **23 days**

4. Type of contract: **Contract**

Contract description: **Energy Security**

5. Purpose of contract:

The Olson Group will conduct an Energy Security Plan Seminar/Workshop to provide an in-depth understanding of the new plan and equip plan stakeholders with the necessary knowledge and skills to effectively implement the measures outlined in the Energy Security Plan to include the following: 1.Introduction to the Revised Energy Security Plan, 2. Key Components and Additions, 3. Stakeholder Roles and Responsibilities, 4. Tabletop Exercise, and 5. Next Steps.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,623.68**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Energy Security Plan will detail how the State, working with energy partners, can secure energy infrastructure against all physical and cybersecurity threats: mitigate the risk of energy supply disruptions to the State; enhance the response to, and recovery from energy disruptions; and ensure that the state has secure, reliable and resilient energy infrastructure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the manpower of the resources to produce this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as the agency ran out of time to implement an amendment to CETS 27213, so a new contract was drawn to finish what the original contract CETS 27213 did not have time to complete, as the Federal Department of Energy failed to release additional guidance for State Energy Security Plan and will accept the remaining Federal Funds of \$34,623.68 to finish 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:

Office of Energy 2023 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:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmcDani	12/05/2023 16:37:58 PM
Division Approval	nmann	12/12/2023 14:29:48 PM
Department Approval	ssands	12/18/2023 13:26:34 PM
Contract Manager Approval	ssands	01/05/2024 09:51:30 AM
Budget Analyst Approval	mbro28	01/08/2024 15:05:58 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: **28884**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: DOMINION VOTING SYSTEMS INC
Agency Code: 040	Contractor Name: DOMINION VOTING SYSTEMS INC
Appropriation Unit: 1051-31	Address: 410 17TH ST STE 850
Is budget authority available?: Yes	City/State/Zip: DENVER, CO 80202
If "No" please explain: Not Applicable	Contact/Phone: 866/654-8683
	Vendor No.: T32012735
	NV Business ID: NV20101520492
To what State Fiscal Year(s) will the contract be charged? 2024	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2024**

Contract term: **33 days**

4. Type of contract: **Contract**

Contract description: **Mock Election - DVS**

5. Purpose of contract:

This is a new contract to provide election project creation and on-site support for 14 counties for the 2024 Nevada Mock Election.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,990.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The state must run a mock election in order to implement the Voter Registration and Elections Management System (VREMS) pursuant to AB422 (2021). The counties are using voting equipment (tabulators, voting machines, voter verifiable paper audit trails, mail ballot readers, etc.) which have been purchased through Dominion Voting Systems. For each election, this vendor is required to develop and modify the election data to appropriately program the voting equipment ensuring all candidates, contests, and voter data is appropriately coded for the equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The equipment used by the counties is proprietary and is only able to be coded by Dominion Voting Systems.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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 #: 240202

Approval Date: 02/08/2024

c. Why was this contractor chosen in preference to other?

The equipment used by the counties is proprietary and is only able to be coded by Dominion Voting Systems.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of 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

The vendor has provided services to the Secretary of State's office and those services have been satisfactory.

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	02/23/2024 16:55:29 PM
Division Approval	dbowma1	02/23/2024 16:55:33 PM
Department Approval	dbowma1	02/23/2024 16:55:37 PM
Contract Manager Approval	adale	02/23/2024 16:56:01 PM
Budget Analyst Approval	mranki1	02/26/2024 11:15:25 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#:	240202@

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:	Secretary of State	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Ashley Griffiths, Admin Services Officer 3	775-684-5738	agriffitts@sos.nv.gov

1b	Vendor Information:	
	Vendor Name:	Dominion Voting Systems
	Contact Name:	Christy Kurowski
	Complete Address:	PO Box #343
	City, State, and Zip Code	Broomfield, CO 80038
	Telephone Number:	866-654-8683
Email Address:	christy.kurowski@dominionvoting.com	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<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:	02/22/2024	End Date:

1f	Funding:	
	State Appropriated:	General Fund BA 1051
	Federal Funds:	
	Grant Funds:	
Other (Explain):		

Purchasing Use Only:	
Approval #:	2402026

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$97,790

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>Provide creation and development of election data to be used in a mock election for the implementation of the VREMS project. Election data is used to create ballots for the election consisting of all required office headings, candidates and contests. The data will also create various ballot styles to produce appropriate ballots for the county precincts. This data will enable the counties to develop and tabulate mail ballots as well. 15 of the 17 counties use Dominion Voting Systems election equipment and require the vendor to create election data, test decks, and provide additional support in troubleshooting any issues with the election data or voting equipment. Since the equipment is proprietary Dominion Voting Systems is the only option to receive the data for the mock election.</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 counties are using voting equipment (tabulators, voting machines, voter verifiable paper audit trails, mail ballot readers, etc.) which has been purchased through Dominion Voting Systems. For each election, this vendor is required to develop and modify the election data to appropriately program the voting equipment ensuring all candidates, contests, and voter data is appropriately coded for the equipment. No other vendor is approved to code election data for Dominion Voting equipment. This mock election is a vital step in the implementation of the VREMS project.</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>The equipment used by the counties is proprietary and is only able to be coded by Dominion Voting Systems.</i>

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>		
	b. <i>If not, why were alternatives not evaluated?</i>		
<i>The counties using Dominion Voting Systems equipment are required to have updated election data coded which is only available by Dominion Voting Systems. The mock election must be conducted in the same manner as any other election and will need to be coded by Dominion Voting Systems.</i>			

Purchasing Use Only:	
Approval #:	240202C

6	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 ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i></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 these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</i></p>					X
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
			\$			
			\$			
			\$			
			\$			
			\$			

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>If this waiver request is denied this will prevent the VREMS project from being able to develop and test the appropriate policies and procedures to meet the requirements mandated by AB422, as a mock election is a vital step in ensuring the implementation of the project meets all requirements within Nevada Revised Statutes 293 and 293B.</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>Counties that are contracted with Dominion Voting Systems for software, maintenance, and licensing of their voting equipment. No other company is able to code election data for these pieces of equipment, as the equipment is proprietary.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<p><i><u>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>		X

Purchasing Use Only:

Approval #:

240202

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.

Debbie Bowman

Signature of Agency Representative Initiating Request

Debbie Bowman

Print Name of Agency Representative Initiating Request

2/7/24

Date

Gabriel Di Chiara

Signature of Agency Head Authorizing Request

GABRIEL DI CHIARA

Print Name of Agency Head Authorizing Request

2/7/24

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

2/8/24

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: **28729**

Agency Name: ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT	Legal Entity Name: BOARD OF REGENTS OBO UNLV
Agency Code: 070	Contractor Name: BOARD OF REGENTS OBO UNLV
Appropriation Unit: 1363-09	Address: 4505 S Maryland Pkwy MS 1005
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89154
If "No" please explain: Not Applicable	Contact/Phone: Jayce Farmer 702-972-5878
	Vendor No.: D35000813B
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % CPM assessment

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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NVCPM Program**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing curriculum development and instruction services for the Nevada Certified Public Manager Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,600.00**

Payment for services will be made at the rate of \$700.00 per hour

Other basis for payment: \$700 per day plus: per diem (meals & lodging) gas, and rental car to be billed in accordance with GSA rates for the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The NVCPM program's curriculum contains instructional content demands that cannot be met internally and the UNLV faculty from the School of Public Policy and Leadership are known experts in the knowledge areas, possess significant instructional experience, and have previously delivered their expertise to the CPM program under a different contract.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees assigned to the CPM program are working full-time on program administration as well as curriculum design and delivery for the introductory level CPM courses. UNLV's expertise in public policy and administration is needed to provide the expected rigor necessary to maintain the program's national accreditation. National accreditation is contingent on the program having a formalized relationship with an institution of higher education.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is a interlocal contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Dept of Human Resources since 2015 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 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	mlynn	01/10/2024 09:23:03 AM
Division Approval	nmann	01/16/2024 11:47:22 AM
Department Approval	ssands	01/31/2024 07:44:16 AM
Contract Manager Approval	ssands	03/08/2024 08:52:23 AM
Budget Analyst Approval	stilley	03/12/2024 11:25:32 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: **28795**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1349-14**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RICK'S FLOOR COVERING, INC.**

Contractor Name: **RICK'S FLOOR COVERING, INC.**

Address: **3640 S. CURRY ST.**

City/State/Zip: **CARSON CITY, NV 89703-6366**

Contact/Phone: **Rick Corelli 775/885-2355**

Vendor No.: **T32011411**

NV Business ID: **NV20001249736**

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	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 **03/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **120 days**

4. Type of contract: **Contract**

Contract description: **Carpet Removal**

5. Purpose of contract:

This is a new contract to provide the removal and replacement of existing carpet and baseboards at the Blasdel Building, 3rd floor. CAT14-FY24-026

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,975.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Remove/replace aging, failing carpet

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the equipment or the manpower needed to complete this 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):

**Sierra Floor Covering
Rogers Carpet One
Ricks Flooring**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Ricks Flooring was only bid received.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 2001 various state agencies 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:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	01/25/2024 13:31:42 PM
Division Approval	nmann	02/16/2024 10:54:06 AM
Department Approval	ssands	02/21/2024 14:24:43 PM
Contract Manager Approval	ssands	02/21/2024 14:24:47 PM
Budget Analyst Approval	klay0	02/22/2024 16:20:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28796**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RICKS FLOOR COVERING, INC.
Agency Code: 082	Contractor Name: RICKS FLOOR COVERING, INC.
Appropriation Unit: 1349-14	Address: 3640 S. CURRY ST.
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-6366
If "No" please explain: Not Applicable	Contact/Phone: 775/885-2355
	Vendor No.: T32011411
	NV Business ID: NV20001249736

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	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 **03/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **Yes**

If "Yes", please explain

The incorrect start date was listed on the CETS summary. No retro memo required.

3. Termination Date: **06/30/2024**

Contract term: **120 days**

4. Type of contract: **Contract**

Contract description: **Install Carpet**

5. Purpose of contract:

This is a new contract to provide new carpet installation on the 1st Floor of the EICON Building in Carson City. CAT 14-FY24-025

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,750.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Removes/replace aging, failing carpet.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the equipment or the manpower needed to complete this service.

9. Were quotes or proposals solicited? **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):

Rogers Carpet One
Sierra Floor Covering
Ricks Flooring

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only bid received.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 2001 with various agencies, 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	jvictor	01/25/2024 13:32:35 PM
Division Approval	nmann	02/16/2024 10:44:30 AM
Department Approval	ssands	02/20/2024 07:37:18 AM
Contract Manager Approval	ssands	02/21/2024 14:21:28 PM
Budget Analyst Approval	klay0	03/05/2024 16:21:29 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: **28519**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Ray Heating Products, Inc. dba
Agency Code: 082	Contractor Name: Ray Heating Products, Inc. dba
Appropriation Unit: 1349-12	Address: RHP Mechanical Systems 1008 E. 4th St. Reno, NV 89505
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89505
If "No" please explain: Not Applicable	Contact/Phone: Randy Acosta 775-322-9434
	Vendor No.: PUR0002724
	NV Business ID: NV20041446186

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 % Buildings and Grounds Rent Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/15/2025**

Contract term: **1 year and 259 days**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair for HVAC systems for various state-owned properties in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: Please view attachment CC for full listing of rates.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems in buildings are aged, due to the heating start-up for winter, the HVAC systems are in need of services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Aging HVAC systems requiring repairs, maintenance, and 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):

RAY HEATING
NEVADA CHILLER & BOILER
EMCOR

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best quote

d. Last bid date: 11/13/2023 Anticipated re-bid date: 09/13/2027

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2003 Vendor has worked with various agencies....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:

Kevin Knigge, HVAC Manager Ph: 775-690-4355

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/15/2023 11:08:43 AM
Division Approval	jkidd	11/21/2023 09:37:14 AM
Department Approval	ssands	01/31/2024 08:51:53 AM
Contract Manager Approval	ssands	03/01/2024 07:14:25 AM
Budget Analyst Approval	klay0	03/01/2024 10:07:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24703** 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: **1535-53** City/State/Zip: **LAS VEGAS, NV 89128-9029**
 Is budget authority available?: **Yes** Contact/Phone: **702-335-2950**
 If "No" please explain: **Not Applicable** Vendor No.: **T29033716**
 NV Business ID: **NV19851015692**
 To what State Fiscal Year(s) will the contract be charged? **2022-2025**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114235

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 04/2024

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 second amendment to the original contract which provides professional architectural/engineering services for the Rawson-Neal Psychiatric Hospital - Security Upgrades CIP Project: CIP Project No. 21-M02-03; Contract No. 114235. This amendment increases the maximum amount from \$144,750 to \$160,250 due to additional courtyard design documents, bidding services, and construction administration services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$105,500.00	\$105,500.00	\$105,500.00	Yes - Action
a. Amendment 1:	\$39,250.00	\$39,250.00	\$39,250.00	Yes - Info
2. Amount of current amendment (#2):	\$15,500.00	\$15,500.00	\$54,750.00	Yes - Info
3. New maximum contract amount:	\$160,250.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

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. Consultants are selected based on their ability to provide design and Architectural / Engineering services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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	02/16/2024 10:10:46 AM
Division Approval	nmann	02/16/2024 10:10:55 AM
Department Approval	nmann	02/16/2024 10:11:05 AM
Contract Manager Approval	lwildes	02/16/2024 11:46:48 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28885**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KNIT
Agency Code: 082	Contractor Name: KNIT
Appropriation Unit: 1567-36	Address: 7250 PEAK DR., STE. 216
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128
If "No" please explain: Not Applicable	Contact/Phone: 702-363-2222
	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 #: 116376

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/07/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 114 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 State Veterans Home - Cooling Tower Piers Replacement CIP Project to include construction documents, bidding and construction administration services for the replacement of the existing cooling tower concrete supports: CIP Project No. 23-M11; SPWD Contract No. 116376.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 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:

Philip De La Mare, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/16/2024 10:26:34 AM
Division Approval	nmann	02/16/2024 10:26:36 AM
Department Approval	nmann	02/16/2024 10:26:39 AM
Contract Manager Approval	lwildes	02/16/2024 11:44:40 AM
Budget Analyst Approval	klay0	03/07/2024 09:50:47 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: **28622**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FRAME ARCHITECTURE, INC.
Agency Code: 082	Contractor Name: FRAME ARCHITECTURE, INC.
Appropriation Unit: 1585-74	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: 775-8279977
	Vendor No.: T29014981
	NV Business ID: NV20031302154

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	28.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	72.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116076

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/21/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 129 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 Plumb Lane Readiness Center- Roofing Replacement CIP Project to include schematic design, design development, construction documents, and construction administration services for the removal and replacement of the existing membrane roof and underlayment: CIP Project No. 23-S01g; SPWD Contract No. 116076.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,495.00**

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 Project

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/13/2024 16:47:04 PM
Division Approval	nmann	02/13/2024 16:47:07 PM
Department Approval	nmann	02/13/2024 16:47:09 PM
Contract Manager Approval	lwildes	02/14/2024 07:27:38 AM
Budget Analyst Approval	klay0	02/21/2024 09:56:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28624**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FRAME ARCHITECTURE, INC.
Agency Code: 082	Contractor Name: FRAME ARCHITECTURE, INC.
Appropriation Unit: 1585-73	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: 775-8279977
	Vendor No.: T29014981
	NV Business ID: NV20031302154

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 #: 116069

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 111 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 Adult Mental Health Services - Roofing Replacement, Buildings 20 & 22 CIP Project to include schematic design, design development, construction documents, and construction administration services for the removal and replacement of the existing roof, coverboard and fire-proof insulation: CIP Project No. 23-S01-8; SPWD Contract No. 116069.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,350.00**

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:

Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/14/2024 15:08:50 PM
Division Approval	nmann	02/14/2024 15:08:52 PM
Department Approval	nmann	02/14/2024 15:08:54 PM
Contract Manager Approval	lwildes	02/16/2024 09:00:13 AM
Budget Analyst Approval	klay0	03/11/2024 14:59:43 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: **28771**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GILBANE BUILDING COMPANY
Agency Code: 082	Contractor Name: GILBANE BUILDING COMPANY
Appropriation Unit: 1593-25	Address: 6502 S. MCCARRAN BLVD., STE. E
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: 775-800-1061
	Vendor No.: T29048107
	NV Business ID: NV19981405738

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 #: 116268

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 110 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 Department of Motor Vehicles, Carson City - Renovate Customer Counters Millwork and Install Exterior Self Service Kiosk CIP Project for the design and construction of updated Americans with Disabilities Act compliant millwork consisting of customer counters and information desks with staff to public security barriers, architectural updates to the lobby, and an exterior built-in kiosk with secure room that can operate 24 hours a day: CIP Project No. 23-C07; SPWD Contract No. 116268.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,300.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Wil Lewis, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2024 21:10:38 PM
Division Approval	nmann	02/15/2024 21:10:41 PM
Department Approval	nmann	02/15/2024 21:10:44 PM
Contract Manager Approval	lwildes	02/16/2024 09:13:18 AM
Budget Analyst Approval	klay0	03/12/2024 11:51:23 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: **28793**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	L.R. NELSON CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	L.R. NELSON CONSULTING ENGINEERS, LLC
Appropriation Unit:	1593-27	Address:	6765 W. RUSSELL RD., STE. 200
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89118-6829
If "No" please explain:	Not Applicable	Contact/Phone:	702-798-7978
		Vendor No.:	T32011394
		NV Business ID:	NV20191644957

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %
Agency Reference #:	116301		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2024**
Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 111 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles, Flamingo - Construct Secure Parking CIP Project to include schematic design, design development, and construction documents, and bidding and construction administration services for the design and construction of a secure parking area for approximately 20 state-owned vehicles, with security fencing, paved parking pad, secure badge access gate, electric vehicle charging points, and improved lighting: CIP Project No. 23-C10; SPWD Contract No. 116301.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 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:

Markus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2024 21:51:55 PM
Division Approval	nmann	02/15/2024 21:51:59 PM
Department Approval	nmann	02/15/2024 21:52:01 PM
Contract Manager Approval	lwildes	02/16/2024 09:15:13 AM
Budget Analyst Approval	klay0	03/11/2024 16:13:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28582** Amendment Number: **1**

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD. DBA H & K ARCHITECTS**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD. DBA H & K ARCHITECTS**

Agency Code: **082** Address: **5485 RENO CORPORATE DR., STE. 100**

Appropriation Unit: **1594-27** City/State/Zip: **RENO, NV 89511-2262**

Is budget authority available?: **Yes** Contact/Phone: **775-332-6640**

If "No" please explain: **Not Applicable** Vendor No.: **T80984709**

NV Business ID: **NV19941047730**

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 #: 116138

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 04/2024

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 Nevada State Library and Archives - Basement Tenant Improvement CIP Project: CIP Project No. 23-C15; SPWD Contract No. 116138. This amendment increases the maximum amount from \$200,000 to \$248,000 due to additional structural assessment services and demolition documents.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$248,000.00			

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	02/16/2024 10:40:27 AM
Division Approval	nmann	02/16/2024 10:40:35 AM
Department Approval	nmann	02/16/2024 10:40:43 AM
Contract Manager Approval	lwildes	02/16/2024 11:45:42 AM
Budget Analyst Approval	klay0	03/05/2024 10:54:42 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: **28804**

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.: T29006428A
	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 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. 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 a new contract to provide professional architectural/engineering services for the State Capitol - Exterior Renovation Tree Survey & Assessment CIP Project to include inventory, tagging, and labeling of the 115 trees on the Capitol grounds, and a detailed survey that addresses potential concerns with tree management methods and recommendations for species replacement: CIP Project No. 21-M46(d); SWPD Contract No. 116247.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,400.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP 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:

Adrianna Benjamin, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2024 22:08:57 PM
Division Approval	nmann	02/15/2024 22:09:07 PM
Department Approval	nmann	02/15/2024 22:09:16 PM
Contract Manager Approval	lwildes	02/16/2024 09:15:45 AM
Budget Analyst Approval	klay0	03/05/2024 15:49:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27157** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **FRAME ARCHITECTURE, INC.**

Agency Code: **082** Contractor Name: **FRAME ARCHITECTURE, INC.**

Appropriation Unit: **All Appropriations** Address: **4090 S. MCCARRAN BLVD., STE. E**

Is budget authority available?: **No** City/State/Zip: **RENO, NV 89502-7529**

Contact/Phone: **775-827-9977**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: 115249

2. Contract start date:
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2023**

Anticipated BOE meeting date 04/2024

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **2 years and 112 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 Army Aviation Support Facility (AASF), Door and Window Replacement CIP Project: CIP Project No. 23-A010; SPWD Contract No. 115249. This amendment increases the maximum amount from \$64,638 to \$83,763 due to the Build America, Buy America (BABA) certification.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$64,638.00	\$64,638.00	\$64,638.00	Yes - Info
2. Amount of current amendment (#1):	\$19,125.00	\$19,125.00	\$83,763.00	Yes - Info
3. New maximum contract amount:	\$83,763.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Nevada Army National Guard

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	09/28/2023 14:28:49 PM
Division Approval	nmann	09/28/2023 14:29:02 PM

Department Approval	nmann	02/15/2024 21:21:37 PM
Contract Manager Approval	lwildes	02/16/2024 09:09:08 AM
Budget Analyst Approval	klay0	03/05/2024 10:18:24 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: **28720**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JP ENGINEERING, LLC
Agency Code: 082	Contractor Name: JP ENGINEERING, LLC
Appropriation Unit: All Appropriations	Address: 10597 DOUBLE R BLVD., STE. 1
Is budget authority available?: No	City/State/Zip: RENO, NV 89521-8938
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: 775-852-2337
	Vendor No.: T29038896
	NV Business ID: NV20051447455

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 #: 116170

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 110 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 United States Fiscal and Property Office at the Nevada Army National Guard - Electric Vehicle Charging Stations CIP Project to include site investigation, consultation, calculations, construction documents, plan specifications, bid review, and construction administration services for the electrical design of electric vehicle car chargers on the existing utility meter: CIP Project No. 24-A011; SPWD Contract No. 116170.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Nevada Army National Guard

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 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:
 Jon Foster, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2024 20:49:52 PM
Division Approval	nmann	02/15/2024 20:49:55 PM
Department Approval	nmann	02/15/2024 20:49:58 PM
Contract Manager Approval	lwildes	02/16/2024 09:12:41 AM
Budget Analyst Approval	klay0	03/12/2024 16:18:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28669**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LG ARCHITECTS, INC. DBA LGA
Agency Code: 082	Contractor Name: LG ARCHITECTS, INC. DBA LGA
Appropriation Unit: All Appropriations	Address: 241 W. CHARLESTON BLVD., STE. 107
Is budget authority available?: No	City/State/Zip: LAS VEGAS, NV 89102-2592
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 2941, expenditure category 15, Construction Planning & Admin.	Contact/Phone: 702-263-7111
	Vendor No.: T27041309
	NV Business ID: NV19861005290

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 #: 116110

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/08/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 113 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional bid assistance and services for the Boulder City Railroad Museum - Advance Planning: Visitor's Center Bidding Assistance CIP Project to include bidding assistance with bidding documents supplied for the Railroad Museum project: CIP Project No. 22-A007-01; SPWD Contract No. 116110.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,620.00**

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 - Division of Museums and History

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	02/13/2024 16:27:53 PM
Division Approval	nmann	02/13/2024 16:27:56 PM
Department Approval	nmann	02/13/2024 16:27:58 PM
Contract Manager Approval	lwildes	02/16/2024 09:02:33 AM
Budget Analyst Approval	klay0	03/08/2024 16:13:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28668**

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:	All Appropriations	Address:	241 W. CHARLESTON BLVD., STE. 107
Is budget authority available?:	No	City/State/Zip:	LAS VEGAS, NV 89102-2592
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 2941, expenditure category 15, Construction Planning & Admin.		Contact/Phone:	702-263-7111

Vendor No.: T27041309
NV Business ID: NV19861005290

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 #: 116116

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/21/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 129 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 - Advance Planning: Visitor's Center Master Plan CIP project to include site plans and cost estimates with breakouts for the existing maintenance building and future planned exhibit hall, topography survey, and 100% updated master plan for the development of a comprehensive visitor experience: CIP Project No. 22-A007-03; SPWD Contract No. 116116.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,700.00**

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 - Division of Museums and History

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	02/12/2024 10:34:39 AM
Division Approval	nmann	02/12/2024 10:34:41 AM
Department Approval	nmann	02/12/2024 10:34:44 AM
Contract Manager Approval	lwildes	02/12/2024 10:44:56 AM
Budget Analyst Approval	klay0	02/21/2024 08:29:31 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: **28715**

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: All Appropriations	Address: 1575 DELUCCHI LN., STE. 120
Is budget authority available?: No	City/State/Zip: RENO, NV 89502-6581
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 2361, expenditure category 18, SB467 - One Shot	Contact/Phone: 775-842-0261
	Vendor No.: T29033842
	NV Business ID: NV20131182382

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 #: 116245

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 120 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 Arrowhead - Taxation Tenant Improvements CIP project to include construction documents, bid review, and construction administration services for interior tenant improvements which include framing, patch work and repair, ceiling improvements, fire sprinkler, and alarm modifications within each office: CIP Project No. 24-A003(c); SPWD Contract No. 116245.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,500.00**

Other basis for payment: Monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency submitted application - Taxation Department

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:

Adrianna Benjamin, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2024 20:41:56 PM
Division Approval	nmann	02/15/2024 20:41:59 PM
Department Approval	nmann	02/15/2024 20:42:02 PM
Contract Manager Approval	lwildes	02/16/2024 09:12:03 AM
Budget Analyst Approval	klay0	03/01/2024 13:34:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28984**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: GLOBAL SPECTRUM LP DBA TAHOE BLUE EVENT CENTER
Agency Code: 101	Contractor Name: GLOBAL SPECTRUM LP DBA TAHOE BLUE EVENT CENTER
Appropriation Unit: 1522-31	Address: 75 US HIGHWAY 50
Is budget authority available?: Yes	City/State/Zip: STATELINE, NV 89449
If "No" please explain: Not Applicable	Contact/Phone: KEVIN BORCYCZKI 775-790-3736
	Vendor No.: TBD
	NV Business ID: NV20222534669

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2024**

Contract term: **29 days**

4. Type of contract: **Contract**

Contract description: **Rural Roundup Venue**

5. Purpose of contract:

This is a new contract to provide conference services and venue.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,456.32**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is the host for the annual Rural Roundup Conference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This vendor will provide a venue location, food and av services to hold the 2024 Rural Roundup Conference, therefore, State employees would not be able to provides 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):

**BALLY'S
HARRAH'S-HARVEY'S LAKE TAHOE
TAHOE BLUE EVENT CENTER**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they had the capacity and availability to accommodate the conference attendees.

d. Last bid date: 05/01/2023 Anticipated re-bid date: 05/01/2024

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	amathies	03/07/2024 09:21:55 AM
Division Approval	amathies	03/07/2024 09:21:58 AM
Department Approval	amathies	03/07/2024 09:22:03 AM
Contract Manager Approval	amathies	03/07/2024 09:22:06 AM
Budget Analyst Approval	mbro28	03/08/2024 14:25:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28898**

Agency Name: GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name: Lorne Buck
Agency Code: 102	Contractor Name: Lorne Buck
Appropriation Unit: 1526-11	Address: 296 Starboard Drive
Is budget authority available?: Yes	City/State/Zip: Verdi, NV 89439
If "No" please explain: Not Applicable	Contact/Phone: Lorne Buck 775-742-9626
	Vendor No.: T29048137
	NV Business ID: NV20243018483
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.	
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 #: 102	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/22/2024**
 Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2028**

Contract term: **4 years and 68 days**

4. Type of contract: **Contract**

Contract description: **Graphic Design**

5. Purpose of contract:

This is a new contract to provide graphic design services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00**

Other basis for payment: As invoiced by the vendor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor has the necessary equipment and software to successfully complete any graphic design materials for agency marketing initiatives and has demonstrated to be a competent graphic designer with many years of experience.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GOED's communication team needs the design support of an experienced graphic designer to help create marketing materials that align with GOED's mission and vision in promoting Nevada as a place companies want to do business in. With new branding, it is pivotal that we work with someone who can re-vamp our marketing efforts and put us more in line with our newly released state plan. GOED's current communications team staffing does not include a graphic artist.

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):

Leah E Chew
Nu Direction Design
Studio G
Amy Rivinius

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on experience and examples submitted. We felt that with his background, knowledge as a graphic designer, and work done with similar organizations that he is the best fit for the job.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	Icopelan	02/13/2024 10:23:20 AM
Division Approval	Icopelan	02/13/2024 10:23:22 AM
Department Approval	Icopelan	02/13/2024 10:23:25 AM
Contract Manager Approval	Icopelan	02/22/2024 08:31:56 AM
Budget Analyst Approval	mbro28	02/22/2024 08:34:53 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: **28823**

Agency Name: **INDIGENT DEFENSE**
Agency Code: **111**
Appropriation Unit: **1008-37**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA PUBLIC HEALTH**
Contractor Name: **NEVADA PUBLIC HEALTH FOUNDATION, INC**
Address: **3476 EXECUTIVE POINT WAY**
City/State/Zip: **CARSON CITY, NV 89706-7955**
Contact/Phone: **775-884-0274**
Vendor No.: **T81018059**
NV Business ID: **NV19961104052**
To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	55.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	45.00 % DETR Grant

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/28/2024**
Anticipated BOE meeting date **03/2024**

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Termination Date: **07/30/2024**
Contract term: **152 days**

4. Type of contract: **Other (include description): MSA Service Agreement**
Contract description: **Conference**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides event/conference planning, facilitation, community building and training services. This service agreement provides for the annual conference on June 6 & 7, 2024.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,755.77**

Other basis for payment: Professional fees, \$21,500.00; Travel expenses \$12,456.84; Supplies \$487.00; Event space, AV, Other \$20,311.48

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 180.430 and the Davis v. State consent judgment requires the Department to provide "a systematic and comprehensive training program" to indigent defense providers. This annual conference will be used to provide systematic and comprehensive training for indigent defense services providers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department has insufficient staff to manage a high qualify training conference.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the 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 to existing MSA #17896

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	dcarlo4	02/08/2024 11:57:35 AM
Division Approval	ssands	02/08/2024 11:58:41 AM
Department Approval	ssands	02/08/2024 11:58:43 AM
Contract Manager Approval	ssands	02/26/2024 13:01:47 PM
Budget Analyst Approval	bmacke1	02/28/2024 16:40:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28919**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: GARRATT CALLAHAN CO
Agency Code: 180	Contractor Name: GARRATT CALLAHAN CO
Appropriation Unit: 1385-07	Address: 50 INGOLD RD
Is budget authority available?: Yes	City/State/Zip: BURLINGAME, CA 94010-2206
If "No" please explain: Not Applicable	Contact/Phone: Jack Tarr 650/697-5811
	Vendor No.: T81091351
	NV Business ID: NV20121688270
To what State Fiscal Year(s) will the contract be charged?	2024-2027

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Internal Service Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2024**

Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **3 years and 111 days**

4. Type of contract: **Contract**

Contract description: **Repair & Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance services for the cooling condenser tower and chemical treatment system equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,231.36**

Payment for services will be made at the rate of \$692.32 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

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 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 in water treatment equipment and do not have access to the laboratories required for water/deposit analysis.

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):

Eco Labs
Chem Treat

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NAC 333.150(2)(a) & (b)(6) , solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. Essentially, these ongoing requirements are contemplated as a part of the initial procurement, ensuring taxpayer dollars were spent in good faith and it is reasonable to expect the State to maintain, in good working order, any system acquired as result of spending those dollars.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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, Computer Facility Tech Ph: 775-684-4343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vkneefel	02/23/2024 16:53:51 PM
Division Approval	smontie1	02/26/2024 07:56:32 AM
Department Approval	ddodge	02/26/2024 09:47:54 AM
Contract Manager Approval	thudder	02/26/2024 15:21:36 PM
Budget Analyst Approval	mranki1	03/11/2024 14:06:12 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: **28856**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: ADT Commercial LLC
Agency Code: 240	Contractor Name: ADT Commercial LLC
Appropriation Unit: 2560-14	Address: 670 S. Rock Blvd
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Sean McGuire 775-443-7668
	Vendor No.: T29047302
	NV Business ID: NV20111234098

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 **02/14/2024**

Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **2 years and 45 days**

4. Type of contract: **Contract**

Contract description: **ADT Commercial LLC**

5. Purpose of contract:

This is a new contract to provide security equipment and a monitoring agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,680.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide security system and monitoring services for cemetery.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Requires professional vendor

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):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/08/2024 07:22:38 AM
Division Approval	jtheil1	02/08/2024 07:22:40 AM
Department Approval	jtheil1	02/08/2024 07:22:42 AM
Contract Manager Approval	jclodfel	02/09/2024 16:10:41 PM
EITS Approval	ljean	02/13/2024 10:03:32 AM
Budget Analyst Approval	mranki1	02/14/2024 10:41:27 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: **28964**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: SILVER REEF BIOMEDICAL SVCS
Agency Code: 240	Contractor Name: SILVER REEF BIOMEDICAL SVCS
Appropriation Unit: 2561-04	Address: 848 N 1430 W
Is budget authority available?: Yes	City/State/Zip: OREM, UT 84057-2891
If "No" please explain: Not Applicable	Contact/Phone: 702/788-8188
	Vendor No.: T32004092
	NV Business ID: NV20121355756

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 %
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 **03/07/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2028**

Contract term: **4 years and 54 days**

4. Type of contract: **Contract**

Contract description: **Silver Reef Biomedic**

5. Purpose of contract:

This is a new contract to provide ongoing preventative maintenance and repairs for biomedical equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Inspections and calibrations of biomedical equipment is required as part of the CMS MDS assessment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees are certified to do this work

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was only one who responded to informal solicitation.

d. Last bid date: **01/22/2024** 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:
 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	03/01/2024 13:33:20 PM
Division Approval	jtheil1	03/01/2024 13:33:23 PM
Department Approval	jtheil1	03/01/2024 13:33:26 PM
Contract Manager Approval	jclodfel	03/01/2024 13:35:10 PM
Budget Analyst Approval	mranki1	03/07/2024 11:39:30 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: **28895**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Augenblick, Palaich and Associates, Inc.
Agency Code: 300	Contractor Name: Augenblick, Palaich and Associates, Inc.
Appropriation Unit: 2673-19	Address: 1658 N. Lafayette Street Suite 1662A
Is budget authority available?: Yes	City/State/Zip: Denver, CO 80218
If "No" please explain: Not Applicable	Contact/Phone: Amanda Brown 303-293-2175
	Vendor No.: T29048276
	NV Business ID: NV20171752082

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 **02/23/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **1 year and 127 days**

4. Type of contract: **Contract**

Contract description: **NCEI Analysis**

5. Purpose of contract:

This is a new contract to provide recommendations regarding the Nevada Cost of Education Index and propose adjusted targeting levels to the Commission on School Funding.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,950.00**

Payment for services will be made at the rate of \$175.00 per Hour

Other basis for payment: Upon itemized invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is required to complete the Pupil-Centered Funding model as requested in Senate Bill 543.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current staff do not have the capacity 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):

Christiana Stoddard
WestEd
Augenblick, Palaich and Associates, Inc.

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	carno1	02/12/2024 16:22:55 PM
Division Approval	carno1	02/12/2024 16:22:58 PM
Department Approval	carno1	02/12/2024 16:23:03 PM
Contract Manager Approval	carno1	02/23/2024 13:28:57 PM
Budget Analyst Approval	vfajota	02/23/2024 14:02:37 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: **28257**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: GNLV LLC. dba Golden Nugget
Agency Code: 300	Contractor Name: GNLV LLC. dba Golden Nugget
Appropriation Unit: 2710-21	Address: 129 Fremont St.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: Jim Kinsella 702-386-8214
	Vendor No.: T32014501
	NV Business ID: NV20001045837

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2024**

Contract term: **141 days**

4. Type of contract: **Contract**

Contract description: **Learning for the Fut**

5. Purpose of contract:

This is a new contract to provide facility services for the professional development of educators statewide attending the Learning for the Future conference.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,003.59**

Other basis for payment: Upon approval of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

As the educational landscape is evolving throughout the 21st century, it is imperative that NDE stays current on best practices in teaching and learning strategies and expectations. Evaluation of learning is changing and so must the metrics of accountability and assessments. NDE must ensure all students are acquiring growth in every classroom, which means educators must be continuing to evolve their learning designs and ensure growth is occurring, regardless of the content or subject matter. In order to complete this effectively, NDE must provide access to high quality professional learning to every educator in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department does not have the space to host an in-person conference for educators in Nevada. The conference is Learning for the Future, where the theme and focus will be skillsets to ensure students are future-ready. The conference will be in collaboration with the Office of Standards and Instructional Support and the Office of School and Student Support.

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):

Paris
Palms
Mirage
Luxor

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best Value

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	carno1	03/07/2024 09:08:47 AM
Division Approval	carno1	03/07/2024 09:08:50 AM
Department Approval	carno1	03/07/2024 09:08:54 AM
Contract Manager Approval	carno1	03/07/2024 09:08:56 AM
Budget Analyst Approval	vfajota	03/12/2024 09:21:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28906**

Agency Name: DCNR - HISTORIC PRESERVATION	Legal Entity Name: ADT Commercial LLC
Agency Code: 334	Contractor Name: ADT Commercial LLC
Appropriation Unit: 5030-04	Address: 2441 Western Ave.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Scott Wulforst 775-287-8110
	Vendor No.: T27043511
	NV Business ID: NV20111234098
To what State Fiscal Year(s) will the contract be charged?	2024-2029

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 **02/23/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2028**

Contract term: **4 years and 159 days**

4. Type of contract: **Contract**

Contract description: **Security/Fire Serv.**

5. Purpose of contract:

This is a new contract to provide ongoing security and fire alarm monitoring.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,884.78**

Other basis for payment: As invoiced per attached quote

II. JUSTIFICATION

7. What conditions require that this work be done?

The building is open to the public, all security and fire services must be monitored for safety purposes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No expertise for this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide Contract

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current statewide contract through the Purchasing Division.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Mike Sprinkle, Museum Manager Ph: 775-847-0419

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vchrist1	02/14/2024 17:13:10 PM
Division Approval	vchrist1	02/14/2024 17:13:13 PM
Department Approval	kwilliam	02/14/2024 17:36:40 PM
Contract Manager Approval	vchrist1	02/15/2024 08:38:32 AM
Budget Analyst Approval	rjacob3	02/23/2024 09:21:44 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: **28806**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	BOARD OF REGENTS-NSHE OBO UNR
Agency Code:	402	Contractor Name:	BOARD OF REGENTS-NSHE OBO UNR
Appropriation Unit:	3278-29	Address:	1664 N VIRGINIA ST MAIL STOP 325
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? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **136 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Caregivers Conferenc**

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 conference planning and staff training for individual, group, nursing, and assisted living facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,002.00**

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?

Pursuant to NAC 449.196(1)(F) States caregivers must receive not less than 8 hours of training annually related to providing for the needs of the residents of a residential facility. The need for training of professional staff is ongoing. Programs are reviewed for quality management issues and program compliance assurances. The purpose of this training is to provide approximately six hours of education to Directors, Administrator's, and staff of Homes for Individual Residential Care, Residential Facilities for Groups, Assisted Living Facilities, Nursing Facilities, and caregivers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is to be coordinated through Nevada System of Higher Education, UNR Nevada Geriatric Education Center (NGEC) to provide specialized, credentialed training to Nevada caregivers.

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?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Indirect Cost 8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

UNR has provided these services to ADSD 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 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	01/25/2024 15:08:47 PM
Division Approval	tric1	01/26/2024 10:48:36 AM
Department Approval	dschmid5	01/26/2024 17:06:25 PM
Contract Manager Approval	maceved1	01/29/2024 11:45:53 AM
Budget Analyst Approval	khal5	02/14/2024 07:24:02 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: **28915**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Health Management Associates, Inc.
Agency Code:	403	Contractor Name:	Health Management Associates, Inc.
Appropriation Unit:	3158-04	Address:	120 N. Washington Square Suite 705
Is budget authority available?:	Yes	City/State/Zip:	Lansing, MI 48933
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff DeVries 517-482-9236
		Vendor No.:	T27042461
		NV Business ID:	NV20181629216

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	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 #: RFQ 99SWC-S2340 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/27/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2024**

Contract term: **62 days**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **Program Eval Grants**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides consulting, marketing, and education services. This service agreement provides grant development support for Centers for Medicare and Medicaid Services State Grants to implement, enhance, and expand Medicaid and Childrens Health Insurance Program School-Based Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$93,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP multiple contracts 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:

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:

Malinda Southard, Deputy Administrator Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	02/22/2024 19:01:58 PM
Division Approval	laaron	02/23/2024 16:07:03 PM
Department Approval	staciew4	02/26/2024 10:49:54 AM
Contract Manager Approval	swes2	02/26/2024 11:32:38 AM
Budget Analyst Approval	nrezaie	02/27/2024 15:42:37 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: **24501** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Southland Industries**

Agency Code: **406** Contractor Name: **Southland Industries**

Appropriation Unit: **3161-07** Address: **4765 CAMERON STREET**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89103**

If "No" please explain: **Not Applicable** Contact/Phone: **TIM MARSHMENT 702/777-4000**

Vendor No.: **T29045769**

NV Business ID: **NV19621000518**

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.

<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 17869**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2021**

Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 262 days**

4. Type of contract: **Contract**

Contract description: **Building Mechanics**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing services for mechanical and building automation to ensure the facilities operate with minimum interruptions. The amendment would increase amount from \$502,064.00 to \$558,806.00 to accommodate changes to the scope of work to add additional equipment. In addition, the amendment also reflects a corporate name change, formerly known as Enviser to current as Southland Industries.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$502,064.00	\$502,064.00	\$502,064.00	Yes - Action
2. Amount of current amendment (#1):	\$56,742.00	\$56,742.00	\$56,742.00	Yes - Info
3. New maximum contract amount:	\$558,806.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To protect the safety and welfare of consumers and visitors at the facilities, building mechanics need to function properly with preventive maintenance performed on systems and equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff qualified in the area of preventive building mechanics maintenance.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 210707

Approval Date: 07/26/2021

c. Why was this contractor chosen in preference to other?

The vendor has equipment installed that is proprietary. Southland, formerly Enviser is the only company with trained staff able to provide maintenance and service for SNAMHS buildings.

d. Last bid date: Anticipated re-bid date: 01/30/2025

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:

2018 - present; satisfactory service

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	01/29/2024 17:14:54 PM
Division Approval	ijanssen	01/29/2024 17:14:57 PM

Department Approval	ijanssen	01/31/2024 10:35:25 AM
Contract Manager Approval	ijanssen	01/31/2024 10:35:30 AM
Budget Analyst Approval	cdavis	02/15/2024 08:06:17 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#:	210707 @

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:	Division of Public and Behavioral Health Southern Nevada Adult Mental Health Services		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Menyone Thomas, Contract Manager	(702) 486-4252	<u>mthomas@health.nv.gov</u>

1b	Vendor Information:	
	Identify Vendor:	Enviser
	Contact Name:	Tim Marshment
	Complete Address:	4765 Cameron Street
	Telephone Number:	(702) 736-4041
	Email Address:	tmarshment@enviserco.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

1d	Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CETS:	#24501		

1e	Term:			
	One (1) Time Purchase:	* Retro Memo Required *		
	Contract:	Start Date:	7/1/2021	End Date: 6/30/2025

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	<input type="checkbox"/>
	Grant Funds:	<input type="checkbox"/>
	Other (Explain):	

Final Revision / Rec'd 07/21/21 @

Purchasing Use Only:

Approval #:

#210707 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	Contract authority approved by Legislature is \$125,516 per year x 4 years = \$502,064.

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Building mechanical -test and inspection of worn and failed parts; preventative and predictive maintenance on building systems. Repair and replacement of necessary parts and equipment. Chiller maintenance, air handler, boiler, exhaust fan, pump maintenance, building automation, and Delta access control doors.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Enviser is currently the only Delta provider in Southern Nevada that self performs Delta access controls, Delta Temperature controls and mechanical service. SNAMHS' mechanical equipment interfaces with Delta Building Automation System. There is currently not a company that will service Delta access control doors in Southern Nevada and do both access controls and mechanical service. (See attached scope of work)</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Enviser installed the equipment and is the only provider authorized to monitor and service their own equipment. There is one other company that can provide services on the mechanical automation, however the company is not able to perform the services on the access control door system. The access control door system interacts with the building mechanical automation. Enviser is able to perform services to cover the Delta Access Controls, temperature controls, and mechanical preventative and maintenance.</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.				
	<i>The services provided by Enviser is unique due to the company is the only company in Southern Nevada that is authorized to perform mechanical services on the Delta access controls at SNAMHS. (See attached scope of work)</i>				
	b. <i>If not</i> , why were alternatives not evaluated?				
	<i>The existing installed access controls equipment is proprietary to Enviser; they are the only vendor authorized to monitor and service the equipment.</i>				

Purchasing Use Only:

Approval #: # 210707 (C)

6	<p>Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i></p>			Yes:	X	No:	
	<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>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
	7/1/18	6/30/21	\$401,264	Service and maintenance	Service agreement MA #16708		

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p>
	<p><i>A competitive bid could result in a new vendor, requiring complete removal of existing access control system. Installation of new equipment would be at a greater expense.</i></p>

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>
	<p><i>Equipment installed at this agency is proprietary to Enviser; competition was not solicited.</i></p>

9	<p>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>	Yes:	X	No:	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
	<p><i>The agency will have a continuing need of services from the vendor to monitor and maintain the existing system. The vendor's staff is specifically trained to service and maintain the installed equipment.</i></p>				

<i>Purchasing Use Only:</i>	
Approval #:	#210707②

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.

Ronda Miller
 Agency Representative Initiating Request

Ronda Miller 6-9-21
 Print Name of Agency Representative Initiating Request Date

Kelli P. Quintero
 Signature of Agency Head Authorizing Request

Kelli P. Quintero 6/11/21
 Print Name of Agency Head Authorizing Request Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kim A. Doty 7/26/21
 Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28735**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	WW Williams Company, LLC The
Agency Code:	406	Contractor Name:	WW Williams Company, LLC The
Appropriation Unit:	3161-07	Address:	400 Metro Place Drive Suite 201
Is budget authority available?:	Yes	City/State/Zip:	Dublin, OH 43017
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel Mathis 702-672-4596
		Vendor No.:	T29041024
		NV Business ID:	NV20161487647

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.

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 18326

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/21/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **2 years and 38 days**

4. Type of contract: **Contract**

Contract description: **Generator Maintenanc**

5. Purpose of contract:

This is a new contract to provide ongoing service, testing, and maintenance of campus wide emergency generators for the Las Vegas campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,060.00**

Payment for services will be made at the rate of \$13,030.00 per Year

Other basis for payment: Payable upon receipt of invoice and approval of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards for health and safety, generators are required to be serviced to meet the needs of the Southern Nevada Adult Mental Health Services campus in the event of a power failure. If the generators are not properly maintained and serviced, their life expectancy can be shortened as well as having the potential for catastrophic failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the agency or available elsewhere in the State to do the required work needed to maintain this equipment to safety standards.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cashman
WW Williams
Grentech

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/27/2023 Anticipated re-bid date: 11/28/2025

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:

11/2021 - current SNAMHS, 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:

Calvin Peterson, Facilities Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	02/02/2024 12:01:54 PM
Division Approval	ijanssen	02/02/2024 12:02:55 PM
Department Approval	ijanssen	02/02/2024 12:02:58 PM
Contract Manager Approval	dcastro	02/15/2024 13:08:09 PM
Budget Analyst Approval	cdavis	02/21/2024 14:09:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28824**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	KPS3 INC
Agency Code:	406	Contractor Name:	KPS3 INC
Appropriation Unit:	3214-42	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:	775/686-7439
		Vendor No.:	PUR0004720
		NV Business ID:	NV19941094961

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 18317

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/15/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2024**

Contract term: **166 days**

4. Type of contract: **Contract**

Contract description: **Marketing Services**

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 services to produce infographics for the Women, Infants, and Children Breastfeeding Peer Counseling program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,220.00**

Payment for services will be made at the rate of \$17,220.00 per term

Other basis for payment: See Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

Identified need per BFPC subgrantees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise and agency capacity.

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-NV23-17886, 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: 08/08/2023 Anticipated re-bid date: 04/30/2027

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:

Statewide contract #99SWC-NV23-17886.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	01/29/2024 12:07:44 PM
Division Approval	ijanssen	01/29/2024 12:08:21 PM
Department Approval	ijanssen	01/29/2024 12:08:25 PM
Contract Manager Approval	dcastro	02/06/2024 15:05:26 PM
Budget Analyst Approval	cdavis	02/15/2024 13:01:43 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: **28683**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Board of Regents Nevada System of Higher Education
Agency Code:	406	Contractor Name:	BOARD OF REGENTS - UNR The Larson Insitute for Health Impact and Equity
Appropriation Unit:	3215-24	Address:	1664 N. Virginia Street MAIL STOP 0124
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557-0124
If "No" please explain:	Not Applicable	Contact/Phone:	Gerold Dermid, MBA 775-287-0206
		Vendor No.:	D35000816
		NV Business ID:	NV20161295653

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% pharmaceutical rebates; Categroy 24

Agency Reference #: 18311

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**
Anticipated BOE meeting date 03/2024

Retroactive? **Yes**

If "Yes", please explain

Previous DPBH MSA not being continued, which resulted in state purchasing driven procurement and shortened the length of time for program to work with the vendor which requires a stop gap contractual document to continue work.

3. Termination Date: **03/31/2024**

Contract term: **89 days**

4. Type of contract: **Contract**

Contract description: **Report Development**

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 data analysis, community building, and report development for the Nevada Integrated HIV prevention and care plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$0.00 per Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Data analysis, community building and report development for prevention and care services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Statewide procurement for consulting, marketing, and education services. 99SWC-S2340

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 procurement for consulting, marketing, and education services. 99SWC-S2340

d. Last bid date: 02/11/2019 Anticipated re-bid date: 12/26/2023

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:

Ongoing contracts with various DHHS agencies.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	02/15/2024 21:29:17 PM
Division Approval	ijanssen	02/15/2024 21:29:20 PM
Department Approval	ijanssen	02/15/2024 21:29:24 PM
Contract Manager Approval	ijanssen	02/15/2024 21:29:27 PM
Budget Analyst Approval	cdavis	02/21/2024 12:48:01 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: January 11, 2024

TO: Kitty DeSocio, ASO IV
Division of Public and Behavioral Health

THROUGH: Julia Peek, Deputy Administrator
Community Health Services

FROM: Tory Johnson, Health Program Manager II
Office of HIV

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Board of Regents for the Nevada System of Higher Education, obo University of Nevada, Reno – The Larson Institute for Health Impact and Equity, Service Agreement #18311

This memorandum requests that the following Service Agreement be approved for a retroactive start.

The following information is required:

- Name of Provider: Board of Regents for the Nevada System of Higher Education, obo University of Nevada, Reno – The Larson Institute for Health Impact and Equity
- Services to be provided: Statewide procurement for consulting, marketing, and education services.
- Funding source and expenditure category: BA #3215 – CAT 24, Pharmaceutical Rebates
- Requested start date of work: January 1, 2024
- Expected execution date of agreement: March 31, 2024
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - Due to the previous DPBH Master Services Agreement not being continued, which resulted in state purchasing driven procurement and shorten the length of them for the program to work with the vendor, required a stop-gap contractual document. Original timeframe to work with vendor is April 1 – March 31.
 - Discussions with the vendor began shortly before Thanksgiving break. A scope of work and budget was provided. Program Manager began the internal process of requesting SA # and putting together the SA.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: The CDC and HRSA required integrated prevention and care plan would go unmonitored and report outs to our federal funders would not be available and make the program out of compliance with this grant deliverables.
 - Explain how the program/bureau will prevent future retroactive requests: Continued work will happen during the normal grant period of April 1 – March 31 and a stop-gap agreement would no longer be required.

If you have any questions, please contact Tory Johnson at (702) 486-0767 or tojohnson@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: **28587**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Board of Regents Nevada System of Higher Education
Agency Code:	406	Contractor Name:	Board of Regents - UNR The Larson Institute for Health Impact and Equity
Appropriation Unit:	3219-13	Address:	1660 N. Virginia Street Controllers Ofc. MS0124
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557-0124
If "No" please explain:	Not Applicable	Contact/Phone:	Gerold Dermid 775-682-7096
		Vendor No.:	D35000816A
		NV Business ID:	NV20161295653

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18277

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**
Anticipated BOE meeting date 01/2024

Retroactive? **Yes**

If "Yes", please explain

DPBH staff was not informed about the expiration of the DPBH MSA that allowed programs to issue work orders and the need to replace them with service agreements until September 25, 2023. Likewise, correct templates for the MSA 99SWC-S2340 Service Agreements were not sent out until October 19, 2023, and further modified by State purchasing November 28, 2023, causing unavoidable delays.

3. Termination Date: **07/31/2024**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Training/Education**

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 course development addressing Carbapenem-resistant Enderobacteriaceae and other highly infectious agents.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,813.00**

Other basis for payment: See attached cost schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

Infection prevention in healthcare facilities is vital to the health and safety of the residents and staff of the facility. It is essential that the employees are up to date on all trainings related to infection prevention to ensure outbreaks of disease do not occur.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The HAI program has a standing relationship with UNR, and they have been working on these trainings since January 2023

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?

Governmental agency with long standing relationship with Division contracts. Vendor has current MSA 99SWC-2340.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 ongoing contracts for several DPBH agencies.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	02/15/2024 21:25:59 PM
Division Approval	ijanssen	02/15/2024 21:26:02 PM
Department Approval	ijanssen	02/15/2024 21:26:07 PM
Contract Manager Approval	ijanssen	02/15/2024 21:26:19 PM
Budget Analyst Approval	cdavis	02/21/2024 13:54:33 PM

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

MEMORANDUM

DATE: December 4, 2023

TO: Kitty DeSocio, ASO IV
Division of Public and Behavioral Health

THROUGH: Kagan Griffin, Office of State Epidemiology Operating Manager
Division of Public and Behavioral Health

DocuSigned by:
Kagan Griffin
1EC88C2C6A6140E...

12/4/2023

FROM: Kailynn Griffith, HPS I *Kailynn Griffith*
Office of State Epidemiology- ELC program

RE: Retroactive approval for BA 3219 SA 18277 UNR HAI Trainings

Please accept this service agreement as retroactive to January 1, 2024. DPBH staff was not informed about the expiration of the DPBH MSA that allowed programs to issue work orders and the need to replace them with service agreements until September 25, 2023. Likewise, correct templates for the MSA 99SWC-S2340 Service Agreements were not sent out until October 19, 2023. Additional questions regarding how to accurately complete these service agreements and the contractual thresholds were sent out the weeks following. Unfortunately, due to these delays and additional delays with the vendor, our program was unable to send the draft service agreement over to Contract Unit (CU) for approval until November 27, 2023.

As this service agreement amount only needed Clerk of Board approval, the Program was confident there was sufficient time to approve and execute. However, DPBH Contract Unit advised that a retro memo was needed. If the service agreement is not approved to be retroactive, there will be a five-day gap in vital services as the current work order expires on December 31, 2023.

If you have any questions or concerns, please reach out to Kailynn Griffith at kgriffith@health.nv.gov

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28841**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	KPS3, Inc.
Agency Code:	406	Contractor Name:	KPS3, Inc.
Appropriation Unit:	3219-23	Address:	500 Ryland #300
Is budget authority available?:	Yes	City/State/Zip:	Reno , nv 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Joshua Bartlett and Sarah Polito 775-686-7439
		Vendor No.:	PUR0004720
		NV Business ID:	NV19941094961

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18335

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/15/2024**
 Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2024**

Contract term: **166 days**

4. Type of contract: **Contract**

Contract description: **Consulting 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 consulting, marketing and education services to support the One Health program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,945.24**

Other basis for payment: As invoiced monthly by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide Contract #: MSA 99SWC-NV23-17886; Marketing Services, Conference Planning Services, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis and Report Development on an as needed basis. KPS3 will create One Health educational items (retractable banners, handwashing posters, sink signs, reusable tote bags, and an educational game), continue with a year of website hosting and maintenance for the One Health website and the addition of the One Health logo to the website.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Statewide Contract #: MSA 99SWC-NV23-17886; Marketing Services, Conference Planning Services, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis and Report Development on an as needed basis.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Statewide Contract #: MSA 99SWC-NV23-17886

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/02/2024 11:02:18 AM
Division Approval	ijanssen	02/02/2024 11:02:25 AM
Department Approval	ijanssen	02/02/2024 11:02:29 AM
Contract Manager Approval	ijanssen	02/06/2024 15:55:06 PM
Budget Analyst Approval	cdavis	02/15/2024 12:47:40 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: **28827**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Parents as Teachers National Center
Agency Code:	409	Contractor Name:	Parents as Teachers National Center
Appropriation Unit:	3146-65	Address:	6 Cityplace Drive, Ste. 100
Is budget authority available?:	Yes	City/State/Zip:	Creve Coeur, MO 63141
If "No" please explain:	Not Applicable	Contact/Phone:	Greg O'Donnell 314-432-4330
		Vendor No.:	Pending
		NV Business ID:	Not Required

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	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 **02/29/2024**
Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
Contract term: **3 years and 121 days**

4. Type of contract: **Contract**
Contract description: **PAT Training**

5. Purpose of contract:
This is a new contract to provide Parents as Teacher fidelity model training to Child Welfare Agency employees.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$58,800.00**
Other basis for payment: \$1,825 per provider trained (est. 16 providers) thru 6/30/25 & \$1,850 per provider trained (est. 16 providers) from 7/1/25 thru 6/30/27.

II. JUSTIFICATION

7. What conditions require that this work be done?

This program is part of the State of Nevada's approved Family's First Prevention Services Plan. The Parents As Teachers model is an evidence-based early childhood home visiting model designed to serve the whole family that builds strong communities, thriving families, and children who are healthy, safe, and ready to learn. Parents as Teachers provides valuable support to parents and children from the prenatal period through kindergarten. This model has proven successful outcomes and the affiliates providing services are certified in model fidelity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Parents as Teachers is an evidence based proprietary model; training for the model is provided only by the Parents as Teachers National Center.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the 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 Nevada Child Welfare Agencies explored multiple fidelity models and selected Parents as Teachers as the program to include in its federally approved Families First Prevention Services Act (FFSPA) plan.

d. Last bid date: Anticipated re-bid date: 11/01/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

The vendor will be providing on-line only training services.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

The vendor will be providing on-line only training services.

19. Agency Field Contract Monitor:

Maria Hickey, SSPS 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	02/01/2024 09:57:56 AM
Division Approval	dfrohlic	02/27/2024 14:34:58 PM
Department Approval	mwillia9	02/27/2024 16:04:42 PM
Contract Manager Approval	sknigge	02/27/2024 16:19:20 PM
Budget Analyst Approval	pokeefe	02/29/2024 09:10:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28892**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Casey Brewer LCSW LLC
Agency Code: 409	Contractor Name: Casey Brewer LCSW LLC
Appropriation Unit: 3229-18	Address: 705 Ave. K Suite A
Is budget authority available?: Yes	City/State/Zip: Ely, NV 89301
If "No" please explain: Not Applicable	Contact/Phone: Casey Ann Brewer 775-293-7428
	Vendor No.: T29047914
	NV Business ID: NV20232841914

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 **03/05/2024**
 Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2024**

Contract term: **177 days**

4. Type of contract: **Contract**

Contract description: **Family Therapy**

5. Purpose of contract:

This is a new contract to provide Child-Parent Psychotherapy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,997.00**

Payment for services will be made at the rate of \$179.00 per Assessment

Other basis for payment: \$149 per weekly therapy x 3 people=\$447/week . \$179 x 4=\$716; \$447 x 23 weeks=\$10,281; \$716 + \$10,281=\$10,997

II. JUSTIFICATION

7. What conditions require that this work be done?

This type of work is imperative within the context of child welfare given the significant issues that children in care have experienced related to childhood trauma, adverse life experiences, severe impact to attachment to adults, caregivers, which has significant impact on their life-long functioning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the training and/or the expertise to provide this therapy.

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 Brewer
Falon Schnieder
Aimee Fitch
Keith Olsen

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor in Nevada to respond regarding providing in person assessment and therapy services and the only one providing services in the rural community where the family resides.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Maria Hickey, Social Services Prgm. Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	krober10	02/14/2024 10:16:23 AM
Division Approval	dfrohlic	02/29/2024 13:46:26 PM
Department Approval	mwillia9	02/29/2024 14:45:07 PM
Contract Manager Approval	sknigge	02/29/2024 16:11:49 PM
Budget Analyst Approval	pokeefe	03/05/2024 09:43:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26366** Amendment Number: **1**

Agency Name: **COMMISSION ON MINERAL RESOURCE** Legal Entity Name: **YOUNG ELECTRIC SIGN COMPANY**

Agency Code: **500** Contractor Name: **YOUNG ELECTRIC SIGN COMPANY**

Appropriation Unit: **4219-09** Address: **dba YESCO Outdoor Media LLC
2401 S. Foothill**

Is budget authority available?: **Yes** City/State/Zip: **SALT LAKE CITY, UT 84109**

If "No" please explain: **Not Applicable** Contact/Phone: **886-779-8357**

Vendor No.: **T81073323**

NV Business ID: **NV20141597414**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to 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 #: **AML Billboards**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/27/2022**

Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years and 35 days**

4. Type of contract: **Contract**

Contract description: **AML Billboards**

5. Purpose of contract:

This is the first amendment to the original contract which provides Billboard space for the Abandoned Mine Lands, Stay Out, Stay Alive campaign in multiple locations. This amendment will extend the termination date from June 30, 2024 to June 30, 2026 and increases the maximum amount from \$24,000.00 to \$48,000.00 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:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
2. Amount of current amendment (#1):	\$24,000.00	\$24,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$48,000.00			
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?

Under NRS 513.094 subsection 2 it states, "the Administrator shall work to educate the public to recognize and avoid those hazards resulting from mining practices which took place at a mine that is no longer operating." This contract will produce 3 vinyl billboard signs to be installed in multiple rural locations where AML hazard are numerous and SOSA messaging is most needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Minerals does not have the staff, equipment, or resources for billboards.

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 offered great locations at the best price.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlynn	02/13/2024 09:39:00 AM
Division Approval	ssands	02/28/2024 10:55:17 AM

Department Approval	ssands	02/28/2024 10:55:28 AM
Contract Manager Approval	ssands	02/28/2024 11:45:38 AM
Budget Analyst Approval	vyoungb	03/08/2024 15:04:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28817**

Agency Name: DPS-HIGHWAY PATROL Agency Code: 651 Appropriation Unit: 4713-28 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2024-2027	Legal Entity Name: INSIGHT PUBLIC SECTOR INC Contractor Name: INSIGHT PUBLIC SECTOR INC Address: 13755 Sunrise Valley Drive Ste. 750 City/State/Zip: Herndon, VA 20171 Contact/Phone: Crystal McBride 501-505-4155 Vendor No.: PUR0004545 NV Business ID: NV20021477454
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What is the source of funds that will be used to pay the contractor? 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 **02/14/2024**

Anticipated BOE meeting date 02/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/15/2026**

Contract term: **2 years and 213 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Azure Database**

5. Purpose of contract:

This is a new contract that provides the development of the Azure Application database which will assist with the DPS Ignition Interlock program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,920.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Azure database application will reduce the manual entry of client information provided to Nevada Highway Patrol by all DPS Ignition Program vendors. The vendors will have the ability to use the Azure application and upload the information.

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?

They have a 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:

Zarazua, Rocio, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jramo3	01/29/2024 09:59:07 AM
Division Approval	thick2	01/30/2024 10:47:43 AM
Department Approval	kdefe1	01/31/2024 15:09:26 PM
Contract Manager Approval	mcosenti	01/31/2024 17:11:10 PM
EITS Approval	ljean	02/14/2024 11:46:54 AM
Budget Analyst Approval	khawkin1	02/14/2024 12:54:05 PM



STATE OF NEVADA
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M E M O R A N D U M

TO: Pat Conmay, Colonel, DPS
Jennifer Ramos, Administrative Services Officer III, DPS
Dani Hafeman, Management Analyst I, DPS
Kaylie Rooker, Business Process Analyst III, DPS

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 – DPS – 787 – *Ignition Interlock* – BA 4713

DATE: November 13, 2023

We have completed our review for the Department of Public Safety's (DPS) – *Ignition Interlock* – TIN 787.

The submitted TIN, for an estimated value of \$153,650.33 in the FY24/FY25 biennium (100% Federal Grant), is to create an automatic process to upload files from vendors to an ignition interlock database.

In 2021, the Nevada Legislature passed Assembly Bill AB 427, mandating the Department of Public Safety to establish an Ignition Interlock Program. This program currently engages eleven vendors, serving approximately 3,500 active customers. However, the management of the program's data is presently inefficient, relying on manual processes and various Excel files for data storage, lacking an automated

extraction process. This setup results in significant time consumption for data uploading.

The State of Nevada Department of Administration (DOA) has maintained a decade-long partnership with Insight. Insight's support extends across various product portfolios, aligning with the DOA's business objectives and facilitating the achievement of their goals. To address the DOA's current challenges, Insight proposes a solution involving the creation of an application on Azure. This solution will automate processes using Azure functions and Azure logic apps with event-based triggers for uploading vendor files to a database. The collaboration will focus on developing database tables, establishing data integrity rules, and standardizing business processes for vendor files. Furthermore, Insight plans to automate data uploading to designated areas and generate Power BI reports for three distinct business processes. This proposed solution aims to streamline data management and enhance efficiency for the Ignition Interlock Program.

The implementation of an application on Azure by Insight is accompanied by robust security measures. These measures are designed to safeguard sensitive data throughout the process, from automated data uploading to the generation of reports. The use of Azure's secure infrastructure, coupled with the creation of stringent data integrity rules and standardization of business processes for vendor files, ensures that data is not only accurately and efficiently managed but also protected against unauthorized access and breaches. Additionally, the deployment of event-based triggers for data upload and the application of Power BI for reporting are undertaken with a keen focus on maintaining data confidentiality and integrity, thereby upholding the highest standards of cybersecurity.

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: 16368	Amendment Number: 4
Agency Name: DPS-RECORDS & TECHNOLOGY	Legal Entity Name: DATAWORKS PLUS LLC
Agency Code: 655	Contractor Name: DATAWORKS PLUS LLC
Appropriation Unit: 4709-26	Address: 728 N PLEASANTBURG DR
Is budget authority available?: Yes	City/State/Zip: GREENVILLE, SC 29607
If "No" please explain: Not Applicable	Contact/Phone: TODD PASTORINI 866-632-2780
	Vendor No.: PUR0004245
	NV Business ID: NV20101769693

To what State Fiscal Year(s) will the contract be charged? **2015-2025**

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 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2015**
Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2024**

Contract term: **9 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Software Support**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides on-going software and hardware maintenance support for the General Services National Institute of Standards and Technology System. This amendment extends the termination date from March 31, 2024 to December 31, 2024 and upgrades a server which increases the maximum amount from \$431,016.37 to \$467,734.06 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$151,095.91	\$151,095.91	\$151,095.91	Yes - Action
a. Amendment 1:	\$87,650.00	\$87,650.00	\$87,650.00	Yes - Action
b. Amendment 2:	\$156,665.04	\$156,665.04	\$156,665.04	Yes - Action
c. Amendment 3:	\$35,605.42	\$35,605.42	\$35,605.42	Yes - Info
2. Amount of current amendment (#4):	\$36,717.69	\$36,717.69	\$72,323.11	Yes - Info
3. New maximum contract amount:	\$467,734.06			
and/or the termination date of the original contract has changed to:	12/31/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is ongoing maintenance and support for the NIST software program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no qualified state employees in this area who 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?

This vendor provides ongoing maintenance and support of a system already purchased and installed as a result of a competitive solicitation, therefore bids were not solicited for this 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? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor RFP by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract with the General Service Division in the past. The 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:
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	jkolenut	02/22/2024 14:46:24 PM
Division Approval	thick2	02/29/2024 16:59:36 PM

Department Approval	kdefe1	03/06/2024 14:53:57 PM
Contract Manager Approval	mcosenti	03/11/2024 14:20:23 PM
EITS Approval	ljean	03/11/2024 14:39:32 PM
Budget Analyst Approval	khawkin1	03/12/2024 08:43:55 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: Eric Souza, Administrator, RCCD, DPS
Jason Kolenut, Administrative Services Officer III, RCCD, DPS
Tom Dorsey, IT Manager III, DPS
Brett Patterson, Business Process Analyst III, RCCD, 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 823 – *Dataworks Amendment 4* – BA 4709

DATE: January 31, 2024

We have completed our review for the Department of Public Safety’s (DPS) – *Dataworks Amendment 4* – TIN 823.

The submitted TIN, for an estimated value of \$24,467.69 in the FY24/FY25 biennium (100% Federal Grant ARPA funding), is to renew the existing Dataworks Plus support and maintenance contract.

The support and maintenance agreement effective from April 1, 2024 to December 31, 2024, encompasses 24x7 software and hardware support, including telephone support, remote analysis, software updates (excluding the operating system), and assistance with defective hardware listed in the contract. The support extends to various hardware components such as Dell servers and workstations, monitors,

Fujitsu scanners, and specific software including NIST Manager Plus™, WebWorks Server Edition, and NCJIS Interface, among others. Additionally, the contract covers virus protection, backup solutions, and hardware maintenance.

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: **28776**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: MBP ENTERPRISES DBA ROUNDABOUT CATERING & PARTY
Agency Code: 702	Contractor Name: MBP ENTERPRISES DBA ROUNDABOUT CATERING & PARTY
Appropriation Unit: 4462-16	Address: 631 DUNN CIR
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-5807
If "No" please explain: Not Applicable	Contact/Phone: MACKENNA DUPONT 775/747-2090
	Vendor No.: T29032664
	NV Business ID: NV20061717313

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 %

Agency Reference #: 24-54

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/22/2024**
Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **2 years and 128 days**

4. Type of contract: **Contract**

Contract description: **Food Catering**

5. Purpose of contract:

This is a new contract which provides catering services at the annual outdoor education awards volunteer dinner.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,289.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Basic Hunter Education Grant the department provides instructor dinners annually.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The instructor dinner has around 120 guests each year. We need all regional staff available to run the event and don't have staff to also cook for that many people.

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):

Famous Dave's
Dickey's Barbecue
Roundabout Catering

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The dinner is at the Automobile Museum and they only allow Roundabout to cater at their facility.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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, December 2022 - June 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:
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:

Zac Campbell, Con Ed Western Region Supervisor Ph: (775) 848-3274

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	01/23/2024 09:38:54 AM
Division Approval	cbalcon	01/23/2024 14:28:05 PM
Department Approval	jneubau2	02/07/2024 11:32:54 AM
Contract Manager Approval	abarredo	02/21/2024 15:47:44 PM
Budget Analyst Approval	dspeed1	02/22/2024 16:58:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28802**

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: **WILDLIFE REVOLUTIONS, LLC**
Contractor Name: **WILDLIFE REVOLUTIONS, LLC**
Address: **253 FREEPORT BLVD**
City/State/Zip: **SPARKS, NV 89431-6220**
Contact/Phone: **JOE ZWEIFEL 775/527-1614**
Vendor No.: **T32003281**
NV Business ID: **NV20111311948**
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 %	X	Fees	100.00 % Sportsmen Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 24-57

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/07/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2028**

Contract term: **3 years and 330 days**

4. Type of contract: **Contract**

Contract description: **Taxidermy Services**

5. Purpose of contract:

This is a new contract to provide taxidermy services on an as-needed basis. The department uses the products of taxidermy for wildlife educational purposes and displays.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The department uses the products of taxidermy for wildlife educations purposes and displays.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Department employees are not trained in taxidermy.

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):

The Head Master
Wildlife Revolutions
Trophy Room Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor used in the past and services provided were satisfactory. Vendor provided lowest cost schedule prices.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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, FY15-23.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Aaron Keller, Staff Conservation Educator Ph: (775) 527-1614

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	01/25/2024 13:45:27 PM
Division Approval	cbalcon	01/31/2024 08:51:59 AM
Department Approval	jneubau2	02/14/2024 09:24:06 AM
Contract Manager Approval	abarredo	02/14/2024 09:41:23 AM
Budget Analyst Approval	dspeed1	03/07/2024 14:41:06 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: **28727**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: MARSHALL'S SANITATION SERVICES, LLC
Agency Code: 702	Contractor Name: MARSHALL'S SANITATION SERVICES, LLC
Appropriation Unit: 4467-12	Address: PO BOX 403
Is budget authority available?: Yes	City/State/Zip: FALLON, NV 89407
If "No" please explain: Not Applicable	Contact/Phone: LINDSI WALLACE 775/427-9603
	Vendor No.: T32010427A
	NV Business ID: NV20201931310

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 24-45

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 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Portable Restrooms**

5. Purpose of contract:

This is a new contract to provide portable restrooms at the Carson Lake Wildlife Management Area (WMA) to enhance public sanitation and user experience.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,988.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Carson Lake Wildlife Management Area (WMA) does not have adequate facilities for the visiting public. Adding portable bathrooms will meet the needs of the public when hunting, birding, or engaging in other recreational activities on the WMA, reducing litter and improving the overall WMA experience.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not own portable bathrooms to place at the sites where bathrooms are needed and does not have the expertise for setup and take down.

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):

Marshalls Sanitation Services LLC
United Site Services
Allied Portable Toilets

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They were able to service the Fallon and Yerington areas.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 with Dept of Transportation. 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:
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:

Isaac Metcalf, Wildlife Area Supervisor Ph: 775/463-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	01/04/2024 10:15:35 AM
Division Approval	cbalcon	01/08/2024 10:04:02 AM
Department Approval	jneubau2	01/25/2024 08:30:27 AM
Contract Manager Approval	amedin4	02/21/2024 10:08:19 AM
Budget Analyst Approval	dspeed1	02/29/2024 17:32:07 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: **28876**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-95**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LANCE M. DEHNE DBA ARTINEERING**
Contractor Name: **LANCE M. DEHNE DBA ARTINEERING**
Address: **960 RIDGEVIEW DR**
City/State/Zip: **RENO, NV 89511-8509**
Contact/Phone: **775/825-0454**
Vendor No.: **T32015232**
NV Business ID: **NV20243021083**

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 **02/14/2024**

Anticipated BOE meeting date 03/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/01/2024**

Contract term: **291 days**

4. Type of contract: **Contract**

Contract description: **Fire Engineering**

5. Purpose of contract:

This is a new contract to provide fire protection engineering services at Walker River State Recreational Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract will cover the need for fire protection design and assistance for the main ranch house at Walker River State Recreational Area.

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 service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	02/14/2024 11:57:37 AM
Division Approval	ethick1	02/14/2024 11:57:39 AM
Department Approval	ethick1	02/14/2024 11:57:42 AM
Contract Manager Approval	ethick1	02/14/2024 11:57:45 AM
Budget Analyst Approval	rjacob3	02/14/2024 15:46:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28647**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: CARASOFT TECHNOLOGY CORPORATION
Agency Code: 704	Contractor Name: CARASOFT TECHNOLOGY CORPORATION
Appropriation Unit: 4604-06	Address: 11493 SUNSET HILLS RD STE 100
Is budget authority available?: Yes	City/State/Zip: RESTON, VA 20190-5230
If "No" please explain: Not Applicable	Contact/Phone: 703/871-8500
	Vendor No.: PUR0004357
	NV Business ID: NV20151127305

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 **02/14/2024**

Anticipated BOE meeting date 01/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **321 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Procore Project Mgmt**

5. Purpose of contract:

This is a new Service Agreement under Statewide contract #17504 which provides Cloud Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,343.49**

II. JUSTIFICATION

7. What conditions require that this work be done?

Project management software purchase

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 the necessary software.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? 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	ethick1	02/14/2024 10:04:34 AM
Division Approval	ethick1	02/14/2024 10:04:36 AM
Department Approval	ethick1	02/14/2024 10:04:39 AM
Contract Manager Approval	ethick1	02/14/2024 10:04:41 AM
EITS Approval	ljean	02/14/2024 11:56:32 AM
Budget Analyst Approval	rjacob3	02/14/2024 14:38:41 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: James Settelmeyer, Director, DCNR
Jonathan Brunjes, Deputy Administrator, PARKS, DCNR
Jennifer Idema, Administrative Services Officer, PARKS, DCNR

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 – PARKS – TIN 305 – *Mobile App-State Parks* –
Update A – BA 4162, 4606

DATE: April 6, 2023

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Parks Division's (PARKS) – *Mobile App-State Parks* – TIN 305, Update A.

The submitted TIN, for an estimated value of \$105,000.00 in the FY22/FY23 biennium and \$30,000.00 in the FY24/FY25 biennium (50% Gift Shop Grant and 50% Pine Creek funding), is to update cost information due to the addition of a digital passport feature to the mobile application to replace the current paper copies Parks has been distributing to the public. This amendment also includes adding historic preservation markers located across the state.

The application will interface with the park reservation system at some point in the future and have links to the official Nevada State Parks website (www.parks.nv.gov). Visitors will benefit from the application by being able to access general park information, trail maps, interpretive nodes, and up-to-date emergency information, as posted by park staff. The solution will be platform agnostic and provide both online and offline capabilities.

The agency considers the investment and final implementation to have an ongoing low security risk; however, this cloud solution will require a standard link to the State Parks website and third-party

reservation system to be accessible to 3.1 million park visitors annually.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28888**

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: **FUNDIN PUMP & WELL SERVICE LLC**
Contractor Name: **FUNDIN PUMP & WELL SERVICE LLC**
Address: **4030 EASTLAKE BLVD**
City/State/Zip: **WASHOE VALLEY, NV 89704-9103**
Contact/Phone: **775/849-1027**
Vendor No.: **T32004932**
NV Business ID: **NV20151725969**
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 %	X	Fees	100.00 %	Utility Surcharge
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2024**
Anticipated BOE meeting date **03/2024**

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2027**
Contract term: **3 years and 39 days**

4. Type of contract: **Contract**
Contract description: **WR Well SVC On-Call**

5. Purpose of contract:
This is a new contract to provide on call well repair and emergency services as required on the various water wells and control components throughout Western Region State Parks.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$48,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
Western Region of Nevada State Parks maintains and operates over 25 residential and commercial wells. Contracted services will include but not limited to replacement and/or repair of motors, pumps, start boxes, trouble shooting and well rehabilitation. This will be on an on call/as needed basis when an emergency or need arises.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Park maintenance staff do not possess the specialty tools and equipment to provide the necessary repairs.

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):
**Carson Pump
Ogden Pump and Well
Fundin Well and Pump**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Other vendors declined or did not respond to solicitation

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	02/12/2024 14:35:13 PM
Division Approval	ethick1	02/12/2024 14:35:15 PM
Department Approval	ethick1	02/12/2024 14:35:18 PM
Contract Manager Approval	ethick1	02/12/2024 14:35:21 PM
Budget Analyst Approval	rjacob3	02/20/2024 07:37:21 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 26521	Amendment Number: 1
Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: KEN MORGAN DBA GREAT BASIN CONTROL SYSTEMS
Agency Code: 704	Contractor Name: KEN MORGAN DBA GREAT BASIN CONTROL SYSTEMS
Appropriation Unit: 4605-12	Address: 325 NEILSON RD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-7839
If "No" please explain: Not Applicable	Contact/Phone: 775/741-1408
	Vendor No.: T32006048
	NV Business ID: NV20171212863

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 %	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 **08/09/2022**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **3 years and 326 days**

4. Type of contract: **Contract**

Contract description: **on-call contract**

5. Purpose of contract:

This is the first amendment to the original contract which provides on-call services for water systems control failure or installation for the Western Region parks. This amendment increases the maximum amount from \$48,000 to \$98,000 due to the need to develop, connect and provide power and water treatment for an additional water supply at Berlin Ichthyosaur State Park.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$50,000.00	\$50,000.00	\$98,000.00	Yes - Info
3. New maximum contract amount:	\$98,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Water systems occasionally fail or need replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks does not have the training or equipment to provide this type 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Great Basin Contol Systems provided the lowest quote

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Great Basin Controls has been contracted with Nevada State Parks for the last several years; work performed is satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	02/28/2024 13:24:17 PM
Division Approval	ethick1	02/28/2024 13:24:20 PM
Department Approval	ethick1	02/28/2024 13:24:24 PM
Contract Manager Approval	ethick1	02/28/2024 13:24:33 PM
Budget Analyst Approval	rjacob3	02/29/2024 11:39:32 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: **28939**

Agency Name:	DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name:	CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Agency Code:	709	Contractor Name:	CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Appropriation Unit:	3187-55	Address:	4500 North Walnut Road, Suite
Is budget authority available?:	Yes	City/State/Zip:	North Las Vegas, NV 89031
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Hoffman 702/219-1153
		Vendor No.:	T27000924A
		NV Business ID:	NV20021375471

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP#24-026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/08/2024**

Anticipated BOE meeting date **03/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2024**

Contract term: **205 days**

4. Type of contract: **Contract**

Contract description: **Mercury Collection**

5. Purpose of contract:

This is a new contract to provide hazardous waste material collection, packaging, transportation, recycling, and disposal in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,597.57**

Other basis for payment: Fee Schedule agreed upon through the RFP

II. JUSTIFICATION

7. What conditions require that this work be done?

The NDEP-BSMM is not equipped to facilitate the transportation and disposal of household hazardous wastes. In order to meet the Grant Workplan deliverables, these services must be contracted out to a licensed provider.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDEP-BSMM does not hold the licensing and permits to act as a hazardous waste transporter or consultant. The BSMM does not have authorized personnel or necessary equipment to facilitate the collection and disposal of hazardous waste.

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):

GrayMar Environmental Services

Heritage-Crystal Clean, LLC

H2 Environmental

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Clean Harbors is the the only organization that responded to the RFP.

d. Last bid date: 02/09/2024 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?

Yes If "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 following agencies have had interactions with CHES in the past:

Dept of Ag
Dept. of Public Safety
State Parks
NDOT
NDEP

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Alm, Kayla, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dherrin1	03/07/2024 14:13:04 PM
Division Approval	asettel1	03/07/2024 14:39:53 PM
Department Approval	asettel1	03/07/2024 14:40:02 PM

Contract Manager Approval
Budget Analyst Approval

mgowe2
rjacob3

03/07/2024 14:43:03 PM
03/08/2024 14:45:59 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: **28800**

Agency Name: DCNR - OUTDOOR RECREATION	Legal Entity Name: Ground Truth Geographics LLC DBA Community Geographics (CommGeo)
Agency Code: 710	Contractor Name: Ground Truth Geographics LLC DBA Community Geographics (CommGeo)
Appropriation Unit: 4180-10	Address: 2670 South Pennsylvania Street
Is budget authority available?: Yes	City/State/Zip: Denver, CO 80210
If "No" please explain: Not Applicable	Contact/Phone: Stephen Engle 207-813-2600
	Vendor No.: T32014821
	NV Business ID: NV20243008458

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2027**

Contract term: **3 years and 305 days**

4. Type of contract: **Contract**

Contract description: **TrailFinder Webhost**

5. Purpose of contract:

This is a new contract to provide webhosting services, maintenance support, and website enhancements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,780.00**

Other basis for payment: Total Contract or installments payable at satisfactory completion of scope of work tasks and on monthly basis.

II. JUSTIFICATION

7. What conditions require that this work be done?

A webhosting service is required to keep the NV Trail Finder website live and available to the public. In addition to maintaining the current version of the website, we will be adding features to the website, to expand it's engagement with and helpfulness to the public, acting as a resource for trail/recreation location, event, and business information in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Trail Finder (NVTF) was built using a licensed Content Management System (CMS). The CMS is solely owned and operated by Aptuitiv, and unlike other open source CMS platforms (like WordPress), NVTF cannot be hosted and maintained in its current form in any other configuration without having to wholly rebuild the website. Any enhancements to be made to NVTF require a detailed understanding the CMS (Branch CMS), which Aptuitiv owns and CommGeo leases on behalf of NVTF; some functionality enhancements may require software development work that only Aptuitiv can complete.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Trailhead Labs, Inc. DBA Outerspatial
MapGears, Inc.
Ground Truth Geographics LLC DBA Community Geographics (CommGeo)

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they wanted to perform the work within the scope we presented and demonstrated good understanding of and experience with the platform. They also demonstrated their staffing capacity and flexibility to complete the work in a timely manner. Other vendors solicited were not wanting to work within our scope, working to build upon the current website form, but were instead wanting to convert the website into a mobile phone application.

d. Last bid date: 12/06/2023 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	elisjoh4	02/08/2024 08:34:46 AM
Division Approval	elisjoh4	02/08/2024 08:34:51 AM
Department Approval	kwilliam	02/29/2024 09:09:58 AM
Contract Manager Approval	elisjoh4	02/29/2024 09:42:53 AM
Budget Analyst Approval	rjacob3	03/01/2024 09:11:58 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: **28881**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Brown Bag Meals LLC
Agency Code: 901	Contractor Name: Brown Bag Meals LLC
Appropriation Unit: 3253-00	Address: dba Lunch Works
Is budget authority available?: Yes	1537 S Virginia St Ste A
If "No" please explain: Not Applicable	Reno, NV 89502
	Contact/Phone: Ken Foster 775-742-0355
	Vendor No.: T29047873
	NV Business ID: NV20232829375
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 % Business Enterprise Set-Aside

Agency Reference #: 3836-26-BEN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **2 years and 19 days**

4. Type of contract: **Revenue Contract**

Contract description: **Food Service & Train**

5. Purpose of contract:

This is a new revenue contract to provide food and beverage services at one or more northern Nevada Business Enterprises of Nevada program sites and to function as a job-based training facility for current and potential Business Enterprises of Nevada program site operators who are blind or visually impaired and food service job training for other individuals with disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,800.00**

Other basis for payment: Ten percent (10%) of total gross monthly sales paid to Business Enterprises of Nevada per month. Total revenue contract not to exceed \$49,800.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada (BEN) program needs food and beverage services at northern Nevada BEN sites and needs a job-based training facility for current and potential BEN operators to help them succeed and successfully operate BEN food service locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State of Nevada employees inherently do not provide food and beverage services and do not have the time or expertise to provide training to potential future BEN operators.

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):

Full Belly Deli
L.A. Bakery
Bella Vita Bistro & Catering
Paul Schat's Bakery
Lunch Works

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor who submitted a proposal.

d. Last bid date: 01/18/2024 Anticipated re-bid date: 01/18/2026

- 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:
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 Mazza, Administrative Services Officer II Ph: (702) 486-8800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clarki1	02/22/2024 11:28:26 AM
Division Approval	scas1	02/26/2024 13:47:59 PM
Department Approval	scas1	02/26/2024 13:48:01 PM
Contract Manager Approval	wcune1	02/26/2024 16:44:28 PM
Budget Analyst Approval	twollan1	03/12/2024 19:06:31 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: **28889**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: ROYAL REFRIGERATION INC
Agency Code: 901	Contractor Name: ROYAL REFRIGERATION INC
Appropriation Unit: 3253-10	Address: 5150 S ARVILLE ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-1539
If "No" please explain: Not Applicable	Contact/Phone: Lisi Robb 702/645-3000
	Vendor No.: PUR0005227
	NV Business ID: NV19981376704
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 % Business Enterprise Set-Aside

Agency Reference #: **3835-26-BEN**

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 **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Refrigeration Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair services of commercial refrigerators and refrigeration units, freezers, ice makers, chillers, walk-ins, reach-ins and display units at all southern Nevada Business Enterprises of Nevada program sites, including the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Standard Rate is \$95.00 per hour. Non-Standard/Holiday rate is \$142.50 per hour. No more than 20% markup above vendor cost for parts and materials. \$35.00 round-trip charge to all BEN sites excluding Hoover Dam and Mesquite, NV. \$50.00 round-trip charge to BEN sites located at the Hoover Dam and in Mesquite, NV. Total contract not to exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of refrigeration equipment at various locations that need on-going maintenance and repair services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work requires specialization in commercial refrigeration and chiller units. State employees do not have the time nor the specialized expertise to provide these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Royal Refrigeration
Rebel Refrigeration
Western Commercial Services
Ontario Refrigeration
Chill Rite
Bishop Air Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor who submitted a proposal.

d. Last bid date: 01/19/2024 Anticipated re-bid date: 01/19/2026

- 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:

11/2012 - present for the Business Enterprises of Nevada program. Services provided have been and are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Chris Mazza, Administrative Services Officer II Ph: (702) 486-8800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clarki1	02/22/2024 10:55:10 AM
Division Approval	scas1	02/26/2024 13:44:12 PM
Department Approval	scas1	02/26/2024 13:44:14 PM
Contract Manager Approval	wcune1	02/26/2024 16:41:07 PM
Budget Analyst Approval	twollan1	03/12/2024 18:41:25 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: **28853**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: THE ABBI AGENCY
Agency Code: 902	Contractor Name: THE ABBI AGENCY
Appropriation Unit: 1004-19	Address: 1385 HASKELL ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-2844
If "No" please explain: Not Applicable	Contact/Phone: Patrick Whitaker 775-323-2977
	Vendor No.: T27037235
	NV Business ID: NV20081200897
To what State Fiscal Year(s) will the contract be charged? 2024	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3816-24-OWINN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 04/2024

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **110 days**

4. Type of contract: **Provider Agreement**

Contract description: **Website Design**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWC-NV23-17902 which provides consulting, marketing and education support services. This service agreement will create an interactive webpage showcasing work-based learning opportunities (apprenticeships) across Nevada to existing and prospective employers and job-seekers.

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 \$50,000.00 per Contract

Other basis for payment: As invoiced by the contractor and approved by the State, Contract not to exceed: \$50,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Creatively use and utilize technology to communicate Nevada's diverse communities, especially those hardest hit by the pandemic.

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 necessary training required to perform 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?

Abbie Agency (99SWC-NV23-17902) was selected from the list of vendors from Statewide RFP# 99SWC-S2340 due to their experience creating and maintaining the current OWINN website. Additionally, this vendor is familiar with the needs of OWINN and is consistent in meeting its standards and goals.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 service to DETR since 11/2017, Wildlife since 6/2017 and the Dept of Education since 12/2017.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Alejandro Mcgarvie, Fiscal Manager Ph: 702-486-3513

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msanch12	03/01/2024 10:49:47 AM
Division Approval	sterr2	03/05/2024 08:13:30 AM
Department Approval	sterr2	03/05/2024 08:13:32 AM
Contract Manager Approval	wcune1	03/05/2024 14:27:27 PM
Budget Analyst Approval	twollan1	03/12/2024 18:06:03 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: **28863**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: LING LTD.
Agency Code: BDC	Contractor Name: LING LTD.
Appropriation Unit: B018 - All Categories	Address: 933 GEAR ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503
If "No" please explain: Not Applicable	Contact/Phone: LOUIS LING 775-233-9099
	Vendor No.:
	NV Business ID: NV20222410275

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 **02/15/2024**

Anticipated BOE meeting date **04/2024**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2025**

Contract term: **1 year and 166 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: **\$35,000.00**

Payment for services will be made at the rate of \$175.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an Independent Contractor for the purpose of accomplishing work of the Board under statutory authority. NRS 333.700 authorizes the Board to hire independent legal counsel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no legal expertise on staff with the Board. Legal services to be provided by the contractor pertain to specific area of 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: **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?

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b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	jstrand1	02/06/2024 14:36:09 PM
Division Approval	jstrand1	02/06/2024 14:36:12 PM
Department Approval	jstrand1	02/13/2024 08:52:24 AM
Contract Manager Approval	jstrand1	02/13/2024 08:52:26 AM
Budget Analyst Approval	jhelto1	02/15/2024 12:27:33 PM

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: March 11, 2024
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Shayne Powell, Budget Division *SP*
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, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of March 10, 2023.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims:

Tort Claim Fund	\$ 911,355.91
Statutory Contingency Account	\$ 7,787,230.80
Stale Claims Account	\$ 3,766,981.70
Emergency Account	\$ 500,000.00
Disaster Relief Account	\$ 11,045,555.03
IFC Contingency Unrestricted General Fund	\$ 24,279,651.39
IFC Contingency Unrestricted Highway Fund	\$ 1,184,685.35
IFC Contingency Restricted General Fund	\$ 340,311,182.00
IFC Contingency Restricted Highway Fund	\$ 27,384,820.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and AB469, SB453, SB504 of the 2023 Legislative Session

REVIEWED: <i>SP</i>
INFORMATION ITEM: _____

BA 1348 Tort Claim Fund
NRS 331.187
FY 2024 (as of March 10th, 2023)

Revenues:

Beginning Cash	1,270,641.00	
Insurance Premiums - A	124,868.51	
Insurance Premiums	5,457,595.07	
AG Loan Repayment	-	
ARPA Transfers	-	
	6,853,104.58	
Actual Revenue YTD		\$ 6,853,104.58
Projected Revenue		\$ 7,220,850.30

Paid Claims:

Attorney General's Office (Operating)	(158,170.04)	
Tort Claims	(4,550,502.35)	
Payment Due to Risk Management	(1,600,822.00)	
	(6,309,494.39)	
Account Balance		\$ 911,355.91

Claims Submitted for Payment:

Tort Claims	-	
Submitted for Payment	\$ -	
Account Balance		\$ 911,355.91

Projected Outstanding Claims:

Projected expenses for remainder of quarter 3	(321,211.93)	
Total Projection		\$ (321,211.93)
Projected Account Balance End of Q3		\$ 590,143.98

BA 4892 Statutory Contingency Account
NRS 353.264
FY 2024 (as of March 10th, 2023)

Revenues:

Beginning Cash	13,409,009.00	
Transfer from Interim Finance	-	
AB152 Appropriation	-	
Total Revenue	13,409,009.00	\$ 13,409,009.00

Paid Claims:

Wrongful Convictions	(10,000.00)	
Post Conviction Claims NRS 212.070	(64,729.53)	
Post Conviction Claims NRS 212.070	(6,078.42)	
Juveniles Compact NRS 621.050	(2,210.00)	
NDOC Settlements	(1,999,500.00)	
Attorney General Special Counsel	(133,372.29)	
Extradition Costs	-	
Transfer to DCFS	(6,387.96)	
Total Payments	(2,222,278.20)	
Account Balance		\$ 11,186,730.80

Claims Submitted

Stewart v NDOC	(3,399,500.00)	
	-	
Total	\$ (3,399,500.00)	
Account Balance (includes requests)		\$ 7,787,230.80

Projected Expenditures:

Projected claims through the rest of Q3	(156,866.70)	
Contractor Support	(9,414.51)	
Miscellaneous Expenses	(7,362.84)	
Total Pending Claims	\$ (173,644.05)	
Total Balance		\$ 7,613,586.75

BA 4888 State Claims Account
NRS 353.097
FY 2024 (as of March 10th, 2023)

<u>Revenues:</u>	
Beginning Cash	1,044,762.00
Transfer from Interim Finance	-
Appropriations	4,419,410.00
Total Revenue	\$ 5,464,172.00

<u>Paid Claims:</u>	
Governor's Office	(3,297.98)
Supreme Court	(1,510.08)
SPWD	(252,423.65)
Taxation	(5,114.13)
Public Defender	(134.79)
Historical Society	(252.98)
Nevada State Library	(8,059.51)
Museum	(454.82)
UNLV	(42,858.00)
Military Department	(7,670.69)
Health Care Financing and Policy	(214,007.05)
DHHS - Aging Services	(85,649.55)
DHHS - Health Division	(27,327.49)
DHHS - Mental Health Inst	(17,696.94)
DHHS - SO Nev Adult Mental Health	(881.87)
DHHS-Rural Clinics	(621.36)
DHHS - NO Nev Mental Health	(11,156.22)
DHHS - SO Nev Mental Health	(90,791.56)
DHHS - LV Children's Behavioral Services	(66,784.26)
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	(19,084.98)
DCNR - Forestry	(5,921.17)
Dept. of Corrections	(359,398.60)
DHHS-Youth Service Division	(395.00)
DHHS-Child and Family Services	(47,386.03)
Total Payments	(1,697,190.30)
Account Balance	\$ 3,766,981.70

<u>Claims Pending Approval</u>	
	0.00
Submitted for Payment	0.00
Account Balance	\$ 3,766,981.70

<u>Projected Claims:</u>	
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Total Pending Claims	0.00
Estimated Account Balance - Including all Claims	\$ 3,766,981.70

**BA 4889 Emergency Fund
NRS 353.263
FY 2024 (as of March 10th, 2023)**

Revenues:

Beginning Cash	354,763.00	
Appropriation	145,237.00	
	Total Revenue	\$ 500,000.00

Paid Claims:

	Total Payments	-
	Account Balance	\$ 500,000.00

Claims Submitted for Payment:

	Total Submitted Payments	-
	Account Balance	\$ 500,000.00

Projected Outstanding Claims

	Total Pending Claims	-
	Estimated Account Balance - Including all Claims	\$ 500,000.00

BA 1335 Disaster Relief Account
NRS 353.2735
FY 2024 (as of March 10th, 2023)

Revenues:

Beginning Cash	10,442,714.00	
Treasurer's Interest	102,841.03	
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-	
3rd Qtr and 4th Transfers Per NRS 353.288(4)	-	
Transfer from General Fund	500,000.00	
Total Revenue		\$ 11,045,555.03

Paid Claims:

Preliminary Damage Assessment	-	
	-	
	-	
Payments	-	

Account Balance \$ 11,045,555.03

Projected Outstanding Claims :

DEM Amtospheric River & Hurricane Hillary	19,562.00	
<u>Reserve for Reversion to GF</u>	0.00	
Total Pending Claims	19,562.00	

Estimated Account Balance - Including all Claims \$ 11,065,117.03

**IFC Contingency Fund BA 2630
NRS 353.266 & NRS 353.268
FY 2024 (as of March 10th, 2023)**

Notes Column

Revenues			
Appropriations	\$	10,283,094.00	
Beginning Cash	\$	477,533,781.00	
Total Revenue		487,816,875.00	Matches DAWN
Unrestricted General Fund			
	\$	25,555,081.36	
Unrestricted Highway Fund			
	\$	1,638,068.35	
Restricted General Fund			
	\$	430,919,004.00	
Restricted Highway Fund			
	\$	29,704,720.00	
Total	\$	487,816,873.71	
Unrestricted Expenditures General Fund			
LCB - Payroll	\$	(28,416.08)	
LCB - Operating	\$	(2,376.89)	
Attorney General - Special Counsel	\$	(127,947.00)	
Emergency Management (Formula 1 & NFL)	\$	(510,796.00)	
Office of New Americans - Grant Revenue Shortfall	\$	(21,880.00)	
State Library - Supplement to Archives AB 486	\$	(35,125.00)	
Military - CIO LAN Equipment	\$	(88,382.00)	
Business & Industry -	\$	(150,000.00)	
State Parks - Ice Age Fossils State Park	\$	(225,332.00)	
Public Safety - Dignitary Protection	\$	(85,175.00)	
Total of Unrestricted Expenditures General Fund	\$	(1,275,429.97)	
Unrestricted Expenditures Highway Fund			
DMV Contract for Field Services	\$	(453,383.00)	
Total of Unrestricted Expenditures Highway Fund	\$	(453,383.00)	
Restricted Expenditures General Fund			
SB 231 - Education - County Teacher Salaries	\$	(74,902,139.00)	
AB 468 Governor's Finance Office - Core.NV	\$	(9,890,100.00)	
SB 511 Agriculture	\$	(50,000.00)	
AB 525 Las Vegas Museum of Art	\$	(5,000,000.00)	
AB 518 - Indigent Defense - Davis vs Nevada	\$	(765,583.00)	
Total of Restricted Expenditures General Fund	\$	(90,607,822.00)	
Total of Restricted Expenditures Highway Fund			
AB 468 Governor's Finance Office - Core.NV	\$	(2,319,900.00)	
Total of Restricted Expenditures Highway Fund	\$	(2,319,900.00)	
Total of All Contingency Expenditures		\$ (94,656,534.97)	Matches DAWN
Total Account Balance		393,160,340.03	Matches DAWN
Unrestricted General Fund			
	\$	24,279,651.39	BOE Report
Unrestricted Highway Fund			
	\$	1,184,685.35	BOE Report
Restricted General Fund			
	\$	340,311,182.00	BOE Report
Restricted Highway Fund			
	\$	27,384,820.00	BOE Report
Total	\$	393,160,338.74	
Pending IFC Approval April 2024			
DCNR - State Engineer	\$	(250,000.00)	Unrestricted GF
Education - Office of Teaching & Learning	\$	(38,729.00)	Unrestricted GF
Forestry - Maintenance	\$	(114,156.00)	Unrestricted GF
Forestry - Fire Suppression	\$	(6,404,612.00)	Unrestricted GF
Pending Expenditures	\$	(6,807,497.00)	
Revised Balance		386,352,843.03	