

Governor Joe Lombardo  
*Chairman*

Amy Stephenson  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Francisco V. Aguilar  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

- Date and Time:** January 14, 2025, 10:00 AM
- Location:** Nevada Capitol Building  
101 North Carson Street, Old Assembly Chambers  
Carson City, Nevada 89701
- Video Conference Location:** The McCarran Center, Nevada Building  
1 State of Nevada Way, Governor's Conference  
Room  
Las Vegas, Nevada 89119

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

### 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 576 281 913#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.
- 3. Approval of the December 11, 2024 Meeting Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Commission on Mineral Resources	1	\$66,709
Department of Public Safety – Fire Marshal	1	\$32,642
Department of Public Safety – Fire Marshal	1	\$70,721

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

**State Department of Conservation and Natural Resources – Division of Environmental Protection**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Michael Antoine to assist with program needs and training new staff for the State Department of Conservation of Natural Resources, Nevada Division of Environmental Protection through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

**6. Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036**  
(For possible action)

**A. Office of the Attorney General**

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

Claimant: Michael J. and Cynthia D. Valencia  
Claim No: TC21432  
Settlement Amount: \$140,000  
Date of Loss: November 19, 2021

## **B. Office of the Attorney General**

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

Claimant: Nicholas and Lauren Snider  
Claim No: TC21421  
Settlement Amount: \$550,000  
Date of Loss: March 14, 2021

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

#### **A. Department of Business and Industry – Home Means Nevada, Inc.**

Pursuant to NRS 353.268, the Board of Directors of Home Means Nevada, Inc. requests a recommendation to the Interim Finance Committee for an allocation of \$196,076 from the Interim Finance Committee Contingency Account to be deposited in the account for Foreclosure Mediation Assistance and transferred to Home Means Nevada, Inc. for support of the Foreclosure Mediation Program.

#### **B. Department of Employment, Training and Rehabilitation – Rehabilitation Division**

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$67,498 from the Interim Finance Committee Contingency Account to provide interpretation and translation services for the Limited English Proficiency plan.

#### **C. Department of Public Safety – Division of Dignitary Protection**

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$87,921 from the Interim Finance Committee Contingency Account to provide dignitary protection for the Governor.

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from November 14, 2024 through December 13, 2024.

## 12. Information Item Reports

### Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of December 19, 2024, for fiscal year 2025. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

## 13. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 576 281 913#. 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.

## 14. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. A person may submit comments to be attached to the minutes of the meeting in writing three business days before the meeting date, in addition to testifying or in lieu of testifying. Written comments are limited to 2 pages. Written comments may be submitted electronically by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Denice Castillo at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Denice Castillo at (775) 684-0223 or by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov).

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

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

Governor Joe Lombardo  
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### MEETING MINUTES

**Date and Time:** December 11, 2024, 10:00 AM

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

**Video Conference Location:** The McCarran Center, Nevada Building  
1 State of Nevada Way, Governor's Conference Room  
Las Vegas, Nevada 89119

**MEMBERS PRESENT:**

Secretary of State Francisco V. Aguilar  
Attorney General Aaron Ford

**STAFF PRESENT:**

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

**OTHERS PRESENT:**

Yvonne Nevarez-Goodson, Deputy Director, Department of Taxation  
John Dekoekkoek, Management Analyst 4, Office of the Attorney General

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

**Secretary of the State:** Good morning, everyone. Let's call to order of the Board of Examiners Meeting scheduled for today, December 11, 2024, at 10:00 a.m. Could I ask the Clerk to take roll call, please?

**Clerk of the Board:** Governor Lombardo is excused from this meeting.

Attorney General Ford.

**Attorney General:** Here.

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

**Secretary of the State:** Here.

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

- 2. Public Comment** The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 587 528 79#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

**Secretary of the State:** Moving to agenda item number two, *Public Comment*. The first public comment period is limited to comments on the items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. Comments will be limited to three minutes. Public Comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the Meeting ID, enter 587 528 79#, dial \*5 to request to be unmuted.

Do we have any public comments here or in Carson City?

**Clerk of the Board:** We do in Carson City, sir.

**Yvonne Nevarez-Goodson:** Attachment A

**John Dekoekkoek:** Attachment B

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

Do we have any public comment on the phone?

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

**Secretary of the State:** We will now close public comment.

### **3. Approval of the November 12, 2024 Meeting Minutes** (For possible action)

**Secretary of the State:** We'll move on to agenda item number three, *Approval of the November 12, 2024 Meeting Minutes*. If there are no questions, I'll accept a motion.

**Attorney General:** Motion to approve.

**Secretary of the State:** We have a motion. All those in favor, say 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 – Nevada Highway Patrol Division	8	\$473,309

**Secretary of the State:** We'll now move on to item agenda number four, *State Vehicle Purchases*.

**Clerk of the Board:** There is one request under this agenda item from the Department of Public Safety, Nevada Highway Patrol Division requesting approval to purchase eight replacement vehicles for a total amount not to exceed \$473,309. Are there any questions on any of these vehicles?

**Secretary of the State:** Are there any questions? Do I have a motion?

**Attorney General:** Move approval.

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

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

**A. Department of Education**

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Heidi Haartz to manage COVID relief funds through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

## **B. Department of Education**

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Martha Warachowski to assist with administrative support through statewide contract #99SWC-NV21-7577 with HAT Limited Partnership dba Manpower.

**Secretary of the State:** Agenda item number five, *Authorization for an Emergency Contract with a Current and/or Former State Employee.*

**Clerk of the Board:** There are two requests under this agenda item this morning. The first request is from the Department of Education. Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Heidi Haartz to manage COVID relief funds through Manpower. I would note this item is being brought back before the Board for reconsideration from the November 12, 2024 meeting and has been revised to address the Board's concerns with the length of time it took the department to submit the item to the Board.

The second request is also from the Department of Education. Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract a former employee, Martha Warachowski to assist with administrative support through Manpower. Are there any questions on any of these items?

**Attorney General:** Not here. Are you ready for motion?

**Secretary of the State:** I'll take a motion.

**Attorney General:** Move to approve.

**Secretary of the State:** All those in favor, say aye. The motion passes unanimously.

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

### **Nevada State Board of Pharmacy**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Ryan Miller to provide training and coordination services for the Nevada State Board of Pharmacy through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

**Secretary of the State:** Moving on to agenda number six, *Authorization to Contract with a Current and/or Former State Employee.*



**Clerk of the Board:** This request is from the Nevada State Board of Pharmacy. Pursuant to NRS 333.705, subsection 1, the Board requests authority to contract with former employee Ryan Miller to provide training and coordination services through Marathon Staffing Group. Are there any questions on this item?

**Secretary of the State:** Are there any questions?

**Attorney General:** No, sir. None here. Move approval.

**Secretary of the State:** We have a motion to approve. All those in favor, say aye. The motion passed unanimously.

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

**Department of Corrections**

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Correctional Officer positions for the period of December 1, 2024 to June 30, 2025.

**Secretary of the State:** Agenda item number seven, *Request to Designate Positions in State Government as Critical Labor Shortages*.

**Clerk of the Board:** This request is from the Department of Corrections. Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Correctional Officer positions for the period of December 1, 2024 to June 30, 2025. Are there any questions on this item?

**Secretary of the State:** Any questions, Mr. General?

**Attorney General:** None here. Move to approve.

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

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

**Department of Health and Human Services – Division of Public and Behavioral Health**

Pursuant to NRS 353.097, subsection 4, the division requests approval to pay a total of \$202,500 from the Stale Claims account for a settlement agreement for claims from fiscal year 2024.

**Secretary of the State:** Moving on to agenda item number 8, *Request for Approval to Pay a State Claim from the State Claims Account Pursuant to NRS 353.097.*

**Clerk of the Board:** This request is from the Department of Health and Human Services, Division of Public and Behavioral Health. Pursuant to NRS 353.097, subsection 4, the division requests approval to pay a total of \$202,500 from the State Claims Account for a settlement agreement for claims from fiscal year 2024. Are there any questions on this item?

**Secretary of the State:** Mr. General, any questions?

**Attorney General:** No, sir. Move approval.

**Secretary of the State:** We have a motion. All those in favor, say aye. The motion passes unaimously.

## **9. Request for Approval of Payment from the Statutory Contingency Account** (For possible action)

### **Governor's Finance Office**

Pursuant to NRS 41.950 and NRS 41.970, the office requests the Board of Examiners to approve a payment of \$900,000 from the Statutory Contingency Account to Kirstin Blaise Lobato representing compensation for her wrongful conviction.

**Secretary of the State:** Agenda item number nine, *Request for Approval of Payment from the Statutory Contingency Account.*

**Clerk of the Board:** This is a request from the Governor's Finance Office. Pursuant to NRS 41.950 and NRS 41.970, the office requests the Board of Examiners to approve a payment of \$900,000 from the Statutory Contingency Account to Kirstin Blaise Lobato representing compensation for her wrongful conviction. Are there any questions on this item?

**Secretary of the State:** Mr. General, any questions?

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

**Secretary of the State:** All those in favor, say aye. The motion passes unanimously.

## **10. 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 Corrections**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$448,228 from the Interim Finance Committee Contingency Account to cover costs associated with the peer-support

program and academy training.

**B. Department of Education**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$154,634 from the Interim Finance Committee Contingency Account to continue supporting the 1/5 PERS Hiring Incentive Program for Clark and Washoe counties.

**C. Department of Education**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$374,572 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services.

**D. Department of Health and Human Services - Division of Child and Family Services**

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$823,120 from the Interim Finance Committee Contingency Account to support the Adoption Subsidy program.

**Secretary of the State:** Agenda item number 10, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account.*

**Clerk of the Board:** The first request is from the Department of Corrections. Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$448,228 from the Interim Finance Committee Contingency Account to cover costs associated with the peer support program and academy training.

The second request is from the Department of Education. Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$154,634 from the Interim Finance Committee Contingency Account to continue supporting the 1/5 PERS Hiring Incentive Program for Clark and Washoe Counties.

The third request is also from the Department of Education. Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$374,572 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services.

The final request is from the Department of Health and Human Services, Division of Child and Family Services. Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$823,120 from the Interim Finance

Committee Contingency Account to support the Adoption Subsidy Program. Are there any questions on any of these items?

**Secretary of the State:** Are there any questions?

**Attorney General:** None here. All is articulated. Move approval.

**Secretary of the State:** We have a motion to approve all four items. All those in favor, say aye. The motion passes.

## **11. Request for Approval of Land Lease Agreement** (For possible action)

### **State Department of Conservation and Natural Resources - Division of State Lands**

Pursuant to NRS 321.335, the division requests approval of a Land Lease Agreement to Molasky Ventures, LLC for occupancy and use of ground at 1054 Commerce Street Las Vegas, Nevada. This item is contingent upon IFC approval.

**Secretary of the State:** Agenda item number 11, *Request for Approval of Land Lease Agreement*.

**Clerk of the Board:** This request is from the State Department of Conservation and Natural Resources, Division of State Lands. Pursuant to NRS 321.335, the division requests approval of a Land Lease Agreement to Molasky Ventures, LLC, for occupancy and use of ground at 1054 Commerce Street, Las Vegas, Nevada. This item is contingent upon IFC approval. Are there any questions on this item?

**Secretary of the State:** Any questions, Mr. General?

**Attorney General:** No, sir. Move for approval.

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

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

**Secretary of the State:** Agenda item number 12, *Approval of Proposed Leases*.

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

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

**Attorney General:** No, sir. Motion to approve.

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

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

**Secretary of the State:** Moving on to agenda item number 13, *Approval of Proposed Contracts*.

**Clerk of the Board:** There are 54 contracts under this agenda item. Please note that contract number 19 has been withdrawn by the agency, which is leaving 53 for approval today. Are there any questions on any of these contracts?

**Secretary of the State:** I do not. Mr. General, do you have any questions?

**Attorney General:** No, sir. Move approval with the exception of contract number 19, which has been withdrawn by the agency.

**Secretary of the State:** We have a motion for approval. All those in favor, say aye. The motion passes unanimously.

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

**Secretary of the State:** Item number 14, *Approval of Proposed Master Service Agreements*.

**Clerk of the Board:** There are 15 Master Service Agreements under this agenda item for approval by the Board today. Are there any questions on any of these items?

**Secretary of the State:** No questions. Mr. General, any questions?

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

**Secretary of the State:** We have a motion. All those in favor, say 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 October 16, 2024 through November 13, 2024.

**Secretary of the State:** Agenda item number 15, *Information Item - Clerk of the Board Contracts*.

**Clerk of the Board:** There are 41 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board from October 16, 2024 through November 13, 2024. This item is informational. Are there any questions on any of these informational contracts?

**Secretary of the State:** No questions, just a comment to thank the Athletic Commission for all of their hard work.

**Attorney General:** Thanks so much. No questions.

## 16. Information Item Reports

### A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of November 12, 2024, for fiscal year 2025. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

### B. State Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2025, 1st Quarter

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2024 through September 30, 2024.

### C. Statewide Quarterly Overtime Report – Fiscal Year 2025, 1st 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 July 1, 2024 through September 30, 2024.

**Secretary of the State:** Agenda item number 16, *Information Item Reports*.

**Clerk of the Board:** The first report is from the Governor's Finance Office, Budget Division. Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the following accounts. The Tort Claim Fund is at \$4,342,499.49, Statutory Contingency Account is \$2,477,051.66, State Claims Account is \$2,050,812.94, Emergency Account is \$500,000, Disaster Relief Account is \$13,043,674, IFC Contingency Unrestricted General Fund is

\$15,302,262.04, IFC Contingency Unrestricted Highway Fund is \$1,638,068.35, IFC Contingency Restricted General Fund is \$120,275,427, IFC Contingency Restricted Highway Fund is \$19,142,217, and the Extradition Coordinator Budget Account 1002 is at \$154,121.26. Are there any questions on this informational report?

**Secretary of the State:** No questions here. General?

**Attorney General:** None here.

**Clerk of the Board:** The second report is the Department of Conservation and Natural Resources, Division of State Lands for fiscal year 2025, first 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 interest in lands transferred, sold, exchanged or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2024 through September 30, 2024. Are there any questions on this item?

**Secretary of the State:** No questions here.

**Attorney General:** Not here.

**Clerk of the Board:** The third report is from the Governor's Finance Office, Budget Division. 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 July 1, 2024 through September 30, 2024. Are there any questions on this informational item?

**Secretary of the State:** I'm glad when the Secretary of State's Office is not on these lists. Mr. Ford?

**Attorney General:** No questions here either. Thank you.

**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 985 815 151#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

**Secretary of the State:** We'll move on to item number 17, *Public Comment*. This is the second opportunity for public comments. Comments will be limited to three minutes. Do we have any public comments in Carson City?

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

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

Do we have any public for comment on the telephone?

**Clerk of the Board:** We don't have anyone on the phone.

**Secretary of the State:** Thank you. We will close public comment.

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

**Secretary of the State:** Item number 18, *Adjournment*.

**Attorney General:** Move to adjourn.

**Secretary of the State:** All in favor, say aye. The motion passes unanimously. We are adjourned. Thank you, General.



## ATTACHMENT A

**Yvonne Nevarez-Goodson:** Good morning members of the Board. My name is Yvonne Nevarez-Goodson. I'm the Chief Deputy Director for the Department of Taxation. While I'm here today for other matters before the Board, I wanted to take this opportunity and publicly comment on behalf of the Tax Commission Chair, George Kelesis, and Department Director, Shellie Hughes, to share with you that this week marks the launch of the first phase of our modernization project known as Project MYNT.

There is an e-services portal associated with Project MYNT for Nevada's taxpayers, referred to as My Nevada Tax. We're proud to announce that this first release of the project was successfully completed, both timely, and within budget, and the new system is currently running smoothly.

We're also proud to announce one interesting statistic, which is that on day one of rollout, we collected \$5 million in revenue and zero errors with the system. So, that was really great news.

Phase one of this project provides new system functionality for both department staff and Nevada's taxpayers for certain tax types and licenses, including sales and use tax, consumer use tax, cigarette tax, live entertainment tax, liquor tax, liquor license renewal, other tobacco license tax, and other tobacco products tax for, for those licenses.

A few highlights of the system for taxpayers and licenses within these tax types, they can update their account information, they can view and manage permits and licenses, they can conduct business registration and have account access, they can manage multiple locations for their businesses, schedule appointments with the department, manage their corporate officers, file returns, make payments, and close accounts as necessary.

We're working with those taxpayers in this initial week that require special assistance with their registration or other questions or problems they might be having with the new system, but otherwise we're very proud to announce this accomplishment towards modernization.

We have two additional phases that are set to roll out in both December of 2025 and December of 2026 respectively. The department is also planning and hereby inviting your respective officers to attend some dedicated demonstrations of this new system after the first of the year. I have the Department's Project Manager, Patric Starr, with me today, so that you may put a face to the name when those invitations come out. With that, Members, I just wanted to thank you for your support of this modernization project with various matters we've had before the Board and we welcome any questions you may have. Thank you.

## **ATTACHMENT B**

**John Dekoekkoek:** Good morning. My name is John Dekoekkoek and I would like to say thank you regarding the recent changes to the State Administrative Manual. I provided public comment at the October BOE related to SAM Section 2630 Decorating Offices and I would like to thank the Board of Examiners for reconsidering the proposed changes during that meeting.

I would also like to thank the Department Administration for revising Section 2630 in a way that I believe balances the needs of the State along with the wellbeing of Nevada State employees.

Finally, thank you to the BOE for approving those proposed changes at the November BOE Meeting. Thank you.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 16, 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 \$66,709.

Additional Information:

The division is requesting to purchase one replacement vehicle used for agency-related travel. Funding for this purchase of \$46,424 was approved in the 2023 Legislative Session for fiscal year 2025, budget account 4219, decision unit E711. The remaining balance of \$20,285 will be funded through non-IFC approval of work program #C72770.

Statutory Authority:

NRS 334.010

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



**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: 12/10/2024  
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

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Mr. Vince Young-Brown,

The Division of Minerals is requesting approval from the Board of Examiners to purchase a replacement vehicle for the agency's 2009 model year GMC Yukon used for agency-related travel. Funding for this vehicle was approved in the agency's FY 25 budget with supplemental funding pending work program C72770. This vehicle is being replaced according to SAM 1316 Vehicle Replacement Policy. The budget account for this vehicle replacement is 4219, Category 04, at a cost of \$66,708.25.

The Division is requesting this item be placed on the January 14th, 2025, Board of Examiners meeting agenda.

Thank you,

Garrett Wake, Deputy Administrator  
Nevada Division of Minerals  
702-486-4344  
[gwake@minerals.nv.gov](mailto:gwake@minerals.nv.gov)

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

<b>Agency Name:</b> Nevada Division of Minerals	<b>Budget Account #:</b> 4219						
<b>Contact Name:</b> Garrett Wake	<b>Telephone Number:</b> 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><b>Number of vehicles requested:</b> <u>1</u>                      <b>Amount of the request:</b> <u>\$66,708.25</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>SUV</u></p> <p><b>Mission of the requested vehicle(s):</b> Transportation of staff and commission members to meetings, tours, and other agency-related functions.</p>							
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> E711</p> <p><b>If no, please explain how the vehicles will be funded?</b> WP C72770 is pending to make up a difference between actual and FY25 L01.</p>						
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> Addition(s)    <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>							
<p><b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b></p> <p>Yes</p>							
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b><u>Current Vehicle Information:</u></b> Vehicle #1 Model Year: 2009 Odometer Reading: 92,694 Type of Vehicle: GMC Yukon (SUV)</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</p> <p>Yes</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>This vehicle is not an upgrade.</p>						
<p><i>Please attach an additional sheet if necessary</i></p>							
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"> <p><b>Rob Ghiglieri</b> <small>Digitally signed by Rob Ghiglieri Date: 2024.12.23 13:50:18 -08'00'</small></p> </td> <td style="width:20%; border: none; text-align: center;"> <p>Administrator</p> </td> <td style="width:40%; border: none;"> <p>_____</p> </td> </tr> <tr> <td style="border: none;"> <p>Agency Appointing Authority</p> </td> <td style="border: none; text-align: center;"> <p>Title</p> </td> <td style="border: none; text-align: right;"> <p>Date</p> </td> </tr> </table>		<p><b>Rob Ghiglieri</b> <small>Digitally signed by Rob Ghiglieri Date: 2024.12.23 13:50:18 -08'00'</small></p>	<p>Administrator</p>	<p>_____</p>	<p>Agency Appointing Authority</p>	<p>Title</p>	<p>Date</p>
<p><b>Rob Ghiglieri</b> <small>Digitally signed by Rob Ghiglieri Date: 2024.12.23 13:50:18 -08'00'</small></p>	<p>Administrator</p>	<p>_____</p>					
<p>Agency Appointing Authority</p>	<p>Title</p>	<p>Date</p>					
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <hr/> <p>Board of Examiners _____ Date _____</p>							

## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2025 Ford Expedition 4x4 Active Trim		
<b>Dealer Name:</b>	Corwin Ford Reno		
<b>Delivery Location:</b>	Corwin Ford Reno, 3600 Kietzke Lane, Reno, NV		
<b>Vehicle Colors:</b>	Exterior: Oxford White	Interior: Dark Gry	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE	1	\$65,545	\$65,545.00
SPECIFY OPTIONS: (description)			
Engine Heater	1	\$190	\$190.00
Floor Liners	1	\$160	\$160.00
Protection Package Cargo	1	\$785	\$785.00
Total purchase price with options			\$66,680.00
DMV Title and Document Fee	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$66,708.25</b>

<b>Registered Owner:</b>	Agency Name & Address: NEVADA DIVISION OF MINERALS 400 W. King St. Suite 106, Carson City, Nevada 89703
<b>Legal Owner:</b>	Agency Name & Address: NEVADA DIVISION OF MINERALS 400 W. King St. Suite 106, Carson City, Nevada 89703
<b>County Vehicle Based In:</b>	CARSON CITY
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Keith Hayes 775-684-7044 keithhayes@minerals.nv.gov



Invoice # 12/10/2024

**Corwin | Ford**  
RENO

Sales • Service • Used Cars & Trucks

3600 KIETZKE LANE  
RENO, NV 89502

P.O. BOX 12970  
RENO, NV 89510

775-829-3206 Direct

Customer # NV / DIV OF MINERALS

Sold to:

Address:

City, State &  
Zip Code

VIN	Year	Make	Model
	2025	Ford	EXPEDITION
Salesperson	Deal #		PO #
Dennis Tagliarino			

**2025 EXPEDITION 4X4 ACTIVE TRIM**

**OXFORD WHITE/ DARK GRAY CLOTH  
CAPTAIN CHAIRS/ 200A EQUIPMENT GROUP  
18" WHEELS/ 3.5 LTR ECOBOOST ENGINE  
ALL TERRAIN TIRES  
BLOCK HEATER \$190/ FLOOR LINERS \$160  
CARGO PROTECTION MAT \$785**

**TOTAL COST \$66,680 PLUS \$28.25 TITLE FEE  
MASTER BLANKET PURCHASE ORDER 99SWC-NV21-8811**

**Thank you for your  
business!**



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

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

Date: December 13, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – FIRE MARSHAL DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one new vehicle for a total amount not to exceed \$32,642.

Additional Information:

The division is requesting to purchase one sport utility vehicle to support fire inspection activities. Funding for this purchase is available through IFC approval of work program #C72134.

Statutory Authority:

NRS 334.010

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



*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: December 12, 2024

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

FROM: Jennafer Jenkins, Management Analyst 3  
Department of Public Safety, State Fire Marshal

SUBJECT: Request to Purchase Vehicle

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Attached are the Board of Examiner Request for Approval to Purchase a State Vehicle forms pursuant to NRS 334.010. On December 12, 2024, the State Fire Marshal Division was approved to purchase one vehicle through IFC Work Program #C72134 in the amount of \$32,641.25. If you have any questions, please feel free to contact me.

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

<b>Agency Name:</b> State Fire Marshal	<b>Budget Account #:</b> 3816
<b>Contact Name:</b> Jennafer Jenkins	<b>Telephone Number:</b> 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><b>Number of vehicles requested:</b> <u>1</u>      <b>Amount of the request:</b> <u>32,641.25</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>SUV</u></p> <p><b>Mission of the requested vehicle(s):</b> <u>Vehicle for new Inspector Position</u></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b></p> <p><b>If no, please explain how the vehicles will be funded?</b> <u>IFC WP C72134</u></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input checked="" type="checkbox"/> <u>  </u> Addition(s)    <input type="checkbox"/> <u>  </u> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b></p> <p><u>Yes.</u></p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b><u>Current Vehicle Information:</u></b>            Vehicle #1 Model Year: _____            Odometer Reading: _____            Type of Vehicle: _____</p> <p>Vehicle #2 Model Year: _____            Odometer Reading: _____            Type of Vehicle: _____</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p><u>Yes</u></p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <p><u>[Signature]</u>    <u>Asst. State Fire Marshal</u>    <u>12/12/24</u>            Agency Appointing Authority      Title      Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <p>_____            Board of Examiners      Date</p>	

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2025 Chevrolet Equinox		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Ash Gray	<input checked="" type="checkbox"/> Cloth  <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$29,593.00	\$29,593.00
SPECIFY OPTIONS: (description)			
Additional Keys	2	\$297.50	\$595.00
Tire, Spare, Full Size	1	\$700.00	\$700.00
Vehicle Decals	1	\$1,725.00	\$1,725.00
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			\$32,613.00
DMV Title and DRS Fee's	1	28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$32,641.25</b>

<b>Registered Owner:</b>	Agency Name & Address: State Fire Marshall 107 Jacobsen Way Carson City, Nevada 89711
<b>Legal Owner:</b>	Agency Name & Address: State Fire Marshall 107 Jacobsen Way Carson City, Nevada 89711
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jennafer Jenkins 775-684-7509



7/25/2024

BID 99SWC-S1495

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

• Base Price	\$29,593.00
• Two Additional Keys	\$595.00
• Full Size Spare(Shipped Loose)	\$700.00
• Summit White	\$0.00
• Cloth Seats	\$0.00
Nevada DRS/Title Fee	\$28.25
Grand Total	\$30,916.25

Fleet Manager

A handwritten signature in black ink, appearing to read "K. M. Outland", is written over the printed name.

Kyle M. Outland

Vital Signs NV  
2412 S. Curry Street Carson City, NV 89703  
info@vitalsignscc.com  
(775) 884-2990



VitalSignsCC.com

# Quote 1512

## 2024 Chevy Equinox

QUOTE DATE  
Wed, 09/25/2024  
QUOTE EXPIRY DATE  
Fri, 10/25/2024  
TERMS  
NET 10

REQUESTED BY  
STATE FIRE MARSHAL DIVISION

CONTACT INFO  
Jennafer Jenkins  
jennafer.jenkins@dps.state.nv.us  
(775) 684-7509  
Mobile: (775) 431-9095

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	Custom Reflective Printed Training Graphics Kit for 2024 Chevy Equinox	1	Unit	\$1,300.00	\$1,300.00	N
2	Installation of Graphics Kit	1	Unit	\$425.00	\$425.00	N

*This is a cost estimate based on the specific information you've given us and is valid for 30 days. The final price may vary based on the actual product produced.*

When you approve this estimate, you are agreeing to pay 100% of the estimated price. If you are not set up with credit terms, we require a 50% deposit to begin work on your project. Once we receive your deposit, we'll schedule your project and email you an estimated completion date. The remaining balance is due upon completion of your order.

**Need to make changes?**

No problem - but please realize, changes to quantity or specifications will affect your price. We will provide you with an updated estimate based on the changes.

**Subtotal:** \$1,725.00  
**Sales Tax (0%):** \$0.00  
**Total:** \$1,725.00

**SIGNATURE:**

**DATE:**

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 16, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – FIRE MARSHAL DIVISION**

Agenda Item Write-up:


Pursuant to NRS 334.010, the division requests approval to purchase one replacement vehicle for a total amount not to exceed \$70,721.

Additional Information:

The division is requesting to purchase one replacement truck to respond to emergencies in remote locations. Funding for this purchase of \$44,265 was approved in the 2023 Legislative Session for fiscal year 2025, budget account 3816, decision unit E711. The remaining balance of \$26,456 will be funded through non-IFC approval of work program #C73934.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

*Joe Lombardo*  
Governor



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

**George Togliatti**  
Director

**Sheri Brueggemann**  
Deputy Director

## **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: December 05, 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

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Attached are the Board of Examiner Request for Approval to Purchase a State Vehicle forms pursuant to NRS 334.010. In SFY 25, the State Fire Marshal Division was legislatively approved to purchase one replacement Investigation Vehicle thru decision unit E711 pursuant to the replacement schedule in the amount of \$44,265.00

Due to current vehicle inflation rates, SFM is asking for the authority to expend an additional \$26,455.39 from the agency's reserves in order to obtain a vehicle that will properly meet the needs of the agency, and to equip the vehicle with the appropriate equipment.

The total purchasing authority being requested is \$70,720.39

If you have any questions, please feel free to contact me.



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

<b>Agency Name:</b> State Fire Marshal	<b>Budget Account #:</b> 3816
<b>Contact Name:</b> Jennafer Jenkins	<b>Telephone Number:</b> 775-684-7509

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:  
**Number of vehicles requested:** 1      **Amount of the request:** 70,720.39  
**Is the requested vehicle(s) new or used:** New  
**Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:** Truck  
**Mission of the requested vehicle(s):** Respond to emergencies in remote locations


<b>Were funds legislatively approved for the request?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> E711 <b>If no, please explain how the vehicles will be funded?</b> <u>Supplemental funding through work program C 73934</u>
--	--

**Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):**  
 Addition(s)     Replacement(s)

**Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.**  
 Yes.

<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2016 Odometer Reading: 129,650 Type of Vehicle: DODGE RAM 2500  Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  Yes  If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
--	---

*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**  
  
 Agency Appointing Authority      Nevada State Fire Marshal Title      12/5/20 Date

**BOARD OF EXAMINERS' APPROVAL:**  
 Approved for Purchase     Not Approved for Purchase  
 \_\_\_\_\_  
 Board of Examiners      Date

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2025 Ram 2500 Crew Cab SWB DJ2L91		
<b>Dealer Name:</b>	Carson Dodge Chrysler Jeep		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Black	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$42,900.00	\$42,900.00
SPECIFY OPTIONS: (description)			
Tradesman Level 1 Group	1	\$2,112.00	\$2,112.00
Four Wheel Drive	1	\$2,700.00	\$2,700.00
Additional OEM Keys	2	<del>\$126.50</del>	\$253.00
Special Equipment	1	\$20,502.14	\$20,502.14
Vehicle Decals	1	\$2,225.00	\$2,225.00
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			\$70,692.14
DMV Title and DRS Fee's	1		\$28.25
<b>GRAND TOTAL:</b>			<b>\$70,720.39</b>

<b>Registered Owner:</b>	Agency Name & Address: State Fire Marshall 107 Jacobsen Way Carson City, Nevada 89711
<b>Legal Owner:</b>	Agency Name & Address: State Fire Marshall 107 Jacobsen Way Carson City, Nevada 89711
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jennafer Jenkins 775-684-7509

# CARSON DODGE CHRYSLER JEEP



**RAM**



**CHRYSLER**



**Jeep**

[www.CarsonDodge.com](http://www.CarsonDodge.com)

12-4-2024

State of Nevada  
Department of Public Safety  
Attn: Shellie Lyons  
Re: State of Nevada Bid S1495; Section 2.13

2025 Ram 2500 Crew Cab Short Bed (6'4" Bed) Tradesman Trim Level

Base Price (Reno/Carson City)

\$42,900.00

Tradesman Level 1 Group (Group Detail Provided)

\$2,112.00

Four Wheel Drive

\$2,700.00

(2) Additional OEM Provided Keys (Time of Order)

\$253.00

State of Nevada Title Fee

\$28.25

Total with Options (per unit):

\$47,993.25

Exterior Color: Bright White (PW7)

Interior: Cloth 40/20/40 Bench Seat; Black Color (V9X9)

Order Cutoff Date TBD

Regards,

Joel Cryer

---

3059 South Carson Street Carson City NV 89701-4513  
(775) 883-2020 (888) 883-2028 FAX (775) 883-7227  
Email: [info@carsondodge.com](mailto:info@carsondodge.com)

**STANDARD PAGE - FLEET VEHICLES 99SWC-S1495**

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

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

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

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ram 2500 Crew Cab SWB, 2025, DJ2L91	\$42,900.00	\$43,300.00

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

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

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

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

**Exterior Color: List available colors:**

No Charge-Bright White, Flame Red

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

\$272.00 Upcharge-Silver Zynith, Granite Crystal, Forged Blue

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

**Seats, Cloth: List available colors:**

Black

**GVW: 10,000#**

(When Applicable)

**WHEELBASE: 149.0**

(When Applicable)

**STEP #3.1 SELECT OPTIONS - EQUIPMENT GROUPS (IF DESIRED)**

	BASE	A7B	A7C	A7D
<b>Free Standing Packages - Equipment Groups</b>				
TRADESMAN LEVEL 1 EQUIPMENT GROUP (A7B) <i>Includes package AGS content</i>		A7B		
CHROME APPEARANCE GROUP (A7C) <i>ONLY ONE OF A7B, A7C, A7D Includes package A7D content</i>			A7C	
TRADESMAN LEVEL 2 EQUIPMENT GROUP (A7D) <i>INCLUDES A7B AND A7C CONTENT</i>				A7D

Included in Equipment Groups	BASE	A7B	A7C	A7D
<ul style="list-style-type: none"> <li>+ 115V AUXILIARY FRONT POWER OUTLET (JKV)</li> <li>+ 12.0" TOUCHSCREEN DISPLAY (RFA)</li> <li>+ 2 WAY REAR HEADREST SEAT (CSJ)</li> <li>+ 40/20/40 SPLIT BENCH SEAT (CBE)</li> <li>+ 400W INVERTER (XHR)</li> <li>+ 4G LTE WI-FI HOT SPOT (RTQ)</li> <li>+ 4 WAY FRONT HEADRESTS (CDP)</li> <li>+ AIR COND ATC W/DUAL ZONE CONTROL (HAF)</li> <li>+ ALEXA BUILT-IN (RFN)</li> <li>+ APPLE CARPLAY (RFP)</li> <li>+ BLACK EXTERIOR MIRRORS (LE4)</li> <li>+ CHMSL &amp; DRVM CAMERA RELOCATION KIT (XA3) - W/XBC</li> <li>+ CLOTH 40/20/40 BENCH SEAT ("V9)</li> <li>+ CONNECTED TRAVEL &amp; TRAFFIC SERVICES (RTV)</li> <li>+ CONNECTIVITY - US/CANADA (RTM)</li> <li>+ CONVENIENCE GROUP (ADC)</li> <li>+ CONVEX AUX MIRRORS, POWER-ADJUSTABLE (LFX)</li> <li>+ DISASSOCIATED TOUCHSCREEN DISPLAY (RFV)</li> <li>+ DRIVER SEAT - MANUAL ADJUST 4-WAY (JVA)</li> <li>+ EMERGENCY VEHICLE ALERT SYSTEM(EVAS) (RJC)</li> <li>+ EXT. MIRRORS W/SUPPLEMENTAL SIGNALS (LEB)</li> <li>+ EXTERIOR 115V AC OUTLET (XBE)</li> <li>+ EXTERIOR MIRRORS COURTESY LAMPS (LEC)</li> <li>+ EXTERIOR MIRRORS W/HEATING ELEMENT (NHJ)</li> <li>+ FLOOR COVERING CARPET (CKE)</li> <li>+ FOR DETAILS, VISIT DRIVECONNECT.COM (X9E)</li> <li>+ FOR MORE INFO, CALL 800-643-2112 (X9H)</li> <li>+ FRONT &amp; REAR FLOOR MATS (CLE)</li> <li>+ FRONT ARMREST W/CUPHOLDERS (CDR)</li> <li>+ FRT PASS SEAT - MANUAL ADJUST 4-WAY (JWA)</li> <li>+ GLOBAL TELEMATICS BOX MODULE (TBM) (RDG)</li> <li>+ GOOGLE ANDROID AUTO (RF5)</li> <li>+ GPS ANTENNA INPUT (JLP)</li> <li>+ GPS NAVIGATION (JLN)</li> <li>+ HD RADIO (RE8)</li> <li>+ INTEGRATED VOICE COMMAND W/BLUETOOTH (XR8)</li> <li>+ MANUAL FOLDING EXTERIOR MIRRORS (LFD)</li> <li>+ MANUAL TELESCOPING MIRRORS (LF3)</li> <li>+ MIRROR POWER HEAT FOLD TELESCOPIC (STZ)</li> <li>+ MIRROR RUNNING LIGHTS (LNY)</li> <li>+ MOPAR BLACK TUBULAR SIDE STEPS (MRU)</li> <li>+ OFF-ROAD INFO PAGES (JAB)</li> <li>+ PARKSENSE FR/RR PARK ASSIST SYSTEM (XAG)</li> <li>+ POWER ADJUST MIRRORS (LF2)</li> <li>+ REAR FOLDING SEAT (RFM)</li> <li>+ REAR POWER SLIDING WINDOW (GFE)</li> <li>+ REAR VIEW AUTO DIM MIRROR (GNK)</li> <li>+ REMOTE USB PORT - CHARGE ONLY (RS3)</li> <li>+ SELECTABLE TIRE FILL ALERT (LAS)</li> <li>+ SIRIUSXM RADIO SERVICE (X9B)</li> <li>+ SIRIUSXM WITH 360L (RTU)</li> <li>+ STORAGE TRAY (CUY)</li> <li>+ TINTED ACOUSTIC WINDSHIELD GLASS (GBH)</li> <li>+ TRAILER TOW PAGES (JAT)</li> <li>+ UCONNECT 5 NAV W 12.0" DISPLAY (USA) (UBQ)</li> <li>+ 18X8.0 STEEL CHROME CLAD WHEELS (WBH) - W/WL1</li> <li>+ BRIGHT FRONT BUMPER (MCT)</li> <li>+ BRIGHT REAR BUMPER (MBF)</li> <li>+ CENTER HUB (WMJ)</li> <li>+ GRILLE-MATTE BLACK MESH W/CHROME (MAF)</li> <li>+ GRILLE-SURROUND CHROME (MNQ)</li> <li>+ 18X8.0 STEEL CHROME CLAD WHEELS (WBH) - W/WL1</li> </ul>		A7B		
			A7C	
				A7D

**STEP #3.2 SELECT OPTIONS - APPEARANCE PACKAGES (IF DESIRED)**

No Appearance Packages available for this model

E - EXTRA COST N/C - NO CHARGE N/A - NOT AVAILABLE P - PACKAGED

12/5/2024  
Store: 1

**Sales Order #11567**

Ordered: 12/5/2024  
Associate: Darin  
Page 1

**TSA Custom Car and Truck**

2860 US Highway 50 East  
Carson City, NV 89701-2811  
Phone 775-883-0477  
Fax 775-883-2521

Bill To: State Of Nevada DPS, Fire Marshal  
State Of Nevada DPS, Fire Marshal  
684 -7515

INSTRUCTIONS: 2024 Ram 2500 6.4 Bed

Install Customer Supplied Radio, Radio Charger, Flash Light Charger and Extendo Bed.

Front Window: Aluminum Framed Picture Window  
Side Window: Aluminum Paneled Window w/ Folding T  
Rear Door: Aluminum Paneled Door w/ Folding T  
Driver Side Toolbox no divider

Inverter Mounted in shell toolbox

Order Status: Open

Item Name	Item Description	Ordered	Price	Ext Price	Attribute	Lookup
Nforce Interior Light Bar Spilt	Dual Color, R/W and B/W	1	\$1,294.00	\$1,294.00		
Mpower 4" stud mount r/w	Grill Gaurd	1	\$150.48	\$150.48	emps2001nd	emps2001nd
Mpower 4" Stud Mount B/W	Grill Gaurd	1	\$150.48	\$150.48		EMPS2001NE
Mpower 4"quick mt red	Front Fender, Rear Bed Side, Tailgate, Above Shell Door x 2	5	\$128.37	\$641.85	emps20019r	emps20019r
Mpower 4" quick mt blue	Front Fender, Rear Bed Side, Tailgate, Above Shell Door x 2	5	\$128.37	\$641.85	emps20019b	emps20019b
Intersector Under mirror light	Red, Mounted Under Mirror	1	\$195.93	\$195.93		ent2b3r
Intersector Blue	Mounted Under Mirror	1	\$195.93	\$195.93		ent2b3b
Undercover insert Red	in taillights	1	\$101.96	\$101.96	ELUC3H010R	ELUC3H010R
UNDER COVER INSERT BLUE	in taillight	1	\$101.96	\$101.96	ELUC3H010B	ELUC3H010B
100J siren speaker w/5 year war		1	\$275.00	\$275.00		ETSS100J5
400 Series Hand Held Siren		1	\$525.81	\$525.81		ETSA461HPP
ss hl flasher select a pattern		1	\$67.56	\$67.56	ethfs-sp-is	
Cx6 Circuits module		1	\$115.75	\$115.75	cx6	cx6
Ranch Hand Grill Guard 19+ Ram		1	\$939.75	\$939.75		GGD191BL1
D T Rail mount 1 sm 1 unlv		1	\$463.19	\$463.19	gk10301s1uhk	gk10301s1uhksvcc
Free standing weapon mount Ram		1	\$244.79	\$244.79	GF1092DRT05	GF1092DRT05
ARE V series		1	\$4,102.35	\$4,102.35		
Samlex 450 watt inverter		1	\$105.00	\$105.00		SAM45012
PS Labor		1	\$4,687.50	\$4,687.50		PS Labor
shipping	shipping	1	\$320.00	\$320.00		
Shop Supplies		1	\$429.00	\$429.00		

Subtotal: \$15,750.14  
Exempt 0 % Tax: + \$0.00  
TOTAL: \$16,750.14  
Balance Due: \$15,750.14  
Deposit Balance: \$0.00

NO REFUNDS ON SPECIAL ORDERS.  
NO CASH REFUNDS, STORE CREDIT ONLY.  
RETURNED ITEMS WILL BE CHARGED 30%  
RESTOCKING FEE. NOT RESPONSIBLE  
FOR PARTS LEFT OVER 15 DAYS.

PROPOSAL



SAM: VVQTHVCCDNT5 Duns: 15-103-6493, Cage Code: 9LFG7, Tax ID: 52-3801723, Ph: (800) 752-0706  
 Adrian Steel of Idaho/DBA Extendedobed 4242 S. Eagleson Rd. Suite 102, Boise, ID 83705

Contact Information

Date	12/5/2024	Expiration Date	2/3/2025
Contact Name	Shellie Lyons	Quote Name	Prop 23934
Mobile	775-434-3327	Carrier Design	*EB-1570 Frame and deck with custom carrier.
Phone	775-884-7517	Vehicle Details	*2025 Dodge RAM (6.25' Bed)
Email	slyons@dps.state.nv.us		

Shipping and Billing Information

Bill To Name	Nevada State Fire Marshal	Ship To Name	Nevada State Fire Marshal
Bill To	107 Jacobsen Way Carson City, NV 89711	Ship To	107 Jacobsen Way Carson City, NV 89711
Account Terms	Net 60	Est. Ship Weight	790
Est. Lead time (in weeks)	12		

Quantity	Product Code	Product Description	Custom Change Order	Sales Price	Total Price
1.00	EB-1570	70" Extendobed steel frame assy. w/ full extension lock & Plywood platform (48"W x 70"L), w/ short side rails. Includes mounting hardware; 1500 lbs. capacity		\$2,233.00	\$2,233.00
1.00	Custom Carrier Design**	Custom Carrier Design	*INCLUDES: Upper Platform w/ 5" Fixed Mesh Containment and Lower Locking Evidence Enclosure	\$1,783.00	\$1,783.00
1.00	Custom Crating	Custom Crating		\$246.00	\$246.00
1.00	Ship	<p>This shipping quote is only good for 30 days and the shipping total on your invoice may be more than what is shown here.</p> <p>Please provide correct shipping address at the time of order. If shipping address is changed once the shipment has left our facility, the buyer will be responsible for any additional shipping costs. Shipments to residential or restricted access delivery sites will incur additional charges that will be added to your invoice.</p> <p>If your delivery requires a lift gate and it is not shown on this quote, an additional charge will be added to your invoice.</p> <p>** If damage is suspected at time of delivery, the receiver MUST notate "DAMAGED" on receipt. ***</p>	*Shipping is good for 30 days. INCLUDES NOTIFICATION AND LIFT GATE SERVICES	\$490.00	\$490.00

Totals

Quotes are valid for 60 days only.  
 Please call for updated pricing.  
 All sales are final. No returns or refunds



PROPOSAL



SAM: VVQTHVCCDN15 Duns: 18-193-6493 Cage Code: 9LFG7 Tax ID: 92-3801723 Ph: (800) 752-0706  
Adrian Steel of Idaho DBA Extendobed 4242 S. Eagleson Rd. Suite 102, Boise, ID 83705.

Created By Justin Mai  
Last Modified By Justin Mai

Subtotal \$4,752.00  
Total Amount \$4,752.00

**TERMS:**

- Prepay requires payment before unit can be released into production.
- 50/50 requires 50% down, 50% due before shipping
- Net 30 requires payment 30 days after invoice is created

**SHIPPING:** Please request for lift-gate delivery truck if you do not have a fork-lift or loading dock on delivery site. Shippers will charge an extra fee for a lift-gate delivery truck to come on site and unload for you, which will be added to your invoice. Please ensure that the shipping address is correct. Any shipping redirects will result in additional charges that may not appear on this quote. Restricted/limited access deliveries will result in additional fees not shown on quote. Customer is responsible for any and all additional shipping costs unless otherwise stated by Extendobed.

**LEAD TIMES:** are estimations only. Please confirm at the time order.

**ORDER & ACCEPTANCE:**

By signing this quote, I am accepting the prices herein, as well as verifying that all dimensions and designs in the accompanying CAD drawing are accurate and correct. I understand and agree to all terms contained herein. I am authorized to submit this order and hereby authorize the production of the above.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I understand there are no refunds or returns unless authorized in advance by Extendobed. I accept any and all expenses related to an authorized return of a unit unless it was damaged during shipping and not accepted at the point of delivery. I agree that I am responsible for the costs of any damage during return shipping.

I understand this agreement is subject to, and will submit to the jurisdiction of the courts of Ada County and the state of Idaho.

Vital Signs NV  
 2412 S. Curry Street Carson City, NV 89703  
 info@vitalsignscc.com  
 (775) 884-2990



VitalSignsCC.com

# Quote 1321

New LE Truck - 2025 Ram 2500

QUOTE DATE  
 Wed, 08/07/2024  
 QUOTE EXPIRY DATE  
 Fri, 09/06/2024  
 TERMS  
 NET 10

REQUESTED BY  
 STATE FIRE MARSHAL DIVISION

CONTACT INFO  
 Alexander Knaak  
 aknaak@dps.state.nv.us  
 (775) 684-7515  
 Mobile: (775) 546-5916

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	Custom Reflective Printed LE Graphics Kit for New LE Truck - 2025 Ram 2500	1	Unit	\$1,800.00	\$1,800.00	N
2	Installation of Graphics Kit	1	Unit	\$425.00	\$425.00	N

*This is a cost estimate based on the specific information you've given us and is valid for 30 days. The final price may vary based on the actual product produced.*

When you approve this estimate, you are agreeing to pay 100% of the estimated price. If you are not set up with credit terms, we require a 50% deposit to begin work on your project. Once we receive your deposit, we'll schedule your project and email you an estimated completion date. The remaining balance is due upon completion of your order.

**Need to make changes?**

No problem - but please realize, changes to quantity or specifications will affect your price. We will provide you with an updated estimate based on the changes.

**Subtotal:** \$2,225.00  
**Sales Tax (0%):** \$0  
**Total:** \$2,225.00

**SIGNATURE:**

**DATE:**

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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: December 20, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office *Stilley*  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Michael Antoine to assist with program needs and training new staff for the State Department of Conservation of Natural Resources, Nevada Division of Environmental Protection through statewide contract #99SWC-NV21-7576 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Antoine retired from the Nevada Division of Environmental Protection on April 2, 2024 and is receiving pension benefits. His experience as an Environmental Scientist 3 and certifications he holds are needed until staff can be certified to meet federal regulations; this certification can take 1-3 years. Mr. Antoine will be providing technical assistance with training new staff, certification review, and grant implementation. The office previously contracted with Mr. Antoine from July 9, 2024 through January 9, 2025 and requests to continue from January 15, 2025 through July 15, 2025 on a full-time basis working remotely.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <i>Stilley</i> _____
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

December 2, 2024

**MEMORANDUM**

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

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

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

Marathon is aware they will not be able to hire Michael until January BOE approval.

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



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Date: November 22, 2024  
To: Annette Morfin, Purchasing Officer  
Department of Administration, Purchasing Division  
From: Andrea Seifert, Chief, Safe Drinking Water  
Subject: Authorization to Contract with a Former Employee

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On behalf of the Nevada Division of Environmental Protection, I respectfully request approval to contract with a former employee, Michael Antoine, through Marathon Staffing. Please note that Michael will be working remotely and has all of the necessary equipment to work efficiently and effectively. Work activities will be assigned on a project basis and will be tracked as follows: (1) Michael will send a group Teams message to Supervisor and Chief at the start of each shift, when going on a break, when returning from break, when going to lunch, when returning from lunch, and when shift ends for the day, and (2) at the end of each workweek, Michael will submit, in writing, to Supervisor and Chief what tasks have been accomplished that work week and what tasks are next for the upcoming work week. This list should include the status of any tasks that are being worked on.

We are requesting to contract with Mr. Antoine due to his certifications and expertise which are invaluable assets to BSDW and cannot be quickly replaced. Michael's willingness to work is instrumental in maintaining program needs. Additional program resources for managing grants associated with Emerging Contaminants and monitoring and remediation for Lead in Schools and Childcare Facilities continue to be evaluated, and hiring temporary staff to manage the workload is currently the best path forward for the agency.

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

Thank you.

A handwritten signature in black ink that reads "Andrea Seifert".

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



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	Michael Antoine			
<b>Former Employee ID Number:</b>	57813			
<b>Former Job Title:</b>	Environmental Scientist 3			
<b>Former Employee Agency:</b>	Nevada Division of Environmental Protection			
<b>Former Class and Grade:</b>	<b>Class:</b>	10.525	<b>Grade:</b>	36
<b>Former Employment Dates:</b>	<b>From:</b>	August 10, 2015	<b>To:</b>	April 2, 2024
<b>Requesting Agency:</b>	Bureau of Safe Drinking Water			
<b>Vendor:</b>	Marathon			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	<p>Report to Jasmine Curiel, Environmental Scientist IV, Laboratory Certification Services Branch Supervisor or Andrea Seifert, Bureau Chief, BSDW.</p> <p>Perform technical support for the Laboratory Certification Program (LCP) by:</p> <ol style="list-style-type: none"> <li>1. Provide training to new hires while performing joint assessments.</li> <li>2. Providing technical assistance to the Laboratory Certification Branch (Branch) staff and laboratories regarding state and federal regulations.</li> <li>3. Finalizing review of certificates for completeness, accuracy, and delivery of Scopes of Accreditation.</li> <li>4. Providing technical review of laboratory certification applications and supporting documents to ensure the laboratories meet the requirements of the Laboratory Certification Program.</li> <li>5. Providing technical assistance to laboratories regarding radiochemistry, organic/inorganic chemistry, and microbiology.</li> <li>6. Writing and reviewing assessment reports and corrective action plans.</li> <li>7. Conducting assessments of environmental laboratories in support of the Branch staff.</li> <li>8. Answering non-technical inquiries regarding the laboratory certification process and where to acquire information.</li> </ol> <p>Provide technical support for program and grant implementation for Emerging Contaminants, especially for Per- and Polyfluoroalkyl Substances (PFAS) also known as Forever Chemicals and for monitoring and remediation of Lead in Schools and Childcare Facilities by:</p>

	<ol style="list-style-type: none"> <li>1. Preparing technical details for Requests for Proposals (RFP) and participating on the selection committee.</li> <li>2. Drafting technical details for subgrants and interlocal agreements.</li> <li>3. Coordinating and leading technical meetings with selected contract vendors and subgrantees.</li> <li>4. Monitoring the performance of work for contracted vendors and subgrantees to ensure the work, documentation and invoices meet federal and state grant requirements.</li> <li>5. Researching grant conditions associated with American Iron and Steel, Davis Bacon, and Build America Buy America to ensure compliance with the federal grant conditions.</li> </ol>
<b>B</b>	<b>Document former job description.</b>
	The employee worked as an Environmental Scientist 3 in the Laboratory Certification Branch. Job duties included conducting on-site assessments, providing technical support to environmental and mining laboratories, reviewing proficiency evaluation data, corrective action plans, and supporting documents to ensure laboratories meet the Laboratory Certification Program requirements. Furthermore, Mr. Antoine has been the PFAS technical lead for the Bureau of Safe Drinking Water (BSDW) since 2015. His expertise has helped prepare BSDW for the current status to utilize the newly acquired \$28.3 million in grant money, to prepare for the federal PFAS Rule promulgated in 2024, and to build analytical laboratory capacity for PFAS. He has been the technical lead on existing PFAS contracts, developed request for proposals and has been working closely with other staff to share knowledge regarding PFAS and the grant workplan.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b>
	<p>Yes, as the contract relates to Laboratory Certification Program day-to-day program oversight. Training has been provided during the previous 6-month contract period. Support for laboratory inspections will be needed until staff have the necessary certifications, which will continue to be needed for approximately 1-3 years based on current staff's certification levels.</p> <p>As the contract relates to PFAS and Lead in Schools and Childcare Facilities, additional human resources are needed to fully utilize the grants which are anticipated to last at least 5 years. Although Michael has expertise specific to PFAS and will pass along that knowledge to existing state staff, the current staffing resources are inadequate to address the workload associated with implementing the new grants and associated contracts and subgrants. Additional personnel resources are needed to fully utilize the funding.</p>
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	<p>The Laboratory Certification Program provides certification and verification for environmental laboratories that provide analytical analyses for the federal Safe Drinking Water Act, Clean Water Act, mining and hazardous waste. The Laboratory Certification Program (LCP) has 5 staff, and no individual has the full certifications that Mr. Antoine holds to provide the federally and state required work pertaining to performing inspections. Due to retirements and personnel vacancies, LCP has hired new staff and has two vacancies. The current staff do not have the necessary certifications to conduct drinking water laboratory assessments for all analytical parameters. Certification exams are only offered once per year, and staff must be approved by EPA to take certification exams based on their experience. In addition, Mr. Antoine has specialized training and understanding of Cryptosporidium analytical methods. Trained and certified staff are needed to complete the critical work of conducting laboratory assessments to meet federal and state requirements. The unexpected loss in trained and certified personnel is too great for the remaining staff to complete on-site assessments and train new staff.</p> <p>The Bureau of Safe Drinking Water (BSDW) has received an influx of federal money (\$28.3Million) to address emerging contaminants, especially PFAS. Approximately 15-20 contracts, subgrants, and interlocal agreements (ILA) are anticipated as a result of the federal money. One of the interlocal agreements (ILA) to be issued is with the Nevada State Health Lab to build analytical capacity in Nevada for PFAS Analysis, and there are no staff with the experience and time to assist with this ILA. In the last three months, BSDW has also received a federal grant award for \$552,000 to monitor and remediate Lead in Schools and Childcare Facilities. The technical workload associated with establishing, coordinating and monitoring the contracts, subgrants and interlocal agreements is too great for the current staff assigned to managing the PFAS and Lead and Copper Rules.</p>
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	NA
<b>F</b>	<b>List contractors' hourly rate and employee's hourly rate.</b>

	Contractor's Hourly Rate: \$59.88 Employee's Hourly Rate: \$47.94
<b>G</b>	<b>List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.</b>
	Environmental Assistant 3 (ES3) - Grade 36-01 to 36-10; Hourly Rate for fiscal year (FY) 25 pay scale should be \$32.23-\$47.94 based on the 2024 Employee/Employer Pay Compensation Schedule. Michael will be performing ES3 work and has the expertise to be compensated at Grade 36 Step 10.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	The contract rate will not exceed the employee/employer rate for a comparable State position.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Staffing turnover has created a gap in the Bureau of Safe Drinking Water's (BSDW) Laboratory Certification Program (LCP) responsibilities, and increased federal funding for Emerging Contaminants and Lead has generated a new workload. The BSDW is diligently striving to maintain core programmatic requirements and manage new federal funds.
	With the influx of new staff and only one senior staff in the Laboratory Certification Program, additional qualified staff are needed to complete laboratory assessments, effectively complete training of new staff, and allow time for new staff to complete their certification courses. There are currently 1 of 5 positions with proper certification to complete all drinking water laboratory assessments. Full training and certification for staff may take 1-3 years, based on the current staff's experience. Transfer of knowledge and training will be provided throughout this contract period.
	There is only 0.5 FTE of a BSDW technical staff assigned to manage PFAS efforts, and this position was recently filled in the last 2 months. The workload to administer the \$28.3 million in grants along with applying for another \$9.4 million is unsustainable, and public water systems and the drinking water customers of Nevada will be negatively impacted if additional human resources are not acquired. There is only 0.5 FTE of a BSDW technical staff assigned to managing Lead and Copper requirements. This position does not have the capacity to manage the contracting process for the newly awarded \$552,000 to address Lead in Schools and Childcare Facilities.
	The focus of this contract will be to support and train new BSDW Laboratory Certification Officers and provide overall technical support for the administration of Emerging Contaminants and Lead in Schools and Childcare Facilities grants.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Upon approval by the Board of Examiners until July 15, 2025.
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full time.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No.

**Comments – Provide any additional comments:**

Michael will be retired from state service for more than 90 days by the time of the Board of Examiners Meeting.

Michael's certifications and expertise are an invaluable asset to BSDW, which cannot be quickly replaced. Michael's willingness to work is instrumental in maintaining historical program needs. Furthermore, additional program resources for managing Emerging



Contaminants and Lead in Schools and Childcare Facilities grants continue to be evaluated, and hiring temporary staff to manage the near-term workload is the best path forward for the agency. Michael will be working remotely. All activities requested by this contract can be completed remotely and will be tracked as follows: (1) send a group Teams message to Supervisor and Chief at the start of each shift, when going on a break, when returning from break, when going to lunch, when returning from lunch, and when shift ends for the day, and (2) at the end of each workweek, submit, in writing, to Supervisor and Chief what tasks have been accomplished that work week and what tasks are next for the upcoming workweek. This list should include the status of any tasks that you are working on.

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

*Anchea Siefert*

12/02/2024

Signature of Agency Head Authorizing Request

Date

*[Signature]*

12/5/2024

Purchasing Administrator Signature (if a Statewide Contract)

Date

*[Signature]*

Budget Analyst Signature

12-20-24

Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 17, 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 Claims request for approval:

Claimant: Michael J. and Cynthia D. Valencia  
Claim No: TC21432  
Settlement Amount: \$140,000  
Date of Loss: November 19, 2021

Payment of this claim to be made to Claimants' counsel:


Cloward Trial Lawyers  
9950 W Cheyenne Ave  
Las Vegas, NV 89129

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of \$140,000 for claimants. A total of \$140,000 will 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*



TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**To:** Budd Milazzo, Executive branch Budget Officer

**From:** Nancy Katafias, Tort Claims Manager

**Date:** December 9, 2024

**Subject:** BOE Agenda Submittal  
Michael J. Valencia and Cynthia D. Valencia, individually and as heirs to the Estate of Nathan Tyler Valencia, and Michael J. Valencia, as Special Administrator of the Estate of Nathan Tyler Valencia

---

Please place the following item on the January 14, 2025, Board of Examiner's (BOE) agenda for approval. BOE approval is requested pursuant to SAM 2905, payment of claims over \$100,000 must be approved by the BOE.

**Plaintiff:** Michael J. Valencia and Cynthia D. Valencia, individually and as heirs to the Estate of Nathan Tyler Valencia, and Michael J. Valencia, as Special Administrator of the Estate of Nathan Tyler Valencia

**Claim No.:** TC 21432

**Payment:** \$140,000

**Payable to:** Cloward Trial Lawyers  
9950 W Cheyenne Ave  
Las Vegas NV 89129

## TORT CLAIM RECOMMENDATION

DATE: December 5, 2024  
CLAIMANT: Michael Valencia, individually and as heir to estate of  
Nathan Tyler Valencia, et al.  
CLAIM NUMBER: TC21432  
DATE OF LOSS: November 19, 2021  
AGENCY: NSHE/UNLV

### DISCUSSION

In the lawsuit filed against the NSHE/UNLV, through counsel, the parents of Nathan Tyler Valencia alleged negligence, negligent hiring, training, supervision and retention and wrongful death. Kappa Sigma Fraternity and the Sahara Event Center were also named and have reached separate settlements. Nathan Tyler Valencia died as a result of injuries he received during a Kappa Sigma Fraternity Fight Night. In part, it was alleged that UNLV failed to exercise due care to protect from foreseeable harm.

While the UNLV had defenses to the lawsuit, the cost to defend the case was greater than the tort cap/settlement amount. To avoid the cost of continued litigation and the potential for opposing counsel attorney fees if a jury found against the UNLV, the UNLV was able to reach settlement in the amount of \$150,000 with the UNLV paying \$10,000 and the tort fund paying \$140,000.

### RECOMMENDATION

It is recommended that the claim be paid in the amount of \$140,000.00

#### RECOMMENDATION: PAY

G/L 7357 Cloward Trial Lawyers  
9950 W Cheyenne Ave  
Las Vegas NV 89129

Approved:

Nancy Katafias December 5, 2024  
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro December 10, 2024  
LESLIE NINO PIRO, GENERAL COUNSEL DATE

## SETTLEMENT AGREEMENT AND RELEASE OF ALL CLAIMS

This Settlement Agreement and Release of All Claims (this "Agreement") is made and entered by and between Michael J. Valencia, individually and as heir to the Estate of Nathan Tyler Valencia; Cynthia D. Valencia, individually and as heir to the Estate of Nathan Tyler Valencia; and Michael J. Valencia, as Special Administrator of the Estate of Nathan Tyler Valencia, Deceased (collectively the "the Valencia Family, Heirs and Estate" or "Plaintiffs"); and the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, a constitutional entity of the State of Nevada ("University"). The Valencia Family, Heirs and Estate and the University are referred to herein individually as a "Party," and collectively as the "Parties." The Parties hereby enter into the following Agreement.

### RECITALS

- A. The University is an institution of higher learning established under the Constitution and statutes of the State of Nevada, with its business address at 4505 South Maryland Parkway, Las Vegas, Nevada, 89154.
- B. Nathan Tyler Valencia ("Nathan"), now deceased, was an undergraduate student at the University during the fall semester of 2021.
- C. The Valencia Family, Heirs and Estate brought this action, Case No. A-22-848291-C, to recover damages for Nathan's death on November 23, 2021 after his participation in the 2021 Kappa Sigma Fight Night on November 19, 2021 (the "Subject Incident"). The First Amended Complaint names the following defendants: (1) Kappa Sigma Fraternity, a foreign corporation; (2) Adam J. Merillat, individually and as an agent of Kappa Sigma Fraternity; (3) Burton R. Trembly, individually and as an agent of Kappa Sigma Fraternity; (4) Adam T. Poe, individually and as an agent of Kappa Sigma Fraternity; (5) Daniel J. Tierney, individually and as an agent of Kappa Sigma Fraternity; (6) Martin C. Petersen, individually and as an agent of Kappa Sigma Fraternity; (7) Mitchell B. Wilson, individually and as an agent of Kappa Sigma Fraternity; (8) Chad R. Gebhart, individually and as an agent of Kappa Sigma Fraternity; (9) Kappa Alpha Kappa Sigma Fraternity UNLV, a domestic corporation; (10) the University; (11) Christopher Eisenhauer, an individual; and (12) Sahara Event Center, LLC, a Nevada limited-liability company. This lawsuit may be referred to herein as the "Action."
- D. Plaintiffs' Complaint, as amended, states causes of action for negligence, negligent hiring, training, supervision and retention, and for wrongful death. It asks the court to award damages to the Valencia Family, Heirs and Estate.
- E. The University and the Valencia Family, Heirs and Estate desire to settle their legal disputes and the Action. They therefore, without the University admitting liability or fault, enter into this Agreement to resolve all claims plead and arising from the Subject Incident, and to dismiss the Action, subject to the terms and conditions set forth in this document.

///

## **TERMS OF AGREEMENT & RELEASE**

In consideration of the mutual covenants, terms, and conditions contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

### **1.0 Incorporation**

The Recital paragraphs are incorporated into this Agreement as though set out in full herein. The University seeks to discharge and extinguish any liability and/or obligations whatsoever it may have to the Valencia Family, Heirs and Estate, including and based upon, or arising out of, or relating to the Subject Incident and the Action.

### **2.0 Payments**

2.1 The Parties shall take no further legal action, or make or assert any claims, demands, or causes of action against each other, relating to the Action and/or Subject Incident.

2.2 Within thirty (30) days after the date that this Agreement is fully executed, the University shall pay to the Valencia Family, Heirs and Estate the sum of One Hundred Fifty Thousand Dollars and 00/100 (\$150,000.00) ("Settlement Funds") in the form of one or more checks made payable to "Cloward Trial Lawyers," or a recipient designated in writing, as full and final settlement of all their claims contained within the Action against the University and/or arising from the Subject Incident. The University and/or the State of Nevada Tort Claim Manager will provide said check(s) to Plaintiffs' counsel once this Agreement is fully executed and all necessary forms and paperwork, as may be required by the State of Nevada, have been completed and submitted. The Parties agree this amount includes all attorneys' fees, costs, and any and all expenses of any nature incurred in the Action. The University has no knowledge and is not responsible for any apportionment of the settlement amount that Plaintiffs and Plaintiffs' counsel may have separately negotiated and agreed upon. Payment of the Settlement Funds to the Valencia Family, Heirs and Estate or their counsel of record or designee shall relieve the University of any further liability or obligation it may owe to them relating to the Action.

2.3 The Settlement Funds are allocated as follows: Seventy Five Thousand Dollars and no cents (\$75,000.00) is to settle the claims of Michael J. Valencia, individually, and Seventy Five Thousand Dollars and no cents (\$75,000.00) is to settle the claims of Cynthia D. Valencia, individually. No amount will be paid to Michael J. Valencia, as Special Administrator of the Estate of Nathan Tyler Valencia. The settlement funds shall be made payable to "Cloward Trial Lawyers."

2.4 The Parties agree and understand the Valencia Family, Heirs and Estate may each have claims to damages arising from a wrongful death claim pursuant to Nev. Rev. Stat. ("NRS") 41.085, and that the Plaintiffs have plead claims in their individual capacities. The University intends to settle with all Plaintiffs as to all types of claims and damages. The Parties therefore agree that this Agreement shall not be deemed void for lack of consideration as a result of the Plaintiffs' exercise of their discretion to allocate the Settlement Funds amongst themselves, or between themselves and their attorneys.



2.5 This Agreement is final and binding on the parties, subject only to: (a) the District Court's approval of a Motion for Determination of Good Faith Settlement of which this settlement is a part; and (b) approval of the Probate Court, pursuant to the terms of Michael J. Valencia's appointment as Special Administrator of the Estate of Nathan Valencia, Deceased. Payment will be promptly delivered pursuant to the instructions in this Agreement upon the District Court's approval of a Motion for Good Faith Settlement and the Probate Court's approval of this settlement.

### **3.0 Dismissal of the Lawsuit**

In exchange for the foregoing payment and forbearances, the Parties agree to execute a Stipulation and Order of Dismissal with Prejudice ("**Stipulation & Order**") agreeing to dismiss the Valencia Family, Heirs and Estate's claims with prejudice, with each Party to bear its own attorneys' fees and costs.

### **4.0 Mutual Release**

4.1 In consideration of this Agreement, including but not limited to, the payment and other consideration described in this Agreement, the Valencia Family, Heirs and Estate, on behalf of their heirs, successors, assigns, officers, directors, shareholders, employees, agents, attorneys and insured (in their individual and representative capacities), hereby release, acquit and forever discharge the University, and its employees, officers, regents, agents, representatives, heirs, executors, administrators, insurers, successors and assigns, from any and all claims, demands, losses, damages, actions, causes of action, suits, debts, promises, liabilities, obligations, liens, costs, expenses, attorneys' fees, indemnities, subrogation (contractual or equitable) or duties, of any nature, character or description whatsoever, whether known or unknown, fixed or contingent, accrued or not yet accrued, matured or not yet matured, anticipated or unanticipated, asserted or unasserted, arising from the Subject Incident and the Action.

4.2 The Valencia Family, Heirs and Estate agree that this Agreement is intended to fully, finally, and forever settle and release all claims, disputes, and differences referred to above, known or unknown, suspected or unsuspected, which do now exist, may exist or heretofore have existed, up to the effective date of this Agreement, and that in furtherance of such intention, this Agreement will remain in effect as a full and complete release notwithstanding the discovery or existence of any additional or different facts.

4.3 The Valencia Family, Heirs and Estate specifically agree to release the University from any past, current or future lien asserted on their behalf for any Medicare benefits that may be payable relating to this Action and will be responsible for fulfilling any lien imposed by Medicare regarding this claim. The Valencia Family, Heirs and Estate further agree to release the University from any past, current or future lien asserted on their behalf for any other insurance benefits, including but not limited to private health insurance that may be payable relating to this Action and will be responsible for fulfilling any lien imposed by any other insurer regarding such claim.

4.4 The Valencia Family, Heirs and Estate agree that if they hereafter commence, join in, or in any manner seek relief through any suit arising out of, based upon or relating to any of the claims released hereunder, or in any manner asserts against the University any of the claims

released hereunder, then they will pay, in addition to any other damages caused to the University thereby, all attorneys' fees and costs incurred by the University in defending or otherwise responding to said suit or claim.

4.5 The Parties acknowledge that this Agreement is a public record, pursuant to NRS Chapter 239, and may be disclosed pursuant to law, including but not limited to, in response to a subpoena, court order, or public records request. While this Agreement is a public record pursuant to NRS 239, the University will not publish, disclose, discuss, reference, disseminate or issue any announcements or communications with respect to or concerning the settlement, this Agreement, its terms, conditions, allegations, facts, expert opinions or subject matter, or the transactions contemplated herein except as required by law.

#### **6.0 Binding Effect**

This Agreement shall inure to the benefit of and be binding upon the Parties, their spouses, and their respective heirs, successors, predecessors, agents, attorneys, representatives, insured, and assigns, as applicable. Except as specifically provided in this Agreement, this Agreement is not intended to create, and shall not create, any rights to any person who is not a party to this Agreement.

#### **7.0 Entire Agreement**

This Agreement contains the entire understanding between and among the Parties and supersedes any prior understandings and agreements between them respecting the subject matter. This Agreement may not be changed or terminated orally but only by a written instrument executed by the Parties.

#### **8.0 Construction**

The terms and conditions of this Agreement shall be construed as a whole according to its/their fair meaning and not strictly for or against any Party. The Parties acknowledge that each of them has reviewed this Agreement and has had the opportunity to have it reviewed by their attorneys and that any rule or construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement.

#### **9.0 Severability**

If any term of this Agreement or the application of any term of this Agreement should be held by a court of competent jurisdiction to be invalid, void or unenforceable in any respect, all provisions, covenants and conditions of this Agreement, and all of its applications, not held invalid, void or unenforceable, shall continue in full force and effect and shall not be affected, impaired or invalidated in any way.

#### **10.0 Attorneys' Fees and Costs**

Each Party agrees to be responsible for its or his/her own attorneys' fees and costs, if any, incurred in negotiating this Agreement or pursuing any claims relating to or arising out of the Action.

**11.0 Governing Law and Forum**

The laws of the State of Nevada shall govern the validity, construction, performance, and effect of this Agreement. Any action to interpret or enforce the terms of this Agreement shall be in a court of competent jurisdiction in the State of Nevada, County of Clark.

**12.0 Necessary Action**

The Parties shall execute and deliver all documents, provide all information, and take or forbear from all such action as may be necessary and/or proper to make the provisions and intent of this Agreement.

**13.0 Counterparts**

13.1 This Agreement may be executed in any number of counterparts; each of which when duly executed and delivered shall be an original, but all such counterparts shall constitute one and the same agreement.

13.2 Any signature page of this Agreement may be detached from any counterpart without impairing the legal effect of any signatures, and may be attached to another counterpart, identical in form, but having attached to it one or more additional signature pages.

13.3 This Agreement may be executed by signatures provided by electronic facsimile transmission (also known as "Fax" copies), which facsimile signatures shall be as binding and effective as original signatures and that photocopies or facsimiles of the fully executed Agreement shall be deemed as original copies.

**14.0 Further Assurances**

The Parties shall execute and deliver all documents, provide all information and take or forbear from all such action as may be necessary or appropriate to achieve the purpose of this Agreement.

[Remainder of this page intentionally left blank]

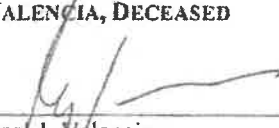
**15.0 Acknowledgement**

By executing this Agreement, the Parties acknowledge and warrant they have read and understood its terms, that they have signed it voluntarily and that they have had the opportunity to discuss its terms with their own counsel. Furthermore, in reaching this Agreement, each Party represents that it has relied exclusively on the advice of its attorney(s) and not on any advice or representation by the other Party or any attorney, officer, employee or agent of the other Party.

**IN WITNESS WHEREOF**, in this State of Nevada and County of Clark, the Parties, and each of them, further represent and declare that they have carefully read this Agreement and know its contents thereof, and that they signed the same freely and voluntarily.

DATED: 1 Day of ~~September~~ <sup>NOVEMBER</sup> 2024

PLAINTIFF MICHAEL J. VALENCIA,  
INDIVIDUALLY AND AS AN HEIR OF NATHAN  
TYLER VALENCIA, DECEASED

By:   
Michael J. Valencia

DATED: 1 Day of ~~September~~ <sup>NOVEMBER</sup> 2024

PLAINTIFF CYNTHIA D. VALENCIA,  
INDIVIDUALLY AND AS AN HEIR OF NATHAN  
TYLER VALENCIA, DECEASED

By:   
Cynthia D. Valencia

DATED: 1 Day of ~~September~~ <sup>NOVEMBER</sup> 2024

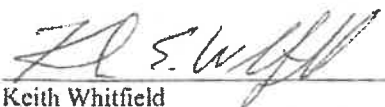
PLAINTIFF MICHAEL J. VALENCIA, AS  
SPECIAL ADMINISTRATOR OF THE ESTATE OF  
NATHAN TYLER VALENCIA, DECEASED

By:   
Michael J. Valencia


DATED: 8 Day of ~~September~~ <sup>November</sup> 2024

BOARD OF REGENTS OF THE NEVADA  
SYSTEM OF HIGHER EDUCATION, ON  
BEHALF OF THE UNIVERSITY OF  
NEVADA, LAS VEGAS

Approved by:

  
Keith Whitfield  
President

Approved as to Legal Form:

  
Elda Luna Sidhu  
Vice President and General Counsel

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 17, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Budd Milazzo, Executive Branch Budget Officer *BM*  
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 Claims request for approval:

Claimant: Nicholas and Lauren Snider  
Claim No: TC21421  
Settlement Amount: \$550,000  
Date of Loss: March 14, 2021

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

Kestrel Law  
5470 Kietzke Lane, Ste 300  
Reno, NV 89511

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of \$550,000 for claimants. A total of \$549,500 will be paid from the Tort Claim Fund and \$500 will be paid by the Department of Corrections.

Statutory Authority:  
NRS 41.036

REVIEWED: <u>FM</u>
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:** December 5, 2024

**Subject:** BOE Agenda Submittal  
Nicholas and Lauren Snider individually and as Special  
Administrators of the Estate of Isaiah Sharp

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Please place the following item on the January 14, 2025, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

**Plaintiff:** Nicholas and Lauren Snider individually and as Special  
Administrators of the Estate of Isaiah Sharp

**Claim No.:** TC 21421

**Payment:** \$550,000 with \$500 from the NDOC and \$549,500 from the  
tort fund

**Payable to:** Kestrel Law  
5470 Kietzke Lane Ste 300  
Reno NV 89511

## TORT CLAIM RECOMMENDATION

DATE: December 2, 2024  
CLAIMANT: Nicholas and Lauren Snider  
CLAIM NUMBER: TC21421  
DATE OF LOSS: March 14, 2021 (corrected) *LNP*  
AGENCY: NDOC/HDSP

### DISCUSSION

In the lawsuit filed against the Nevada Department of Corrections, through counsel, the plaintiffs allege that their son was incarcerated with the NDOC when he was stabbed and killed by his cellmate.

At the age of 19 years old, the plaintiffs' son pled guilty to robbery with the use of a deadly weapon and was incarcerated in 2018. At the time of his death, he had been granted parole and was scheduled to be released. The deceased's cellmate had threatened to harm anyone assigned to his cell other than his preferred cellmate. In spite of the threat, the deceased was housed with the offender. On March 14, 2021, the deceased was stabbed over 20 times by the offender, who was criminally charged.

A motion for summary judgment had been filed; however, it was opined that the case would not be fully disposed of with the motion and would ultimately be decided by a jury. To avoid the costs of further litigation and a possible adverse judgment by a jury, settlement in the amount of \$550,000 was reached.

### RECOMMENDATION

It is recommended that the claim be paid in the amount of \$550,000 with the NDOC to pay \$500 and the tort fund to pay \$549,500.

#### RECOMMENDATION: PAY

G/L 7357 Kestrel Law  
5470 Kietzke Lane Ste 300  
Reno NV 89511

Approved:

Nancy Katafias December 2, 2024  
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro December 3, 2024  
LESLIE NINO PIRO, GENERAL COUNSEL DATE



**Settlement Agreement and Full and Final Release of Claims**

Case Name: SNIDER v. STATE OF NEVADA

Case No.: 2:22-cv-01723-RFB-VCF, hereinafter referred to as:

“The Matter”

<p>Plaintiffs:</p> <p><u>NICHOLAS SNIDER and LAUREN SNIDER, Individually and as Special Administrators of the ESTATE OF ISAAH SHARP, Deceased</u></p>	<p>Defendants:</p> <p>STATE OF NEVADA, on relation of the NEVADA DEPARTMENT OF CORRECTION: CHARLES DANIELS, individually and as the Director of the Department of Corrections WILLIAM QUENGA, BRIAN WILLIAMS, JAMES JONES, CALVIN JOHNSON, WILLIAM GITTERE, JEREMY BEAN, FRANK DREESEN, GARY PICCININI, and RONALD OLIVER</p>
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This Settlement Agreement and Full and Final Release of Claims (“Agreement”) is made and entered into by, Plaintiffs NICHOLAS SNIDER and LAUREN SNIDER, Individually and as Special Administrators of the ESTATE OF ISAAH SHARP, Deceased (the “Plaintiffs”) and the State of Nevada *ex rel.* Nevada Department of Corrections, on behalf of Defendants CHARLES DANIELS, WILLIAM QUENGA, BRIAN WILLIAMS, JAMES JONES, CALVIN JOHNSON, WILLIAM GITTERE, JEREMY BEAN, FRANK DREESEN, GARY PICCININI, and RONALD OLIVER (jointly referred to as “NDOC”). This Agreement is being entered into by Plaintiffs and NDOC (collectively, the “Parties”) because each of them have determined that resolving this Matter by way of settlement is preferable than continuing to litigate this Matter before the U.S. District Court for the District of Nevada (“Court”).

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

1. Upon approval from the Board of Examiners (“BoE”), NDOC will pay the Plaintiffs the sum of Five Hundred Fifty Thousand Dollars (\$550,000.00) (“Settlement Amount”) to be disbursed to Plaintiffs’ counsel, as set forth in Paragraphs 3 and 4 of this Agreement.
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 January 2025 or the February 2025 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.



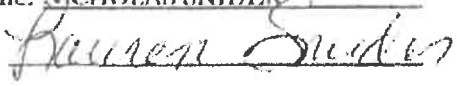
- b. In the event the BoE does not approve this Agreement, the Parties, including Plaintiffs, are free to continue to litigate this Matter, or, at the Parties discretion, continue to attempt to negotiate a settlement of this Matter, understanding that any future settlement terms that may be agreed to between the Parties may also be subject to BoE approval.
    - c. Unless otherwise noted, the terms outlined in paragraph 1 above shall be completed within forty-five (45) days of the date the settlement is approved by the Board of Examiners. This agreement is subject to that approval.
3. Plaintiffs are represented in this Matter by counsel: Leah Kestrel Finke, III, Esq and Plaintiffs and Plaintiffs' counsel have separately negotiated and agreed upon an apportionment of the Settlement Amount. NDOC will disburse the Settlement Amount as instructed by Plaintiffs and Plaintiffs' counsel. The following apportionment of the Settlement Amount is reported to fulfill the Parties' obligations under NRS 41.0375(1)(b):
  - a. \$[PLAINTIFFS' PORTION] to be disbursed to Plaintiffs' counsel.
  - b. \$[COUNSEL'S PORTION] in attorney's fees to be disbursed directly to counsel.
  - c. \$[AMOUNT OF COSTS] in costs to be disbursed directly to counsel.
4. In consideration of the Agreement above, the Plaintiffs have signed a Stipulation and Order to Dismiss the Matter at the same time as signing this Agreement. The Parties consider the Stipulation and Order to Dismiss part of this Agreement.
5. Within forty-five (45) days of this Agreement being signed by all Parties, NDOC will file the Stipulation and Order to Dismiss, or, alternatively, if the terms of the Settlement have not been completed, a Status Report. If a Status Report is filed, the Status Report must inform the Court as to what terms are yet to be completed, along with an explanation as to why they have not yet been completed and when NDOC anticipates the outstanding terms will be completed. Plaintiffs shall have seven (7) days to file any objection to a Status Report filed by NDOC. Unless the Court orders otherwise, NDOC must file another Status Report within thirty (30) days of the filing of any Status Report in the case, or the Stipulation and Order to Dismiss must be filed.
6. If there is a delay in completing the terms of the Settlement Agreement, the Parties agree that a motion to enforce will not be filed until after the time frames described in Paragraphs 2 and 5 have fully expired, but also agree that such Motion shall be filed within seven (7) days following the expiration of the timelines in Paragraph 5.
7. 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 Plaintiffs 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.
8. Plaintiffs understand that the Dismissal of this Matter applies to: (a) all claims that were or could have been raised; 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.

9. Plaintiffs understand 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.

10. Plaintiffs understand that they are not entitled to any other payments, including but not limited to additional attorney fees and costs, filing fees, copy costs or postage.

11. 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 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.

12. Plaintiffs and NDOC understand the Court retains jurisdiction over the Matter for purposes of enforcing this Settlement Agreement only until the Stipulation and Order to Dismiss is granted. Once the Court has signed the Stipulation and Order to Dismiss, the case is dismissed, the Court will no longer have jurisdiction over this case.

Plaintiffs:	On behalf of NDOC:
By: 	By: 
Name: <u>NICHOLAS SNIDER</u>	Name: <u>JAMES DZURENDA</u>
By: 	Title: <u>DIRECTOR</u>
Name: <u>LAUREN SNIDER</u>	Date: <u>12/2/24</u>
Date: <u>11-Dec-2024</u>	

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
Deputy Director

Curtis Palmer  
Administrator

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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260

Date: December 19, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Jenny Helton, Executive Budget Officer  
Governor's Finance Office – Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**HOME MEANS NEVADA, INC.**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Board of Directors of Home Means Nevada, Inc. requests a recommendation to the Interim Finance Committee for an allocation of \$196,076 from the Interim Finance Committee Contingency Account to be deposited in the account for Foreclosure Mediation Assistance and transferred to Home Means Nevada, Inc. for support of the Foreclosure Mediation Program.

Additional Information:

The organization has determined that funding in the account for Foreclosure Mediation Assistance will not be sufficient to fund operations for the remainder of the fiscal year and is requesting Interim Finance Committee Contingency Account funds to continue performing the requirements of SB 490 of the 2017 Legislative Session.

Statutory Authority:

NRS 353.268

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



# Home Means Nevada, Inc.

*A Non-Profit Entity Established by the  
State of Nevada, Department of Business and Industry*

## Board of Directors

*President – Perry Faigin*

*Vice-President – Vacant*

*Board Member – Shannon Chambers*

*Board Member – Jennifer Yim*

*Board Member – John McCormick*

December 3, 2024

Ms. Amy Stephenson, Director  
Governor's Finance Office  
209 East Musser Street, Room 200  
Carson City, Nevada 89701

**Re: Home Means Nevada, Inc. – Request for Contingency Financing.**

Dear Director Stephenson,

The Board of Directors of Home Means Nevada, Inc. (HMN) respectfully submits this request for the approval and transfer from the Interim Finance Committee (IFC) of \$196,076 from the Contingency Account created by NRS 353.266 to be deposited in the account for Foreclosure Mediation Assistance, then transferred as set forth in Nevada Revised Statutes (NRS) section 107.080 to HMN. It is requested that this item be placed on the January Board of Examiners and the January IFC meetings. The funds will be used to perform the requirements of Senate Bill 490 passed during the 79<sup>th</sup> Regular Session of the Nevada Legislature (2017) relating to the Foreclosure Mediation Program (FMP).

The funds will allow for operations to continue through FY25 Legislative Session. Based on current projections the program will become insolvent January 2025. The program will not have access to IFC requests or contingency financing during the Legislative session and based on current projection the program will cease operations January 2025.

Should funding not allow for payment of salaries, expenses and HMN ceases to operate, banks and other such lenders will be unable to foreclose upon a home. NRS 107.086 requires a certificate provided to the Trustee by HMN to be recorded on the property. Without the certificate, a foreclosure cannot proceed. As such, banks and other lenders would likely have a cause of action to seek court action to impel HMN to issue the certificates and potentially request damages because of HMN not issuing the certificate.

If you have any questions or concerns, please do not hesitate to contact me at your earliest opportunity at (775) 684-2987.

Sincerely,

  
Perry Faigin -President  
Home Means Nevada Inc.

# State of Nevada Work Program

**WP Number: C73891**

**FY 2025**

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
12/18/24	101	170	2635	LCB - FORECLOSURE MEDIATION - 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	196,076	0	196,076
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>196,076</b>		<b>196,076</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>196,076</b>		

### Expenditures

CAT	Amount	CAT	Amount
10	196,076		
<b>Sub Total Category Expenditures</b>			<b>196,076</b>

**Remarks**

The purpose of this Work Program is to increase the authority of Budget Account 2635 to receive a \$196,076 transfer from the IFC Contingency Account, Budget Account 2630.

Approval is contingent upon approval of request at January 29, 2025 Interim Finance Committee meeting.

**Total Budgetary General Ledgers and Category Expenditures (AP)** **196,076**

\_\_\_\_\_  
**drushin1**  
Authorized Signature

\_\_\_\_\_  
**12/18/24**  
Date

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

Does not require Interim Finance approval since WP is for a non-executive budget account

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

Date: November 5, 2024  
To: Amy Stephenson, Director  
Governor's Finance Office  
From: Lesley Volkov, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:


Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$67,498 from the Interim Finance Committee Contingency Account to provide interpretation and translation services for the Limited English Proficiency plan.

Additional Information:

The division requests funds to cover interpretation and translation services for individuals with Limited English Proficiency.

Statutory Authority:

NRS 353.268

REVIEWED:  _____
ACTION ITEM: _____

JOE LOMBARDO  
GOVERNOR



CHRISTOPHER SEWELL  
DIRECTOR

JOSHUA MARHEVKA  
DEPUTY DIRECTOR

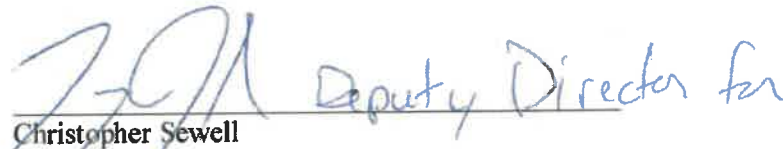
TROY JORDAN  
DEPUTY DIRECTOR

DIRECTOR'S OFFICE

**DATE:** November 1, 2024  
**TO:** Interim Finance Committee – Legislative Counsel Bureau  
**FROM:** Christopher Sewell, Director  
**SUBJECT:** Language Access Plan.

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On behalf of the Nevada Department of Employment, Training and Rehabilitation (DETR), we are requesting \$67,498.00 through Work Program C73188, from the Interim Finance Committee's Contingency fund pursuant to AB 266 of the 82<sup>nd</sup> Legislative Session. This funding will provide for interpretation and translation services as well as necessary documentation required for Rehabilitation's budgetary requirements in Fiscal Year 2025, as requested by the Governor's Office of New American's.

  
Christopher Sewell  
Director  
Nevada Department of Employment, Training, and Rehabilitation

**cc:** Elena Guerra, Language Access Coordinator, Governor's Office of New Americans  
Amy Stephenson, Director, Governor's Finance Office,  
Josh Marhevka, Deputy Director, DETR  
Troy Jordan, Deputy Director, DETR  
Drazen Elez, Rehabilitation Administrator, DETR



# State of Nevada Work Program

**WP Number: C73188**

**FY 2025**

Add Original Work Program

**XXX** Modify Work Program

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

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
11/01/24	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	67,498	0	67,498
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>67,498</b>		<b>67,498</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>67,498</b>		

### Expenditures

CAT	Amount	CAT	Amount
43	67,498		
Sub Total Category Expenditures			<u>67,498</u>

**Remarks**  
 This work program requests an increase in State General Fund appropriations through a transfer from the Interim Finance Committee Contingency account, to the Language Access Plan category, to fund interpretation and translation services for the Limited English Proficiency plan.

**Total Budgetary General Ledgers and Category Expenditures (AP)** **67,498**

\_\_\_\_\_ **zhoeflin** \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_ **11/01/24** \_\_\_\_\_  
 Date

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

Does not require Interim Finance approval since Pursuant to NRS 353.268

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

Date: December 11, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$87,921 from the Interim Finance Committee Contingency Account to provide dignitary protection for the Governor.

Additional Information:

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

Statutory Authority:

NRS 353.268

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

**Joe Lombardo**  
*Governor*



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

**George Togliatti**  
*Director*

**Sheri Brueggemann**  
*Deputy Director*

## **Director's Office**

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

## **Memorandum**

**DATE:** October 14, 2024  
**TO:** Amy Stephenson, Director  
**FROM:** Kristi Defer, ASO IV  
**THROUGH:** George Togliatti, Director  
**SUBJECT:** Request for IFC Contingency Funds FY25

---

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

The division has worked to minimize travel costs by utilizing the state plan when possible. However, even with these efforts, the division projects a shortfall for In and Out of State travel for the remainder of the fiscal year.

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

The total projected dollar amount for the added expenditures in noted categories in fiscal year 2025 is \$87,921. Please see the attached projection.

**State of Nevada Work Program**

**WP Number: C72900**

**FY 2025**

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
10/14/24	101	650	4738	DPS - DIGNITARY PROTECTION

**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	87,921	0	87,921
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>87,921</b>		<b>87,921</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>87,921</b>		

**Expenditures**

CAT	Amount	CAT	Amount
02	28,364		
03	30,474		
04	29,083		
<b>Sub Total Category Expenditures</b>		<b>87,921</b>	

**Remarks**  
 This work program requests Interim Finance Committee (IFC) Contingency funds to provide security services for the Governor and his family.

**Total Budgetary General Ledgers and Category Expenditures (AP)**     

kdefe1  
 \_\_\_\_\_  
 Authorized Signature

10/17/24  
 \_\_\_\_\_  
 Date

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

Does not require Interim Finance approval since Submitted as an IFC Action Item for IFC Contingency Pursuant to NRS 353.268.

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – CHILD WELFARE	O ' FLAHERTY RENTALS, LLC	\$221,413
		This is a retroactive extension of an existing lease.	
	<b>Term of Lease:</b>	<b>01/01/2025</b> – <b>12/31/2029</b>	<b>Located in Ely</b>
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	LANDER COUNTY	\$46,940
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>02/01/2025</b> – <b>01/31/2027</b>	<b>Located in Battle Mountain</b>
3.	DEPARTMENT OF TRANSPORTATION	DS5 LLC	\$19,027
		This is a new location.	
	<b>Term of Lease:</b>	<b>02/01/2025</b> – <b>10/31/2025</b>	<b>Located in Ely</b>
4.	STATE PUBLIC CHARTER SCHOOL AUTHORITY	JELICH-DOUBLE EAGLE I, LLC.	\$386,165
		This is a new location.	
	<b>Term of Lease:</b>	<b>02/01/2025</b> – <b>01/31/2030</b>	<b>Located in Reno</b>
5.	STATE PUBLIC CHARTER SCHOOL AUTHORITY	PEARCE FAMILY LLC	\$559,152
		This is a new location.	
	<b>Term of Lease:</b>	<b>02/01/2025</b> – <b>01/31/2030</b>	<b>Located in Carson City</b>

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

For Budget Division Use Only	
Reviewed by:	<i>Philana O'Keefe</i>
Reviewed by:	<i>A</i>
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

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

Remarks: Five (5) year lease renewal. No tenant improvements at this time. Lease approved by DOA Director Grimmer.

Exceptions/Special notes: Janitorial reduced to two days a week (Wednesday and one weekend day)

2. Lessee: Department of Administration, Public Works Division, Buildings 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: 740 Park Avenue  
 Ely, Nevada 89301

a. Square Footage:  Rentable  
 Usable 2,500

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
2%	\$ 3,545.52	12	\$ 42,546.24	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.42
2%	\$ 3,616.43	12	\$ 43,397.16	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.45
2%	\$ 3,688.76	12	\$ 44,265.12	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.48
2%	\$ 3,762.54	12	\$ 45,150.48	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.51
2%	\$ 3,837.79	12	\$ 46,053.48	January 1, 2029 - December 31, 2029	\$0.00	\$0.00	\$1.54
c. Total Lease Consideration:		60	\$ 221,412.48				
d. Total Improvement Cost:						\$0.00	

e. Option to renew:  Yes  No 90 Renewal terms: One Identical Term

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

g. Term: 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: Not Available - Rural Area

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

n. Lease will be paid for by Agency Budget Account Number: 3229

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**

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

Marla McDade Williams      12/6/2024  
 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 checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited-Liability	
f. Nevada Business ID Number:	NV20071748105	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	<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

      12.7.24  
 Authorized Signature      Date  
 Public Works Division

I/We For Board of Examiners       YES       NO

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Marla McDade  
Williams, MPA  
Administrator

### MEMORANDUM

**TO:** Philene O'Keefe, Executive Branch Budget Officer  
Governor's Office of Finance, Budget Division

**FROM:** Kelsey McCann-Navarro, Admin Services Officer IV *KMcCann-Navarro*  
Department of Health and Human Services, Division of Child and Family Services

**DATE:** December 19, 2024

**SUBJECT:** O'Flaherty Rentals, LLC Re: 740 Park Avenue, Ely, NV 89301

This is a request to retroactively approve a lease agreement with O'Flaherty Rentals, LLC for the space located at 740 Park Avenue, Ely, Nevada 89301. This leased space is for a Child Welfare District Office, which has been located at this site since April 9, 2007. In the future, fiscal staff and contracts staff will take steps to ensure that leases are processed with consideration given to internal deadlines. Below is a timeline of events.

- 01/10/24 ASOIV reached out to program staff notifying them that lease expires 12/31/24 and that the Space Request needed to be completed ASAP.
- 9/25/24 Contracts Unit reached out to fiscal.
- 9/26/24 Fiscal stated form had been completed and submitted to Deputy.
- 10/2/24 Leasing Services was contacted to confirm they had what they needed. Same day DCFS was notified that Leasing Services did not have a Space Request/Space Justification.
- 10/4/24 Fiscal Provided budgeted amount for FY25 for form.
- 10/18/24 Lease Renewal Request, Space Request/Space Justification provided to Leasing Services
- 11/12/24 Pre-Summary was received by DCFS from Leasing Services, then was asked to hold off on obtaining signature due to lessor requesting to decrease number of days janitorial services would be provided. Contracts Unit reached out to location to confirm their acceptance of the decrease in janitorial services. Program staff at location confirmed acceptance.
- 11/20/24 acceptance was relayed to Leasing Services. Delay was due to Contracts Unit staff handling lease being out sick.
- 11/25/24 Leasing Services provided updated Pre-Summary.
- 11/26/24 Signed Pre-Summary returned to Leasing Services.
- 12/4/24 Leasing Services requested assistance in obtaining Director Whitley's signature.
- 12/5/24 Informed Leasing Service Director Whitley no longer signs. Administrator signs on behalf of the Director and Deputy signs on behalf of Administrator.
- 12/9/24 signed lease was sent to Leasing Services.



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

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

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Public and Behavioral Health - Rural Clinics  
 4150 Technology Way, Third Floor  
 Carson City, Nevada 89706  
 Becky McCabe  
 T: 775.684.4058 E: bmccabe@health.nv.gov

Remarks: Lease amendment renewal of current lease for an additional two (2) years. No tenant improvements.

Exceptions/Special notes:

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

3. Name of Lessor: Lander County

4. Address of Lessor: 50 State Route 305 South  
 Battle Mountain, Nevada 89820

5. Property contact: Bert Ramos  
 T: 775.635.5595 E: bramos@landercountynv.org

6. Address of Lease property: 825 North 2nd Street  
 Battle Mountain, Nevada 89820

a. Square Footage:  Rentable  Usable 2,794

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot	
\$ 1,955.80	12	\$ 23,469.60	February 1, 2025 - January 31, 2026	\$0.00	\$0.00	\$0.70	
0% \$ 1,955.80	12	\$ 23,469.60	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$0.70	
c. Total Lease Consideration:		24	\$ 46,939.20				
d. Total Improvement Cost:							\$0.00
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Renewal terms: One (1) Identical Term			
f. Holdover notice:		# of Days required		Holdover terms: 5%/90			
g. Term:		Two (2) Years					
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
i. Utilities:		<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant					
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)					
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
l. Comparable Area Market Rate Average:		NA - Rural					
m. Specific termination clause in lease:		Breach/Default lack of funding					
n. Lease will be paid for by Agency Budget Account Number:		3648					

**RECEIVED**

DEC 09 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**

\_\_\_\_\_

DocuSigned by:

*Michelle Silzell*

for Cody Phinney 11/26/2024

9E483189F44240B...

Authorized Agency Signature

Date

3

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</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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
f. Nevada Business ID Number: <u>Exempt</u>	Exp: _____	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain.... _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>T40262000</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

*Michelle Silzell*  
Authorized Signature  
Public Works Division

12/04/2024


Date

iw  
For Board of Examiners

YES

NO

DocuSign Envelope ID: C8CB04DE-DC70-4A7A-96DB-5F800C0ACAC1  
 Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timoframes of returned documentation.  
 This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

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

**STATEWIDE LEASE INFORMATION**

1. Agency:	Department of Transportation Elko Maintenance Station 1951 Idaho Street Elko, Nevada 89801 Brittney Espinoza T: 775.777.2826 E: besplnoza@dot.nv.gov						
Remarks:	This is a NEW lease for the Department of Transportation. The lease was negotiated at 1.63 per SF with a prenegotiated 2% increase should the agency renew the lease. The lease length and terms have been approved by Director Gilmmer. No tenant improvements are needed. Existing furniture in the space will be utilized by the agency during the duration of their lease						
Exceptions/Special notes:	1-day Janitorial						
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	DS5 LLC						
4. Address of Lessor:	PO Box 161322 Ely, NV 89315						
5. Property contact:	Bryan Reed T: 702.286.0165 E: bryan@rplace.net						
6. Address of Lease property:	802 Avenue E Ely, Nevada 89301						
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,297						
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
	\$ 2,114.11	8	\$ 19,028.99	February 1, 2025 - October 31, 2025	\$0.00	\$0.00	\$1.63
c. Total Lease Consideration:			\$ 19,028.99				
c. Total Renewal Consideration:						\$0.00	
d. Total Improvement Cost:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal terms: One (1) option for an additional term at a 2% increase						
e. Option to renew:	# of Days required 30 Holdover terms: 5% / 90						
f. Holdover notice:	9 Months						
g. Term:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)						
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
l. Comparable Area Market Rate Average:	N/A Rural						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	B930						
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires estimated expenses) <input type="checkbox"/> A relocation (requires estimated expenses) <input checked="" type="checkbox"/> A new location (requires estimated expenses) <input type="checkbox"/> Remodelling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

Z.T

**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

DocuSigned by:  
Sami Yousef 12/10/2024  
Authorized Agency Signature Date  
12

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:	NV20212240968	Exp: 9/30/2025
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T32016389	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 12/10/2024  
Authorized Signature Date  
Public Works Division  
ZT  
For Board of Examiners  YES  NO

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

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

**STATEWIDE LEASE INFORMATION**

1. Agency: State Public Charter School Authority  
3427 Goni Road, Suite 103  
Carson City, Nevada 89706  
Jennifer Bauer  
T: 775.687.9149 E: Jenniferbauer@spscva.nv.gov

Remarks: This is a new full-service lease for State Public Charter School Authority. SPCSA will be leasing Suite 2001 and the conference room between the suites. The following tenant improvements have been requested - new paint, new carpet, water line to serve refrigerator. RTW funds will be utilized to cover the cost of their furniture for current FTEs at this new location. Joy Grimmer has approved this lease.

Exceptions/Special notes:

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

3. Name of Lessor: Jelich - Double Eagle I, LLC

4. Address of Lessor: N/A

5. Property contact: Commercial Project Management  
Lisa Read  
3545 Airway Drive, Suite 113  
Reno, NV 89511  
T: 775.853.3742 E: lisa@cpmnv.com

6. Address of Lease property: 555 Double Eagle Court, Suite 2001  
Reno, Nevada 89521

a. Square Footage:  Rentable  Usable 4,068

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
\$ 6,061.32	12	\$ 72,735.84	February 1, 2025 - January 31, 2028	\$0.00	\$0.00	\$1.49
3% \$ 6,243.16	12	\$ 74,917.92	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$1.63
3% \$ 6,430.46	12	\$ 77,165.40	February 1, 2027 - January 31, 2028	\$0.00	\$0.00	\$1.58
3% \$ 6,623.36	12	\$ 79,480.32	February 1, 2028 - January 31, 2029	\$0.00	\$0.00	\$1.63
3% \$ 6,822.07	12	\$ 81,864.84	February 1, 2029 - January 31, 2030	\$0.00	\$0.00	\$1.68
c. Total Lease Consideration:		60	\$ 386,164.32			

d. Total Improvement Cost: \$0.00

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

f. Holdover notice: # of Days required 30 Holdover terms: 6%/90

g. Term: Five (5) Years

h. Pass-thrus/CAM/Taxes  Landlord  Tenant

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: \$2.08

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

n. Lease will be paid for by Agency Budget Account Number: 2711

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

 12/6/2024  
Authorized Agency Signature Date  
16-18

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):		
f. Nevada Business ID Number: NV20011076681	Exp: 7/31/2025	
g. Is the Lessor's Name the same as the Legal Entity Name? *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States i.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
State of Nevada Vendor number: T28049889		
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

 12/06/2024  
Authorized Signature Date  
Public Works Division

For Board of Examiners  YES  NO

*[Handwritten mark]*

**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:	MTC 12/10
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: State Public Charter School Authority  
 3427 Goni Road, Suites 101, 102, & 103  
 Carson City, Nevada 89706  
 Jennifer Bauer  
 T: 775-687-9149 E: jenniferbauer@spsca.nv.gov

Remarks: This is a new lease for SPCSA with a commencement date of February 1, 2025 due to agency getting an eviction notice from current location. Tenant improvements include the following: update the street view signage to include SPCSA, change the front door lettering to SPCSA, paint the entire suite(s) in a color that is agreeable to both landlord and tenant, install new carpet throughout the entire suite(s) in a style and color that is agreeable by both landlord and tenant, re-key all doors and add lockset to IT closet if one doesn't exist, install copper water line in wall next to cabinetry in break area for refrigerator, replace or repair blinds on three windows. Install a solid core door or wall between suites 103 and 104. Landlord to amortize the cost of tenant improvements over lease term. RTW funds will be utilized for new furniture for current FTEs.

Exceptions/Special notes:

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

3. Name of Lessor: Pearce Family, LLC

4. Address of Lessor: 1813 Tahiti Drive, Costa Mesa, California 92626

5. Property contact: Samuel Douglass  
 T: 775.443.7576 E: samuel@nvcg.us

6. Address of Lease property: 3427 Goni Road, Suites 101, 102, 103, Carson City, Nevada 89706

a. Square Footage:  Rentable  Usable 5,295

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
\$ 8,789.70	12	\$ 105,476.40	February 1, 2025 - January 31, 2026	\$0.00	\$0.00	\$1.66
3% \$ 9,054.45	12	\$ 108,653.40	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$1.71
3% \$ 9,319.20	12	\$ 111,830.40	February 1, 2027 - January 31, 2028	\$0.00	\$0.00	\$1.76
3% \$ 9,583.95	12	\$ 115,007.40	February 1, 2028 - January 31, 2029	\$0.00	\$0.00	\$1.81
3% \$ 9,848.70	12	\$ 118,184.40	February 1, 2029 - January 31, 2030	\$0.00	\$0.00	\$1.86

c. Total Lease Consideration: 60 \$ 559,152.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: 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: \$1.62

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

n. Lease will be paid for by Agency Budget Account Number: 2711

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



12/6/2024

Authorized Agency Signature

Date

18

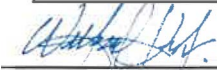
For Public Works Information:

8. State of Nevada Business License Information:

- a. Is the Lessor a Nevada based business?  YES  NO
- b. Is the Lessor Exempt from obtaining a Business License?  YES  NO  
\*If Yes, explain....
- c. Does the Lessor have a current Nevada State Business License?  YES  NO  
\*\*If No, explain....
- d. The Lessor is registered with the Nevada Secretary of State's Office as a: LLC  INC  CORP  LP   
e. Ownership Type (Domestic, Foreign, Government, etc.): Foreign
- f. Nevada Business ID Number: N V2001459481 Exp: 6/30/2025
- g. Is the Lessor's Name the same as the Legal Entity Name?  YES  NO  
\*\*If No, explain....
- h. Is the Legal Entity active and in good standing with the Nevada Secretary of States  YES  NO
- i. State of Nevada Vendor number: T29011867
- j. Is this an Arms Length Transaction (No Conflict of Interest)  YES  NO  
\*\*If No, explain....

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

- a. I/we have considered the reasonableness of the terms of this lease, including cost  YES
- b. I/we have considered other state leased or owned space available for use by this agency  YES



12/06/2024

Authorized Signature  
Public Works Division

Date

jw

For Board of Examiners

YES



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	JENNINGS & FULTON, LTD.	OTHER: STATUTORY CONTINGENCY	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide special counsel services.				
		Term of Contract:	11/25/2024 - 06/30/2026	Contract # 30073		
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	SYLVESTER & POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION	OTHER: STATUTORY CONTINGENCY	\$500,000	Professional Service
	Contract Description:	This is a new contract to provide special counsel services.				
		Term of Contract:	12/30/2024 - 12/31/2026	Contract # 30072		
3.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	SPERIDIAN TECHNOLOGIES LLC	GENERAL	\$5,676,111	
	Contract Description:	This is a new contract to provide an online licensing and customer engagement application.				
		Term of Contract:	12/04/2024 - 11/30/2028	Contract # 29960		
4.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	ESTIPONA GROUP	GENERAL 26% OTHER: TRANSFERS FROM COLLEGE SAVINGS ENDOWMENT, PREPAID TUITION TRUST, ABANDONED PROPERTY 74%	\$3,015,935	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides ongoing branding, marketing, and promotion services.				
		Term of Contract:	Upon Approval - 01/31/2029	Contract # 29981		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	THE ABBI AGENCY	GENERAL 26% OTHER: TRANSFERS FROM COLLEGE SAVINGS ENDOWMENT, PREPAID TUITION TRUST, ABANDONED PROPERTY 74%	\$3,015,935	
	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 ongoing branding, marketing, and promotion services.				
	Term of Contract:	Upon Approval - 01/31/2029	Contract # 29980			
6.	060	CONTROLLER'S OFFICE	GCR OF NEVADA, INC.	GENERAL	\$161,187	
	Contract Description:	This is the second amendment to the original contract which provides a cloud-based lease accounting software application. This amendment extends the termination date from January 7, 2025 to June 30, 2026 and increases the maximum amount from \$255,197 to \$416,384 due to the continued need for these services.				
	Term of Contract:	03/08/2022 - 06/30/2026	Contract # 25343			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BLUE EDONIS, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$381,600	
	Contract Description:	This is a new contract to provide window cleaning services for the McCarran Center located in Las Vegas.				
	Term of Contract:	02/01/2025 - 01/31/2029	Contract # 29997			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	\$141,350	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Veterans Services - North Las Vegas Veterans Home Advance Planning CIP Project: CIP Project No. 23-P04; SPWD Contract No. 116145. This amendment increases the maximum amount from \$9,008,970 to \$9,150,320 due to additional fire sprinkler and fire alarm design services.				
		Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28575		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK	BONDS 54% FEDERAL 46%	\$89,824	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Interior and Exterior Door Replacement CIP Project: CIP Project No. 21-E06; SPWD Contract No. 114473. This amendment increases the maximum amount from \$75,402 to \$165,226 due to an additional topographic survey, design development, construction documents, bidding and negotiation, and construction administration needed for the added concrete stoops at the exterior doors.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25041		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	GRANITE CONSTRUCTION COMPANY	BONDS 63% FEDERAL 37%	\$19,771,655	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at-risk services for the Marlette Lake Dam Rehabilitation CIP Projects for the construction of structural and functional upgrades to the dam: CIP Project Nos. 19-C08 and 23-C22; SPWD Contract No. 117404.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 30057		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	BONDS 28% FEDERAL 72%	\$308,425	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Marlette Lake Dam Rehabilitation CIP Project to include earthwork inspection services, laboratory testing of earthwork materials, special inspections, materials testing, and construction administration services associated with the inspection and testing for the design and construction of structural and functional upgrades to the dam: CIP Project No. 19-C08; SPWD Contract No. 117337.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 30029			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	BONDS 28% FEDERAL 72%	\$750,000	Professional Service
	Contract Description:	This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Marlette Lake Dam Rehabilitation CIP Project: CIP Project No. 19-C08; SPWD Contract No. 113595. This amendment increases the maximum amount from \$1,474,280 to \$2,224,280 due to additional construction administration and archaeological services.				
	Term of Contract:	10/13/2020 - 06/30/2025	Contract # 23486			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	J-U-B ENGINEERS, INC.	BONDS 27% OTHER: AGENCY FUNDS 73%	\$130,794	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Cave Lake State Park - Cave Creek Dam Rehabilitation CIP Project: CIP Project No. 21-C04; SPWD Contract No. 114263. This amendment increases the maximum amount from \$1,128,342.00 to \$1,259,135.74 due to additional construction calendar days resulting in added construction administration services and pre-hearing meetings.				
	Term of Contract:	12/14/2021 - 06/30/2025	Contract # 25142			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	DATAFY LLC	OTHER: LODGING TAX TRANSFER	\$522,983	
	Contract Description:	This is a new contract to provide data aggregation services with a centralized reporting platform to provide insight into travel and visitation in the state.				
		Term of Contract:	02/01/2025 - 01/31/2029	Contract # 30040		
15.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	DERRICK M. LOPEZ, LLC	GENERAL	\$176,667	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides oversight of indigent defense services. This amendment increases the maximum amount from \$173,333 to \$350,000 due to an increased need for these services.				
		Term of Contract:	03/12/2024 - 06/30/2025	Contract # 28862		
16.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	DMSLAW L.L.C.	GENERAL	\$176,667	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides reporting of indigent defense services. This amendment increases the maximum amount from \$173,333 to \$350,000 due to an increased need for these services.				
		Term of Contract:	02/13/2024 - 06/30/2025	Contract # 28737		
17.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - OFFICE OF THE CHIEF INFORMATION OFFICER	INFO-TECH RESEARCH GROUP INC.	OTHER: INTERNAL SERVICE FUNDS	\$1,382,180	Exempt
	Contract Description:	This is a new contract to provide ongoing research and advisory services related to information technology. <b>This contract is contingent upon IFC approval of work program #C73816.</b>				
		Term of Contract:	Upon Approval - 12/31/2027	Contract # 30046		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	REGENTS OF THE UNIVERSITY OF CALIFORNIA, UNIVERSITY OF CALIFORNIA AT SANTA CRUZ	GENERAL 75% FEDERAL 25%	\$8,293,461	Exempt
	Contract Description:	This is a new interlocal agreement to provide the Smarter Balanced Assessment System.				
	Term of Contract:	Upon Approval - 06/30/2028	Contract # 29957			
19.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	806 TECHNOLOGIES, INC.	FEDERAL	\$460,800	
	Contract Description:	This is the second amendment to the original contract which provides an online platform to serve as a portal for continuous improvement plans of school districts and schools. This amendment increases the maximum amount from \$2,005,300 to \$2,466,100 due to the addition of the previous school year's Title 1 system data.				
	Term of Contract:	07/11/2023 - 06/30/2026	Contract # 27749			
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	OTHER: REVENUE	\$31,882,367	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the non-federal share of the Graduate Medical Education supplemental payment program for non-state government owned or operated teaching hospitals. This amendment increases the maximum amount from \$4,575,034 to \$36,457,401 due to the addition of the Indirect Medical Education supplemental payment program.				
	Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25587			

# 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 - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES, AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$3,676,078	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing Medicaid reimbursement. This amendment increases the maximum amount from \$14,314,108.00 to \$17,990,186.06 due to inclusion of facilities outreach community integration services and increased administrative claiming payments. <b>This contract is contingent upon IFC approval of work program #C72713.</b>				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24326		
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PUBLIC KNOWLEDGE, LLC	GENERAL 10% FEDERAL 90%	\$344,412	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-13250 which provides procurement acquisition services support. This service agreement provides a study on the feasibility of integrating the eligibility system into the insurance exchange to improve Nevadan's awareness of potential Medicaid benefits.				
		Term of Contract:	Upon Approval - 09/28/2025	Contract # 30059		
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CARSON CITY, JUVENILE SERVICES	FEDERAL	\$360,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing targeted case management and administrative services.				
		Term of Contract:	07/01/2025 - 06/30/2029	Contract # 30030		

# 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 - MEDICAID	CLARK COUNTY, DEPARTMENT OF FAMILY SERVICES	FEDERAL	\$8,412,695	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides targeted case management. This amendment increases the maximum amount from \$15,155,063.00 to \$23,567,757.84 due to higher-than-expected cost settlements.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25224		
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MEDICAL TRANSPORTATION MANAGEMENT, INC.	GENERAL 25.4% FEDERAL 74.6%	\$35,207,675	
	Contract Description:	This is the second amendment to the original contract which provides non-emergency medical transportation brokerage services. This amendment extends the termination date from June 30, 2025 to December 31, 2026 and increases the maximum amount from \$81,480,867.00 to \$116,688,542.44 due to the addition of the Nevada Check Up program population and updates to the transition plan.				
		Term of Contract:	07/01/2021 - 12/31/2026	Contract # 23926		
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$234,093	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$2,552,550.00 to \$2,786,643.16 due to higher-than-expected cost settlements.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24856		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	UPTODATE, INC.	GENERAL	\$158,988	
	Contract Description:	This is the first amendment to the original contract which provides user access to a drug information database to generate Nevada drug lists. This amendment increases the maximum amount from \$199,666 to \$358,654 due to the addition of a clinical decision support tool.				
	Term of Contract:	02/13/2024 - 08/31/2027	Contract # 28754			
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION	OTHER: REVENUE	\$225,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing support for the employment of psychology interns.				
	Term of Contract:	07/01/2023 - 06/30/2025	Contract # 29374			
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	DP VIDEO PRODUCTIONS, LLC	FEE: RYAN WHITE PART B AND AIDS DRUG ASSISTANCE PROGRAM 70% OTHER: REBATES 30%	\$210,413	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17906 which provides consulting, marketing, and education services. This service agreement provides marketing services for the End HIV Nevada website.				
	Term of Contract:	Upon Approval - 03/31/2026	Contract # 29806			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - OFFICE OF HEALTH ADMINISTRATION	AGATE SOFTWARE, INC.	FEDERAL	(\$458,933)	
	Contract Description:	This is the first amendment to the original contract which provides a tracking software system for grants and contracts. This amendment decreases the maximum amount from \$1,217,606 to \$758,673 due to a reduction in the deliverables.				
		Term of Contract:	06/14/2022 - 06/15/2026	Contract # 26204		
31.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHILD CARE SERVICES	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	\$230,625	Exempt
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-13299 which provides cloud services. This service agreement provides consulting services to improve the Child Care Licensing program.				
		Term of Contract:	Upon Approval - 09/15/2026	Contract # 29906		
32.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	WEST PUBLISHING CORPORATION	GENERAL 50% FEDERAL 50%	\$471,768	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-14048 which provides legal research services. This service agreement provides ongoing access to the FraudCaster system for case management and fraud detection services. This amendment extends the termination date from January 31, 2025 to January 31, 2027 and increases the maximum amount from \$244,439 to \$716,207 due to the continued need for these services.				
		Term of Contract:	01/01/2024 - 01/31/2027	Contract # 28381		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$800,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing evaluation services for the System of Care grant.				
		Term of Contract:	Upon Approval - 09/30/2028	Contract # 30043		
34.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	J-U-B ENGINEERS, INC.	GENERAL 65% OTHER: INTEREST 35%	\$199,553	Professional Service
	Contract Description:	This is a new contract to provide professional engineering and construction support services for restroom and Americans with Disabilities Act improvements at Cathedral Gorge State Park.				
		Term of Contract:	Upon Approval - 12/30/2025	Contract # 30055		
35.	750	DEPARTMENT OF BUSINESS AND INDUSTRY - TAXICAB AUTHORITY	TRUEPOINT SOLUTIONS, LLC	FEE: TECHNOLOGY	\$123,600	Sole Source
	Contract Description:	This is a new contract to provide software and information technology services to implement Phase III of the records management system modernization project. <b>This contract is contingent upon IFC approval of work program #C69505.</b>				
		Term of Contract:	Upon Approval - 12/31/2025	Contract # 30033		
36.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	WORLD INSTITUTE ON DISABILITY	FEDERAL	\$581,558	
	Contract Description:	This is a new contract to provide a disability benefits planning website.				
		Term of Contract:	Upon Approval - 10/31/2028	Contract # 29871		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION	UNIVERSAL DISPATCH LLC	FEDERAL	\$200,000	Exempt
	Contract Description:	This is a new contract to provide client transportation for assessments to determine eligibility for Social Security disability benefits.				
	Term of Contract:	02/01/2025 - 01/31/2029	Contract # 29943			
38.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	ESTIPONA GROUP	FEDERAL	\$835,850	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides development of a website, brand, and marketing strategy for EmployNV.				
	Term of Contract:	Upon Approval - 12/31/2026	Contract # 29905			
39.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: WAGE ASSESSMENT, CAREER ENHANCEMENT PROGRAM	\$6,594,267	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing support to working Nevadans, targeting employable youth, young adult workers, and public outreach. <b>This contract is contingent upon IFC approval of work program #C73659.</b>				
	Term of Contract:	Upon Approval - 01/31/2026	Contract # 29885			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: WAGE ASSESSMENT, CAREER ENHANCEMENT PROGRAM	\$1,500,000	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides incumbent worker training designed to improve the skills of employees and the competitiveness of an employer. This amendment increases the maximum amount from \$1,500,000 to \$3,000,000 due to an increase in incumbent workers.				
	Term of Contract:	08/09/2022 - 06/30/2026	Contract # 26352			
41.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	WORKFORCE CONNECTIONS	OTHER: WAGE ASSESSMENT, CAREER ENHANCEMENT PROGRAM	\$1,500,000	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides incumbent worker training designed to improve the skills of employees and the competitiveness of an employer. This amendment increases the maximum amount from \$1,500,000 to \$3,000,000 due to an increase in employers served.				
	Term of Contract:	08/09/2022 - 06/30/2026	Contract # 26359			
42.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF WELFARE AND SUPPORTIVE SERVICES	FEE: CARRIER PREMIUM	\$1,716,237	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing income verification services for the Nevada Health Link marketplace eligibility system.				
	Term of Contract:	07/01/2024 - 06/30/2027	Contract # 29900			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	THE ABBI AGENCY	FEE: CARRIER PREMIUM	\$3,200,000	
	Contract Description:	This is the first amendment to the original contract which provides marketing and outreach services for facilitating the sales of qualified health and dental plans to underinsured and uninsured Nevadans through Nevada Health Link. This amendment extends the termination date from March 31, 2025 to March 31, 2026 and increases the maximum amount from \$12,800,000 to \$16,000,000 due to the continued need for these services.				
	Term of Contract:	03/09/2021 - 03/31/2026	Contract # 23962			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30073**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
Agency Code: **030**  
Appropriation Unit: **1348-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Jennings & Fulton, LTD.**  
Contractor Name: **Jennings & Fulton, LTD.**  
Address: **2580 Sorrel Street**  
City/State/Zip: **Las Vegas, NV 89146**  
Contact/Phone: **702-979-3565**  
Vendor No.: **pending**  
NV Business ID: **NV20151668843**

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/25/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **Yes**

If "Yes", please explain

**The vendor will be providing work for time limited trial dates before the scheduled BOE date.**

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

Contract term: **1 year and 216 days**

4. Type of contract: **Contract**

Contract description: **Special Counsel**

5. Purpose of contract:

**This is a new contract to provide special counsel services.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$400.00 per hour

Other basis for payment: Hourly rate of \$125.00 up to \$400.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Provide outside legal counsel expertise for Litigation.**

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

**State employees do not have the expertise in this area of law.**

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

Was the solicitation (RFP) done by the 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?

**Professional exemption with specific expertise.**

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	rjon21	12/13/2024 11:26:34 AM
Division Approval	jhoba2	12/16/2024 14:02:31 PM
Department Approval	jhoba2	12/16/2024 14:02:35 PM
Contract Manager Approval	jhoba2	12/16/2024 14:02:39 PM
Budget Analyst Approval	vmilazz1	12/17/2024 18:33:06 PM
BOE Agenda Approval	vmilazz1	12/17/2024 18:33:09 PM
BOE Final Approval	Pending	



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TERESA BENITEZ-  
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LESLIE NINO PIRO  
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HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

1 State of Nevada Way, Suite 100  
Las Vegas, Nevada 89119

## MEMORANDUM

**To:** Budd Milazzo, Executive Branch Budget Officer,  
Governor's Finance Office, Budget Division

**From:** Leslie Nino Piro, General Counsel, ext. 6-3077, [LNinoPiro@ag.nv.gov](mailto:LNinoPiro@ag.nv.gov); *LNP*  
Christena Georgas-Burns, Deputy General Counsel, ext. 6-9234,  
[cgeorgasburns@ag.nv.gov](mailto:cgeorgasburns@ag.nv.gov)

**Date:** December 9, 2024

**Subject:** Support for Approval of Retroactive Contract for Special Counsel  
**Jennings & Fulton, LTD** per SAM 0114B  
*Coyote Springs Investment, LLC, et al. v. State of Nevada, ex. rel.*  
*Division of Water Resources, Case No. A-20-820384-B (8th Jud. Dist. Ct.),*  
*ProLaw Nos. 13660-395, 13660-396*

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SAM 0114 B provides as follows,

When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

This memorandum documents the Office of the Attorney General's ("OAG") support for approval of a retroactive contract for Special Counsel **Jennings & Fulton, LTD** ("Special Counsel") at the Board of Examiners' **January 14, 2025 meeting**. The purpose of this Special Counsel contract is to provide highly-specialized counsel to Nevada Department of Conservation and Natural Resources, Division of Water Resources, and State Engineer ("State Defendants").

This lawsuit commenced in 2020 against the State Defendants in the Eighth Judicial District Court of Clark County. The case was assigned to deputy attorneys general ("DAGs") in the OAG's Complex Litigation Division. Since then, the case was

stayed for a significant period of time while the Nevada Supreme Court resolved petitions for writ of mandamus. The district court lifted the stay in June 2024, instructing the parties to move forward with the litigation.

Plaintiffs' Third Amended Complaint significantly changed the nature of their claims against the State Defendants. Plaintiffs now allege damages in excess of \$1.5 billion. Plaintiffs' increased case valuation and additional claims regarding the taking of land where they previously alleged the taking of water rights and priority status has rendered this matter even more complex. Additionally, DAGs in the Complex Litigation Division lack significant experience in eminent domain and takings law—expertise that the case now requires.

The OAG has sought to engage experts to address the additional claims raised in the Third Amended Complaint. This matter currently has initial expert disclosures due on February 14, 2025, a discovery cutoff date of May 16, 2025, and a trial date on the August 5, 2025, trial stack. The OAG is seeking an extension but no additional time is certain. Attorney caseloads in the Complex Litigation Division are already at maximum capacity. Attorneys with requisite experience are necessary to properly staff this case and meet existing court deadlines.

In early November 2024, General Counsel reviewed the information presented by First Assistant Attorney General Craig Newby and Chief Litigation Counsel Marni Watkins and determined that Special Counsel is needed because the OAG's continued representation would be impracticable and/or uneconomical. General Counsel negotiated favorable terms with Special Counsel. Legal services began November 25, 2024, to allow Special Counsel to get up to speed on the case and assist with current deadlines.

Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval of CETS # 30073 for **Jennings & Fulton, LTD** to November 25, 2024.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30072**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>SYLVESTER &amp; POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION</b>
Agency Code: <b>030</b>	Contractor Name: <b>SYLVESTER &amp; POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>1731 Village Center Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89134</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-952-5200</b>
	Vendor No.: <b>Pending</b>
	NV Business ID: <b>NV19981131366</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/30/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **Yes**

If "Yes", please explain

**While the vendor has not yet begun work, the vendor will be providing work for time limited trial dates, shortly before the scheduled BOE date.**

3. Termination Date: **12/31/2026**

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Special Counsel**

5. Purpose of contract:

**This is a new contract to provide special counsel services.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$550.00 per hour

Other basis for payment: Hourly rate range from \$350.00 up to \$550.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Provide outside legal counsel expertise for Litigation.**

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

**State employees do not have the expertise in this area of law.**

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

Was the solicitation (RFP) done by the 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?

Professional services exemption, based on expertise.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	rjon21	12/12/2024 14:13:46 PM
Division Approval	jhoba2	12/16/2024 15:39:44 PM
Department Approval	jhoba2	12/16/2024 15:39:47 PM
Contract Manager Approval	jhoba2	12/16/2024 15:39:49 PM
Budget Analyst Approval	vmilazz1	12/17/2024 18:26:14 PM
BOE Agenda Approval	vmilazz1	12/17/2024 18:26:18 PM
BOE Final Approval	Pending	

AARON D. FORD  
*Attorney General*

CRAIG A. NEWBY  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

1 State of Nevada Way, Suite 100  
Las Vegas, Nevada 89119

## MEMORANDUM

**To:** Budd Milazzo, Executive Branch Budget Officer,  
Governor's Finance Office, Budget Division

**From:** Leslie Nino Piro, General Counsel, ext. 6-3077, [LNinoPiro@ag.nv.gov](mailto:LNinoPiro@ag.nv.gov); *LNP*  
Christena Georgas-Burns, Deputy General Counsel, ext. 6-9234,  
[cgeorgasburns@ag.nv.gov](mailto:cgeorgasburns@ag.nv.gov)

**Date:** December 9, 2024

**Subject:** Support for Approval of Retroactive Contract for Special Counsel  
Sylvester & Polednak, LTD per SAM 0114B  
*Coyote Springs Investment, LLC, et al. v. State of Nevada, ex. rel.  
Division of Water Resources, Case No. A-20-820384-B (8th Jud. Dist. Ct.),  
ProLaw Nos. 13660-395, 13660-396 (CETS #30072)*

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SAM 0114 B provides as follows,

When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

This memorandum documents the Office of the Attorney General's ("OAG") support for approval of a retroactive contract for Special Counsel Sylvester & Polednak, LTD ("Special Counsel") at the **January 14, 2025 meeting of the BOE**. The purpose of this Special Counsel contract is to provide highly-specialized counsel to Nevada Department of Conservation and Natural Resources, Division of Water Resources, and State Engineer ("State Defendants").

This lawsuit commenced in 2020 against the State Defendants in the Eighth Judicial District Court of Clark County. The case was assigned to deputy attorneys general ("DAGs") in the OAG's Complex Litigation Division. Since then, the case was

stayed for a significant period of time while the Nevada Supreme Court resolved petitions for writ of mandamus. The district court lifted the stay in June 2024, instructing the parties to move forward with the litigation.

Plaintiffs' Third Amended Complaint significantly changed the nature of their claims against the State Defendants. Plaintiffs now allege damages in excess of \$1.5 billion. Plaintiffs' increased case valuation and additional claims regarding the taking of land where they previously alleged the taking of water rights and priority status has rendered this matter even more complex. Additionally, DAGs in the Complex Litigation Division lack significant experience in eminent domain and takings law—expertise that the case now requires.

The OAG has sought to engage experts to address the additional claims raised in the Third Amended Complaint. This matter currently has initial expert disclosures due on February 14, 2025, a discovery cutoff date of May 16, 2025, and a trial date on the August 5, 2025, trial stack. The OAG is seeking an extension but no additional time is certain. Attorney caseloads in the Complex Litigation Division are already at maximum capacity. Attorneys with requisite experience are necessary to properly staff this case and meet existing court deadlines.

In November 2024, General Counsel reviewed the information presented by First Assistant Attorney General Craig Newby and Chief Litigation Counsel Marni Watkins and determined that Special Counsel is needed because the OAG's continued representation would be impracticable and/or uneconomical. General Counsel negotiated favorable terms with Special Counsel. Legal services are set to begin December 30, 2024, to allow Special Counsel to complete their current trial.

Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval of CETS #30072 for Sylvester & & Polednak, LTD to December 30, 2024.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29960**

Agency Name: **SECRETARY OF STATE'S OFFICE**  
Agency Code: **040**  
Appropriation Unit: **1050-42**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Speridian Technologies LLC**  
Contractor Name: **Speridian Technologies LLC**  
Address: **2400 Louisiana Blvd NE, Building 3**  
City/State/Zip: **Albuquerque, NM 87110**  
Contact/Phone: **Lasya Prakash 916-932-7181**  
Vendor No.: **T29049825**  
NV Business ID: **NV20191236714**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **04SOS-S2861 RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2024**

Anticipated BOE meeting date **12/2024**

Retroactive? **Yes**

If "Yes", please explain

**Fast timeline to deliver**

3. Termination Date: **11/30/2028**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Online Licensing**

5. Purpose of contract:

**This is a new contract to provide an online licensing and customer engagement application.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,676,110.74**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Orion Modernization Project is an upgrade and a transformative step forward for the NV SOS Commercial Recordings Division aimed at significantly enhancing both the customer experience and the efficiency of internal teams that are critical to a strong customer experience with an enterprise business licensing system.

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

This is a specialized and highly technical application development, implementation, and secure service that can't be developed by state personnel.

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):

Speridian Technologies LLC  
MTX Group  
Accela, Inc.  
Reframe Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 04SOS-S2861, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee

d. Last bid date: 06/28/2024 Anticipated re-bid date: 06/01/2028

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	adale	11/01/2024 16:30:45 PM
Division Approval	adale	11/01/2024 16:30:58 PM
Department Approval	dbowma1	11/01/2024 16:35:02 PM
Contract Manager Approval	adale	11/01/2024 16:46:39 PM
EITS Approval	ljean	11/04/2024 08:38:18 AM
Budget Analyst Approval	mranki1	11/26/2024 11:59:00 AM
BOE Agenda Approval	mranki1	11/26/2024 11:59:10 AM
BOE Final Approval	Pending	





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

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

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

**TO:** Gabriel Di Chiara, Chief Deputy Secretary of State, SOS  
Shauna Bakkedahl, Deputy Sec. of State for Commercial Recordings, SOS  
Tim Horgan, Chief IT Manager, SOS  
Ashley Griffitts, Administrative Services Officer, SOS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO-OG  
Robert Dehnhardt, State Chief Information Security Officer, OCIO-OG  
Sean Montierth, IT Chief, Computing Services Unit, OCIO-OG  
David Axtell, Chief Enterprise Architect, OCIO-OG

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

**SUBJECT:** TIN Completion Memo – SOS – TIN 734 – *Project Orion* – BA 1050

**DATE:** July 3, 2023

We have completed our review for the Secretary of State's Office (SOS) – *Project Orion* – TIN 734.

The submitted TIN, for an estimated value of \$15,000,000.00 in the FY24/FY25 biennium, (100% General Fund), is to support a portfolio of projects and initiatives to improve the state business licensing and renewals processes managed through the SilverFlume Business Portal.

The SilverFlume Business Portal is a pivotal asset for Nevada's economic growth, with nearly 560,000 businesses utilizing its platform for their licensing and renewals. In 2022 alone, the platform contributed approximately \$200 million to the State General Fund. However, there remains substantial potential for further enhancement and streamlining of the user experience to ensure it is more accessible for the countless business owners who rely on SilverFlume. This initiative is intended to attract more businesses to the State of Nevada, thereby further stimulating economic growth.

Efficiency and user-friendliness are the guiding principles for this investment. The notion that a business owner should need a lawyer or an IT expert to navigate the licensing process is outdated, thus the

objective of this system overhaul is to create a more logical, efficient process flow, coupled with an enhanced customer service experience that uses technology such as chatbots and self-help tools to reduce the workload on state employees.

The solution will include 24/7 exception monitoring, enabling a swift response to any potential threats or system breaches. Additionally, the agency's disaster recovery plan will be meticulously tested and documented to ensure minimal disruption in the face of unforeseen incidents. Thus, while the SilverFlume Business Portal evolves to offer a more efficient, user-friendly experience, it will continue to prioritize the cybersecurity of the state and its users and the protection of their data. The Office of the CIO supports the agency's commitment to improved security. As the agency seeks to improve and streamline the user experience for Nevada's business owners and to maintain data security and integrity, the agency should implement advanced security protocols, including multi-factor authentication and encryption where possible, to protect sensitive user data.

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-OG 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.

**FRANCISCO V. AGUILAR**  
*Secretary of State*

**RUBEN J. RODRIGUEZ**  
*Deputy Secretary for Southern Nevada*

**DEANNA REYNOLDS**  
*Deputy Secretary for Commercial Recordings*

**DEBBIE I. BOWMAN**  
*Deputy Secretary for Operations*

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

**GABRIEL DI CHIARA**  
*Chief Deputy Secretary of State*

**ERIN HOUSTON**  
*Deputy Secretary for Securities*

**MARK A. WLASCHIN**  
*Deputy Secretary for Elections*

# MEMORANDUM

---

To: Michael Rankin, Governor's Finance Office

From: Debbie Bowman, Deputy Secretary of State for Operations  
CC: Gabriel DiChiara, Chief Deputy Secretary of State

Date: December 5, 2024

Subject: Retroactive Memo – CETS #29960 – Speridian

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Enclosed for your consideration is a retroactive request to begin work on the contract between the Nevada Secretary of State and Speridian on December 4, 2024.

The Secretary of State's Office is committed to ensuring that Nevada provides the "Gold Standard" customer experience for individuals looking to file a business license. As part of this initiative, the State must address long-standing defects, while delivering an intuitive, streamlined digital experience to improve customer satisfaction, trust, and confidence. To meet this standard, the Secretary of State's office has started Project Orion.

Given the extensive RFP process and the fast timeline that we have to deliver this product, the Secretary of State cannot wait for the general BOE process as January would be too late for Speridian to begin work, to not only improve customer satisfaction, but to also increase revenue to the State of Nevada.

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29981**

Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>ESTIPONA GROUP</b>
Agency Code: <b>051</b>	Contractor Name: <b>ESTIPONA GROUP</b>
Appropriation Unit: <b>1092-20</b>	Address: <b>PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-0606</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Edward Estipona 775.624.8720</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

<b>X</b> General Funds	<b>26.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>74.00 %</b>

**Transfers from College Savings Endowment, Prepaid Tuition Trust, Abandoned Property**

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2029**

Contract term: **4 years and 31 days**

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

Contract description: **Marketing**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides ongoing branding, marketing, and promotion services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,015,934.92**

Other basis for payment: as invoiced by the vendor by project and approved by the state. College Savings \$1,359,830.17; Prepaid Tuition \$179,166.67; Healthcare Student Loan \$158,954.75; NV Employee Savings \$784,500; Financial Literacy, ABLE, Student Loan Ombudsman \$533,483.33

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 353B.370 authorizes the College Savings Board to contract with qualified entities for the day-to-day operations of the Nevada College Savings Programs as the program administrator for the management of marketing of the program(s).**

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

**The State Treasurer's Office is seeking the services of the professional marketing firm, which is outside the scope of the expertise of staff members.**

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):

Abbi Agency  
Estipona Group  
Davidson Belluso

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on their proposal and the services they can provide to fit the marketing needs of the Nevada College Savings program(s).

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/30/2029

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	Ihoove1	11/07/2024 16:35:35 PM
Division Approval	Ihoove1	11/07/2024 16:35:38 PM
Department Approval	Ihoove1	11/07/2024 16:35:42 PM
Contract Manager Approval	jveit	11/07/2024 16:36:29 PM
Budget Analyst Approval	stilley	12/16/2024 16:20:03 PM
BOE Agenda Approval	stilley	12/16/2024 16:20:06 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29980**

Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>The Abbi Agency</b>
Agency Code: <b>051</b>	Contractor Name: <b>The Abbi Agency</b>
Appropriation Unit: <b>1092-20</b>	Address: <b>1385 Haskell Street, Suite A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Patrick Whitaker 775.323.2977</b>
	Vendor No.: <b>T27037235</b>
	NV Business ID: <b>NV20081200897</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

<b>X</b> General Funds	<b>26.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>74.00 %</b>

**Transfers from College Savings Endowment, Prepaid Tuition Trust, Abandoned Property**

2. Contract start date:

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

Anticipated BOE meeting date: 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2029**

Contract term: **4 years and 31 days**

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

Contract description: **Marketing**

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 ongoing branding, marketing, and promotion services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,015,934.92**

Other basis for payment: as invoiced by the vendor by project and approved by the state. College Savings \$1,359,830.17; Prepaid Tuition \$179,166.67; Healthcare Student Loan \$158,954.75; NV Employee Savings \$784,500; Financial Literacy, ABLE, Student Loan Ombudsman \$533,483.33

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 353B.370 authorizes the College Savings Board to contract with qualified entities for the day-to-day operations of the Nevada College Savings Programs as the program administrator for the management of marketing of the program(s).**

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

**The State Treasurer's Office is seeking the services of the professional marketing firm, which is outside the scope of the expertise of staff members.**

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):

Estipona Group  
Abbi Agency  
Davidson Belluso

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on their proposal and the services they can provide to fit the marketing needs of the Nevada College Savings program(s).

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/30/2027

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:

Multiple agencies use these services under the State Purchasing statewide contract. Satisfied.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ihoove1	11/07/2024 16:26:05 PM
Division Approval	Ihoove1	11/07/2024 16:26:08 PM
Department Approval	Ihoove1	11/07/2024 16:26:11 PM
Contract Manager Approval	jveit	11/07/2024 16:35:21 PM
Budget Analyst Approval	stilley	12/16/2024 17:20:25 PM
BOE Agenda Approval	stilley	12/16/2024 17:20:27 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25343</b>	Amendment Number: <b>2</b>	
Agency Name: <b>CONTROLLER'S OFFICE</b>	Legal Entity Name: <b>GCR of Nevada, Inc.</b>	
Agency Code: <b>060</b>	Contractor Name: <b>GCR of Nevada, Inc.</b>	
Appropriation Unit: <b>1130-26</b>	Address: <b>1001 HIGHWAY 190 E SERVICE RD SUITE 201</b>	
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>COVINGTON, LA 70433</b>	
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Trisha Murray 504-754-0048</b>	
	Vendor No.: <b>T29047793</b>	
	NV Business ID: <b>NV20181832110</b>	

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

Agency Reference #: **RFP # 06CO-S1784 PSM: tb**

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 **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/07/2025**

Contract term: **4 years and 114 days**

4. Type of contract: **Contract**

Contract description: **GASB-87 Lease**

5. Purpose of contract:

**This is the second amendment to the original contract which provides a cloud-based lease accounting software application. This amendment extends the termination date from January 7, 2025 to June 30, 2026 and increases the maximum amount from \$255,197 to \$416,384 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$255,197.00	\$255,197.00	\$255,197.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$161,187.00	\$161,187.00	\$161,187.00	Yes - Action
3. New maximum contract amount:	\$416,384.00			
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?



The State is required to prepare an Annual Comprehensive Financial Report (ACFR) in accordance with the standards established by the Government Accounting Standards Boards (GASB). One of the recent standards issued by the GASB is GASB Statement 87 - Leases. This standard establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. As a lessee, the State is required to recognize a lease liability and an intangible right-to-use asset; as a lessor, the State is required to recognize a lease receivable and a deferred inflow of resources. In addition to providing the public with information regarding the State's financial position, the ACFR is a required part of the Single Audit, which reports on federal grant receipts and is essential in obtaining federal funding. In addition, the ACFR is required for obtaining credit ratings and for the issuance of bonds. Lease accounting is a component of the ACFR.

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

This effort is likely to involve well over 2,000 leases for the State, each one of which must have calculations performed based on lease term, lease payments, interest rates, lease modifications and yearly amortization of the asset. Due to the complexity of the calculations, the risk of error, and time involved to perform and review the calculations, this cannot feasibly be done manually, and an application is needed to perform the calculation, summarize the adjusting journal entries, and summarize future lease payment disclosures. In addition, without an application, the auditors may not be able to audit the manual calculations without extensive effort and potentially additional costs. In summary, this application is an essential element needed to prepare an ACFR with an unmodified opinion.

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 #06CO-S1784, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/20/2021 Anticipated re-bid date: 10/20/2024

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:

Department of Transportation - 11/01/2010-4/24/2013 - Satisfactory  
Department of Transportation - 7/1/2019-8/31/2022 - Satisfactory  
Secretary of State - 11/8/2016-9/20/2020 - Satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jsmack	12/17/2024 09:50:37 AM
Division Approval	jsmack	12/17/2024 09:50:42 AM
Department Approval	jsmack	12/17/2024 09:50:47 AM
Contract Manager Approval	ccarasel	12/17/2024 10:06:33 AM
EITS Approval	ljean	12/19/2024 08:41:00 AM
Budget Analyst Approval	bmacke1	12/20/2024 16:46:49 PM
BOE Agenda Approval	bmacke1	12/20/2024 16:46:55 PM



**STATE OF NEVADA**  
**GOVERNOR’S OFFICE**  
*Office of the Chief Information Officer*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
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**M E M O R A N D U M**

**TO:** Andy Matthews, State Controller, SCO  
James Smack, Chief Deputy Controller, SCO  
Kevin Law, IT Manager, SCO  
Christina Carasella Martino, Management Analyst II, SCO

**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 – SCO – TIN 54 – GASB 87 TIN – Update C – BA 1130

**DATE:** December 3, 2024

We have completed our review for the State Controller’s Office (SCO) – GASB 87 TIN – TIN 54, Update C.

The submitted TIN, for an estimated value of \$153,512.00 in the FY24/FY25 biennium and \$82,559.00 in the FY26/FY27 biennium (100% General Fund), is to update cost information for a cloud-based solution hosted on third party servers to meet Governmental Accounting Standards Board (GASB) requirements.

This investment addresses the state's regulatory requirement to prepare an Annual Comprehensive Financial Report (ACFR) in accordance with GASB standards. The ACFR provides critical information

about the state's financial position, serves as a required component of the Single Audit for federal grant reporting, and is essential for obtaining federal funding, credit ratings, and bond issuance.

A key driver for this investment is compliance with GASB Statement No. 87 – Leases. Accurate accounting for over 2,000 leases, including calculating liabilities, assets, and future payment schedules, must adhere to this standard. These calculations involve complex considerations such as lease terms, payments, interest rates, modifications, and annual amortization.

Given the complexity and volume of these requirements, manual calculations are not feasible due to the risk of errors, inefficiency, and the potential for additional costs during auditing. The application will automate these calculations, produce adjusting journal entries, and generate required disclosure schedules for future lease payments. Its implementation ensures the state can produce an ACFR with an unmodified opinion, demonstrating full compliance with GASB standards.

Beyond regulatory compliance, this investment provides significant operational benefits. It creates a centralized database of state leases, improving transparency and enabling agencies to better understand their lease obligations. This application is an essential tool for meeting regulatory requirements efficiently and enhancing financial reporting accuracy and accountability.

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: **29997**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Blue Edonis, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>Blue Edonis, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>6255 W Tropicana Ave. #7</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jhose Valderrama 805-618-6176</b>
	Vendor No.: <b>T29049869</b>
	NV Business ID: <b>NV20243237221</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income</b>

Agency Reference #: **08DOA-S2958 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2025**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2029**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Window Cleaning**

5. Purpose of contract:

**This is a new contract to provide window cleaning services for the McCarran Center located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$381,600.00**

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?

**This contract will provide window cleaning services to all maintained Buildings and Grounds buildings located at the McCarran Center.**

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

**Buildings and Grounds does not have the manpower to cover all window cleaning services for McCarran Center.**

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):

**Window Masters, Inc.  
G & S Window Cleaning, LLC  
The 44 Group, Inc.**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2958 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/24/2024 Anticipated re-bid date: 08/01/2028

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other

**Foreign Limited-Liability Company**

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jcru2	12/13/2024 10:34:59 AM
Division Approval	jkidd	12/13/2024 13:25:15 PM
Department Approval	jkidd	12/13/2024 13:25:19 PM
Contract Manager Approval	ssands	12/13/2024 13:27:46 PM
Budget Analyst Approval	klay0	12/17/2024 13:44:37 PM
BOE Agenda Approval	klay0	12/17/2024 13:44:40 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28575** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Agency Code: **082** Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Appropriation Unit: **1558-19** Address: **8882 SPANISH RIDGE AVE.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89148-1303**

If "No" please explain: **Not Applicable** Contact/Phone: **702-251-8896**

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

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

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

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

Agency Reference #: 116145

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 01/2025

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 second amendment to the original contract which provides professional architectural/engineering services for the Veterans Services - North Las Vegas Veterans Home Advance Planning CIP Project: CIP Project No. 23-P04; SPWD Contract No. 116145. This amendment increases the maximum amount from \$9,008,970 to \$9,150,320 due to additional fire sprinkler and fire alarm design services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,993,700.00	\$8,993,700.00	\$8,993,700.00	Yes - Action
a. Amendment 1:	\$15,270.00	\$15,270.00	\$15,270.00	Yes - Info
2. Amount of current amendment (#2):	\$141,350.00	\$141,350.00	\$156,620.00	Yes - Action
3. New maximum contract amount:	\$9,150,320.00			

#### 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	12/05/2024 15:01:32 PM
Division Approval	nmann	12/05/2024 15:01:36 PM
Department Approval	nmann	12/05/2024 15:01:41 PM
Contract Manager Approval	lwildes	12/06/2024 08:12:17 AM
Budget Analyst Approval	klay0	12/13/2024 16:45:57 PM





### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25041** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Tate Snyder Kimsey Architects, Ltd. DBA TSK**

Agency Code: **082** Contractor Name: **Tate Snyder Kimsey Architects, Ltd. DBA TSK**

Appropriation Unit: **1577-66** Address: **314 S. WATER ST.**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015-7311**

If "No" please explain: **Not Applicable** Contact/Phone: **702-456-3000**

Vendor No.: **T80883470**

NV Business ID: **20212004081**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>46.00 %</b>	<b>X</b> Bonds	<b>54.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114473

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 254 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 Nevada Army National Guard - Clark County Armory Interior and Exterior Door Replacement CIP Project: CIP Project No. 21-E06; SPWD Contract No. 114473. This amendment increases the maximum amount from \$75,402 to \$165,226 due to an additional topographic survey, design development, construction documents, bidding and negotiation, and construction administration needed for the added concrete stoops at the exterior doors.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$62,802.00	\$62,802.00	\$62,802.00	Yes - Info
a. Amendment 1:	\$12,600.00	\$12,600.00	\$75,402.00	Yes - Info
2. Amount of current amendment (#2):	\$89,824.00	\$89,824.00	\$165,226.00	Yes - Action
3. New maximum contract amount:	\$165,226.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	12/11/2024 10:38:04 AM
Division Approval	nmann	12/11/2024 10:38:08 AM
Department Approval	nmann	12/11/2024 10:38:11 AM
Contract Manager Approval	lwildes	12/11/2024 11:10:22 AM

Budget Analyst Approval  
BOE Agenda Approval

klay0  
klay0

12/17/2024 14:47:38 PM  
12/17/2024 14:47:41 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30057**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>GRANITE CONSTRUCTION COMPANY</b>
Agency Code: <b>082</b>	Contractor Name: <b>GRANITE CONSTRUCTION COMPANY</b>
Appropriation Unit: <b>1590-11</b>	Address: <b>1900 GLENDALE AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-358-8792</b>
	Vendor No.: <b>PUR0000169</b>
	NV Business ID: <b>NV19631001612</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>37.00 %</b>	<b>X</b> Bonds	<b>63.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 117404

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 179 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is a new contract to provide owner construction manager at-risk services for the Marlette Lake Dam Rehabilitation CIP Projects for the construction of structural and functional upgrades to the dam: CIP Project Nos. 19-C08 and 23-C22; SPWD Contract No. 117404.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,771,655.17**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2019 & 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:

Brian Wacker, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/10/2024 15:57:20 PM
Division Approval	nmann	12/10/2024 15:57:24 PM
Department Approval	nmann	12/10/2024 15:57:27 PM
Contract Manager Approval	lwildes	12/17/2024 08:54:46 AM
Budget Analyst Approval	klay0	12/17/2024 12:04:40 PM
BOE Agenda Approval	klay0	12/17/2024 12:04:43 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: **30029**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1590-11</b>	Address: <b>308 N. CURRY ST., SUITE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/883-7077</b>
	Vendor No.: <b>T80912843A</b>
	NV Business ID: <b>NV19791006982</b>

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>72.00 %</b>	<b>X</b> Bonds	<b>28.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 117337

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **179 days**

4. Type of contract: **Contract**

Contract description: **Misc - MSA**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Marlette Lake Dam Rehabilitation CIP Project to include earthwork inspection services, laboratory testing of earthwork materials, special inspections, materials testing, and construction administration services associated with the inspection and testing for the design and construction of structural and functional upgrades to the dam: CIP Project No. 19-C08; SPWD Contract No. 117337.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$308,425.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Legislative approved CIP Projects

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Jason Crosby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/09/2024 16:32:30 PM
Division Approval	nmann	12/09/2024 16:32:33 PM
Department Approval	nmann	12/09/2024 16:32:35 PM
Contract Manager Approval	lwildes	12/10/2024 08:10:22 AM
Budget Analyst Approval	klay0	12/16/2024 16:56:27 PM
BOE Agenda Approval	klay0	12/16/2024 16:56:30 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **23486** Amendment Number: **4**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **LUMOS & ASSOCIATES, INC.**  
 Agency Code: **082** Contractor Name: **LUMOS & ASSOCIATES, INC.**  
 Appropriation Unit: **1590-11** Address: **308 N. CURRY ST., SUITE 200**  
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89703**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775-883-7077**  
 Vendor No.: **T80912843A**  
 NV Business ID: **NV19791006982**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>72.00 %</b>	<b>X</b> Bonds	<b>28.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113595

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**  
 Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 261 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Marlette Lake Dam Rehabilitation CIP Project: CIP Project No. 19-C08; SPWD Contract No. 113595. This amendment increases the maximum amount from \$1,474,280 to \$2,224,280 due to additional construction administration and archaeological services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,310,000.00	\$1,310,000.00	\$1,310,000.00	Yes - Action
a. Amendment 1:	\$19,280.00	\$19,280.00	\$19,280.00	Yes - Info
b. Amendment 2:	\$0.00	\$0.00	\$19,280.00	No
c. Amendment 3:	\$145,000.00	\$145,000.00	\$164,280.00	Yes - Action
2. Amount of current amendment (#4):	\$750,000.00	\$750,000.00	\$750,000.00	Yes - Action
3. New maximum contract amount:	\$2,224,280.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural / Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/09/2024 15:00:39 PM
Division Approval	nmann	12/09/2024 15:00:43 PM
Department Approval	nmann	12/09/2024 15:00:49 PM

Contract Manager Approval  
Budget Analyst Approval  
BOE Agenda Approval

lwildes  
klay0  
klay0

12/10/2024 08:11:52 AM  
12/16/2024 16:14:38 PM  
12/16/2024 16:14:42 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: <b>25142</b>	Amendment Number: <b>3</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>J-U-B ENGINEERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>J-U-B ENGINEERS, INC.</b>
Appropriation Unit: <b>1591-39</b>	Address: <b>5190 NEIL RD., STE. 500</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-852-1440</b>
	Vendor No.: <b>T32010158</b>
	NV Business ID: <b>NV19741000794</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>27.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>73.00 % Agency Funds</b>

Agency Reference #: 114263

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**  
Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 198 days**

4. Type of contract: **Contract**  
Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architectural/engineering services for the Cave Lake State Park - Cave Creek Dam Rehabilitation CIP Project: CIP Project No. 21-C04; SPWD Contract No. 114263. This amendment increases the maximum amount from \$1,128,342.00 to \$1,259,135.74 due to additional construction calendar days resulting in added construction administration services and pre-hearing meetings.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$807,931.00	\$807,931.00	\$807,931.00	Yes - Action
a. Amendment 1:	\$69,720.00	\$69,720.00	\$69,720.00	Yes - Info
b. Amendment 2:	\$250,691.00	\$250,691.00	\$320,411.00	Yes - Action
2. Amount of current amendment (#3):	\$130,793.74	\$130,793.74	\$130,793.74	Yes - Action
3. New maximum contract amount:	\$1,259,135.74			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2024 14:35:32 PM
Division Approval	nmann	12/05/2024 14:35:37 PM
Department Approval	nmann	12/05/2024 14:35:41 PM
Contract Manager Approval	lwildes	12/06/2024 08:09:22 AM

Budget Analyst Approval  
BOE Agenda Approval

klay0  
klay0

12/13/2024 16:10:17 PM  
12/13/2024 16:10:21 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30040**

Agency Name: **DTCA - DIVISION OF TOURISM**  
Agency Code: **101**  
Appropriation Unit: **1522-31**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Datafy LLC**  
Contractor Name: **Datafy LLC**  
Address: **5974 S Fashion Point Dr. Ste 200**  
City/State/Zip: **South Ogden, UT 84403**  
Contact/Phone: **Christine Alvarez 310-508-5077**  
Vendor No.: **VEN28007**  
NV Business ID: **NV20243210029**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **10TCA-S2965 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2025**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2029**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Data Aggregator Ser**

5. Purpose of contract:

**This is a new contract to provide data aggregation services with a centralized reporting platform to provide insight into travel and visitation in the state.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$522,983.33**

Other basis for payment: Invoiced monthly; payable upon receipt within 30 days. FY25 \$55,968.75; FY26 \$130,000; FY27 \$130,000; FY28 \$130,000; FY29 \$77,014.58 with optional Datafy Advertising

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The platform provided by the contracted vendor will give the Department access to data and insights that would not be otherwise available or would be cost prohibitive to gather this data on an individual basis. The contracted vendor will provide data on visitor movement, visitor spending, and data on advertising effectiveness among others. The platform also allows for the Department to incorporate owned data sets, allowing much of the Department's data to be analyzed in a single location, increasing overall efficiency. Finally, other states competing with the state of Nevada to increase visitation have similar platforms, so this will allow the state and the Department to remain competitive with our efforts.

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

Along with providing data that the Department would not otherwise have access to or that would be cost prohibitive to gather on an individual basis, building a digital platform that incorporates these data sets and allows for the incorporation of the Department's owned data is outside of the skill set of the Department's research team. It therefore makes the most sense to purchase access to this type of platform, administered through the RFP process.

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):

Datafy LLC  
 Tourism Economics  
 Newtronix Nextgen Technologies

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S2965, 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: 09/17/2024 Anticipated re-bid date: 07/01/2029

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	amathies	11/27/2024 14:14:19 PM
Division Approval	amathies	11/27/2024 14:14:22 PM
Department Approval	amathies	11/27/2024 14:14:24 PM
Contract Manager Approval	amathies	11/27/2024 14:14:27 PM
Budget Analyst Approval	stilley	12/20/2024 14:46:22 PM
BOE Agenda Approval	stilley	12/20/2024 14:46:27 PM





### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>28862</b>	Amendment Number: <b>2</b>
Agency Name: <b>INDIGENT DEFENSE</b>	Legal Entity Name: <b>DERRICK M. LOPEZ, LLC</b>
Agency Code: <b>111</b>	Contractor Name: <b>DERRICK M. LOPEZ, LLC</b>
Appropriation Unit: <b>1008-36</b>	Address: <b>PO Box 2372</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Minden, NV 89423</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-721-0361</b>
	Vendor No.: <b>T32012752</b>
	NV Business ID: <b>NV20243022410</b>

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

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**  
Anticipated BOE meeting date **02/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 110 days**

4. Type of contract: **Contract**

Contract description: **DIDS Oversight**

5. Purpose of contract:

**This is the second amendment to the original contract which provides oversight of indigent defense services. This amendment increases the maximum amount from \$173,333 to \$350,000 due to an increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$173,333.00	\$173,333.00	\$173,333.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$176,667.00	\$176,667.00	\$176,667.00	Yes - Action
3. New maximum contract amount:	\$350,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 180.440 and the Davis v. State (Nev. First Jud. Dist. Ct. Case No. 170C002271B (Aug. 11, 2020)) consent judgment require systematic review on an annual basis of public defense counsel for quality and efficiency according to nationally and locally adopted standards, including, but not limited to, the ABA Criminal Justice Standards

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 cover the expected oversight duties of the consent judgement.

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

Other

**Foreign Limited-Liability Company**

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

Yes

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	11/22/2024 12:35:26 PM
Division Approval	jkidd	12/09/2024 09:30:04 AM
Department Approval	jkidd	12/09/2024 09:30:07 AM
Contract Manager Approval	ssands	12/11/2024 13:27:37 PM
Budget Analyst Approval	vmilazz1	12/17/2024 20:26:49 PM
BOE Agenda Approval	vmilazz1	12/17/2024 20:26:53 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28737** Amendment Number: **2**  
 Agency Name: **INDIGENT DEFENSE** Legal Entity Name: **DMSLAW L.L.C.**  
 Agency Code: **111** Contractor Name: **DMSLAW L.L.C.**  
 Appropriation Unit: **1008-36** Address: **7121 W Craig Road # 113-23**  
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89129**  
 If "No" please explain: Not Applicable Contact/Phone: **David M. Schieck 7023034251**  
 Vendor No.: **T32014305**  
 NV Business ID: **NV20171497056**

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.

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

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**  
 Anticipated BOE meeting date: 01/2025  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**  
 Contract term: **1 year and 137 days**

4. Type of contract: **Contract**  
 Contract description: **DIDS Oversight**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides reporting of indigent defense services. This amendment increases the maximum amount from \$173,333 to \$350,000 due to an increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$173,333.00	\$173,333.00	\$173,333.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$176,667.00	\$176,667.00	\$176,667.00	Yes - Action
3. New maximum contract amount:	\$350,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**NRS 180.440 and the Davis v. State (Nev. First Jud. Dist. Ct. Case No. 170C002271B (Aug. 11, 2020)) consent judgment require systematic review on an annual basis of public defense counsel for quality and efficiency according to nationally and locally adopted standards, including, but not limited to, the ABA Criminal Justice Standards.**

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 cover the expected oversight duties of the consent judgment**

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

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

Not Applicable

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

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlo4	11/22/2024 12:38:38 PM
Division Approval	jkidd	11/22/2024 13:55:16 PM
Department Approval	jkidd	11/22/2024 13:55:21 PM
Contract Manager Approval	ssands	12/09/2024 07:16:35 AM
Budget Analyst Approval	vmilazz1	12/17/2024 20:20:11 PM
BOE Agenda Approval	vmilazz1	12/17/2024 20:20:16 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30046**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>INFO-TECH RESEARCH GROUP INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>INFO-TECH RESEARCH GROUP INC.</b>
Appropriation Unit: <b>1373-26</b>	Address: <b>3960 HOWARD HUGHES PARKWAY SUITE 500</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89169</b>
If "No" please explain: This contract is contingent upon IFC approval of work program #C73816.	Contact/Phone: <b>Ryan Huggett 888-670-8889</b>
	Vendor No.: <b>T32011000</b>
	NV Business ID: <b>NV20141739178</b>

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 %	<b>X</b> Other funding	<b>100.00 % internal service funds</b>

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2027**

Contract term: **2 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Research & Advisory**

5. Purpose of contract:

**This is a new contract to provide ongoing research and advisory services related to information technology. This contract is contingent upon IFC approval of work program #C73816.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,382,179.89**

Payment for services will be made at the rate of \$460,726.63 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

OCIO continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure OCIO stays current with rapidly advancing IT changes, Info-Tech has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Info-Tech's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

This is a specialized service

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

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

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

Not Applicable

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

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

NRS.333.475

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	mmellow	12/10/2024 10:56:42 AM
Division Approval	ddodge	12/10/2024 12:38:55 PM
Department Approval	tgalluzi	12/10/2024 12:39:52 PM
Contract Manager Approval	thudder	12/10/2024 12:40:35 PM
EITS Approval	ljean	12/10/2024 12:49:43 PM
Budget Analyst Approval	mranki1	12/17/2024 10:08:58 AM
BOE Agenda Approval	mranki1	12/17/2024 10:09:00 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**GOVERNOR’S OFFICE**  
*Office of the Chief Information Officer*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Tim Galluzi, State Chief Information Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO  
Tiffany Morelli, Administrative Services Officer III, OCIO

**CC:** Robert Dehnhardt, State Chief Information Security Officer, OCIO  
Darla Dodge, Deputy CIO – Chief Operating Officer, OCIO  
Michael D. Smith, Support Services Unit, OCIO

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

**SUBJECT:** TIN Completion Memo – OCIO – TIN 797 – *Info-Tech Research Group* –  
Update A – BA 1373

**DATE:** December 5, 2024

We have completed our review for the Office of the Chief Information Officer’s (OCIO) – *Info-Tech Research Group* – TIN 797, Update A.

The submitted TIN, for an estimated value of \$412,328.95 in the FY24/FY25 biennium and \$249,564.13 in the FY26/FY27 biennium (100% internal service funding), is to renew a support a service agreement with Info-Tech for IT research and advisory services.

The Info-Tech service agreement replaces a previous contract with Gartner. Services include counselor visits, concierge services, industry research, price benchmarking, IT vendor negotiations assistance, onsite workshops, and access to core research content, in addition to Advisory Membership benefits.



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

<i>Purchasing Use Only:</i>	
Approval #:	G24201 @

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

1	<b>Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>		Office of the CIO
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Tiffany Morelli, Chief Financial Officer	775-531-3078	tiffanymorelli@it.nv.gov

2	<b>Vendor Information:</b>	
	Identify Vendor:	Info-Tech Research Group
	Contact Name:	Nathan Driscoll
	Complete Address:	3960 Howard Hughes Parkway, Suite 500, Las Vegas NV 89169
	Telephone Number:	888-670-8889 ext. 3279
Email Address:	ndriscoll@infotech.com	

3	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	Type of Solicitation:	
	Identify Original State/Entity:	U.S General Services Administration
	Contact Name:	Deborah McCray
	Telephone Number:	703-605-2734
Email Address:	deborah.mccray@gsa.gov	

4	<b>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.</b>				
	Original Contract:	Start Date:	03/17/2017	End Date:	03/16/2027
	New Contract:	Start Date:	Upon BoE approval	End Date:	12/31/2026

5	<b>Funding for this new contract:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
Other (Explain):	Internal service funds	

*Rec'd 12/16/24 /auto ✓*

**Purchasing Use Only:**

Approval #: **G241201 @**

6	Total estimated value of this service contract:	\$209,143.59
	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"/>
----	---	------	-------------------------------------	-----	--------------------------

11	Is this vendor registered in NevadaEPro?	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro.				

12	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				

13	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	If so, please include copies with submission to the Purchasing Division.				

**Purchasing Use Only:**

**Approval #:** G2412010

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.

*Tiffany Morelli*

Signature of Agency Representative Initiating Request

Tiffany Morelli

12/06/24

Print Name of Agency Representative Initiating Request

Date

*Timothy Galluzi*

Timothy Galluzi (Dec 6, 2024 08:36 PST)

Signature of Agency Head Authorizing Request

Timothy Galluzi

12/06/24

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](mailto:cstoeffler@admin.nv.gov).

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**



Approved by:

*[Signature]*

Administrator, Purchasing Division or Designee

12/9/24

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29957**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	Regents of the University of California, University of California at Santa Cruz
Agency Code:	<b>300</b>	Contractor Name:	<b>Regents of the University of California, University of California at Santa Cruz</b>
Appropriation Unit:	<b>2697-45</b>	Address:	<b>UCSC Extension-Smarter Balance 3175 Bowers Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Santa Clara, CA 95054</b>
If "No" please explain:	Not Applicable	Contact/Phone:	PK Agarwal 310-405-4414
		Vendor No.:	T29018364
		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.

<input checked="" type="checkbox"/>	General Funds	<b>75.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>25.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2028**

Contract term: **3 years and 180 days**

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

Contract description: **Smarter Balanced**

5. Purpose of contract:

**This is a new interlocal agreement to provide the Smarter Balanced Assessment System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,293,460.70**

Other basis for payment: As invoiced by the Vendor and accepted by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada is a member of the Smarter Balanced Assessment Consortium (Smarter Balanced) and will continue to use the Smarter Balanced Assessment system. Nevada has worked with SBAC to develop new standards since 2010. This contract is necessary in order to obtain access to the Assessments that Nevada participated in developing as a Governing State within the consortium.

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

State employees do not have access to the Assessments provided under this agreement. The Nevada Department of Education does not have the resources or expertise necessary to develop the computer adaptive assessment model.

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

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

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

Not Applicable

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

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

In accordance with NRS.277.180 - an interlocal agreement.

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Expired contract #19313. 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	psmorr1	11/01/2024 12:19:52 PM
Division Approval	psmorr1	11/01/2024 12:24:09 PM
Department Approval	carnol1	11/01/2024 12:25:08 PM
Contract Manager Approval	khoy1	12/09/2024 10:34:12 AM
Budget Analyst Approval	vfajota	12/14/2024 17:59:31 PM
BOE Agenda Approval	mranki1	12/17/2024 09:21:45 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: <b>27749</b>	Amendment Number: <b>2</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>806 Technologies, Inc.</b>
Agency Code: <b>300</b>	Contractor Name: <b>806 Technologies, Inc.</b>
Appropriation Unit: <b>2710-13</b>	Address: <b>5760 Legacy Dr Ste B3-176</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Plano, TX 75024</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mark Hailey 936-676-9943</b>
	Vendor No.:
	NV Business ID: <b>NV20243169932</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/11/2023**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **2 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Performance Portal**

5. Purpose of contract:

**This is the second amendment to the original contract which provides an online platform to serve as a portal for continuous improvement plans of school districts and schools. This amendment increases the maximum amount from \$2,005,300 to \$2,466,100 due to the addition of the previous school year's Title 1 system data.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$595,300.00	\$595,300.00	\$595,300.00	Yes - Action
a. Amendment 1:	\$1,410,000.00	\$1,410,000.00	\$1,410,000.00	Yes - Action
2. Amount of current amendment (#2):	\$460,800.00	\$460,800.00	\$460,800.00	Yes - Action
3. New maximum contract amount:	\$2,466,100.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

COVID-19 left us with the need to provide a tool to serve as a portal for continuous improvement plans of school districts and schools, which then will inform targeted intervention from the State Educational Agency (SEA) to meet stated goals and objectives. The platform will need to support each step of the continuous improvement planning process, i.e., needs assessment, root cause analysis, goals, etc. It will be used to develop, review, manage, and archive NDE's strategic planning and school and district performance plans for NDE, school districts, and schools throughout the state.

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

State workers do not have the time or expertise to provide this platform.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S2327, and in accordance with NRS 333, the selected vendor was the highest-scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/23/2023 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?

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

current contract satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

psmorr1

11/05/2024 16:52:48 PM



Division Approval	psmorr1	11/05/2024 16:52:56 PM
Department Approval	carnol1	11/07/2024 06:50:39 AM
Contract Manager Approval	khoy1	12/09/2024 09:12:19 AM
EITS Approval	ljean	12/10/2024 09:05:06 AM
Budget Analyst Approval	mranki1	12/23/2024 09:15:08 AM
BOE Agenda Approval	mranki1	12/23/2024 09:15:12 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](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Maria Sauter, Director, OSSS, NDE  
Kaylene Hoyt, Management Analyst, NDE  
Sonali Bandyopadhyay, IT Professional IV, NDE  
Samantha Stephenson, CCM, NDE

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

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

**SUBJECT:** TIN Completion Memo – NDE – TIN 647 – *Continuous School Improvement Platform* – Update C – BA 2710

**DATE:** December 9, 2024

We have completed our review for the Nevada Department of Education’s (NDE) – *Continuous School Improvement Platform* – TIN 647, Update C.

The submitted TIN, for an estimated value of \$1,251,000.00 in the FY24/FY25 biennium and \$960,000.00 in the FY26/FY27 biennium (100% Federal ARP funding), is to adjust cost information to reflect a one-time expense of \$460,000.00 for Federal ARP funding.

This investment includes platform enhancements for the Crate 1 federal desk-top monitoring system. The portal allows for efficient uploading of evidence, communication between stakeholders, easy review, and

historical preservation.

The solution is a secure online system that provides a streamlined experience for performance planning while serving as a repository for school district documentation and requirements. It supports the collection, organization, and validation of information, including progress reporting, rubric creation, and scoring.

The agency considers the investment and final implementation to have an ongoing low security risk, as no personal identification information will be transported, stored, or processed using the cloud-based solution and there will be no systems interfacing with 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: **25587** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO**

Agency Code: **403** Address: **Pennington Medical Education Building 332**

Appropriation Unit: **3157-00** City/State/Zip: **Reno, NV 89557**

Is budget authority available?: **Yes** Contact/Phone: **Jeffrey Felsted 775-682-8178**

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? **2023-2026**

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

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

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: **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

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

Contract description: **UNSOM GME**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which provides funds for the non-federal share of the Graduate Medical Education supplemental payment program for non-state government owned or operated teaching hospitals. This amendment increases the maximum amount from \$4,575,034 to \$36,457,401 due to the addition of the Indirect Medical Education supplemental payment program.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,575,034.00	\$4,575,034.00	\$4,575,034.00	Yes - Action
2. Amount of current amendment (#1):	\$31,882,367.00	\$31,882,367.00	\$31,882,367.00	Yes - Action
3. New maximum contract amount:	\$36,457,401.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

State employees are doing this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Several contracts with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	07/01/2024 16:28:23 PM
Division Approval	laaron	07/01/2024 16:51:14 PM
Department Approval	staciew4	07/02/2024 10:27:43 AM
Contract Manager Approval	ltuttl1	11/26/2024 07:36:16 AM
Budget Analyst Approval	nrezaie	12/17/2024 09:57:16 AM
BOE Agenda Approval	nrezaie	12/17/2024 10:01:39 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24326</b>	Amendment Number: <b>1</b>	
	Legal Entity Name:	Department of Health and Human Services, Aging and Disability Services Division
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Contractor Name:	<b>Department of Health and Human Services, Aging and Disability Services Division</b>
Agency Code: <b>403</b>	Address:	<b>3416 Goni Rd., Ste. D-132</b>
Appropriation Unit: <b>3158-11</b>	City/State/Zip	<b>Carson City, NV 89706</b>
Is budget authority available?: <b>No</b>	Contact/Phone:	Mariana Acevedo 775-687-4210
If "No" please explain: Pending January IFC Work Program #C72713	Vendor No.:	
	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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

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: **Medicaid Reimb**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides ongoing Medicaid reimbursement. This amendment increases the maximum amount from \$14,314,108.00 to \$17,990,186.06 due to inclusion of facilities outreach community integration services and increased administrative claiming payments. This contract is contingent upon IFC approval of work program #C72713.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,314,108.00	\$14,314,108.00	\$14,314,108.00	Yes - Action
2. Amount of current amendment (#1):	\$3,676,078.06	\$3,676,078.06	\$3,676,078.06	Yes - Action
3. New maximum contract amount:	\$17,990,186.06			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada residents within the targeted populations may be eligible for Medicaid services but unaware of services available. This contract will allow ADSD to facilitate community outreach to educate the public and will support the DHCFP in Medicaid Administrative Claiming and Cost Allocation. This contract allows DHCFP as the "single state agency" for Medicaid to receive and pass on federal funds for these services. Targeted Case Management Services are provided per the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

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

Adult Rights Specialists and State employees are performing 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?

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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 2017 to current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aprasa1	12/10/2024 11:01:12 AM
Division Approval	jsnido1	12/10/2024 11:29:16 AM
Department Approval	staciew4	12/10/2024 11:52:40 AM
Contract Manager Approval	ltuttl1	12/10/2024 11:53:54 AM

Budget Analyst Approval  
BOE Agenda Approval

nrezaie  
nrezaie

12/12/2024 13:29:11 PM  
12/12/2024 13:29:13 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: **30059**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Public Knowledge, LLC</b>
Agency Code: <b>403</b>	Contractor Name: <b>Public Knowledge, LLC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>4720 Independence St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Wheat Ridge, CO 80033</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Stacey Moss 800-776-4229</b>
	Vendor No.: <b>T27022922</b>
	NV Business ID: <b>NV20091086529</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

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

<input checked="" type="checkbox"/> General Funds	<b>10.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date: 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/28/2025**

Contract term: **269 days**

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

Contract description: **PASS Services**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-13250 which provides procurement acquisition services support. This service agreement provides a study on the feasibility of integrating the eligibility system into the insurance exchange to improve Nevadan's awareness of potential Medicaid benefits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$344,412.00**

Other basis for payment: As invoiced by Contractor and approved by State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

CMS requires the Alternatives Analysis for 90/10 funding for implementation. The work will be provided to Legislature to approve of the change to move MAGI to the Exchange. This transition is expected to improve user experience, streamline processes, and decrease the stigma associated with receiving services through Medicaid for this group of Medicaid-eligible families and individuals.

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

Staffing has not been allocated 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: **Not Applicable**

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

Statewide Contract 99SWC-NV23-13250 through NASPO Solicitation RFP 18-002-SW

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Various contracts with DHCFP since 2013. 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:

Other

**Foreign Limited-Liability Company**

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Robin Ochenschlager, IT Professional IV Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aprasa1	12/10/2024 14:33:34 PM
Division Approval	jsnido1	12/10/2024 14:57:04 PM
Department Approval	sruybal	12/10/2024 15:58:09 PM
Contract Manager Approval	trya4	12/10/2024 16:00:03 PM
Budget Analyst Approval	nrezaie	12/18/2024 12:03:53 PM
BOE Agenda Approval	nrezaie	12/18/2024 12:03:56 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30030**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Carson City, Juvenile Services
Agency Code: <b>403</b>	Contractor Name: <b>Carson City, Juvenile Services</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>740 S. Saliman Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Ali Banister 775-887-2033
	Vendor No.: T80990941AE
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2029**

Contract term: **4 years**

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

Contract description: **TCM Carson City**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing targeted case management and administrative services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$360,000.00**

Other basis for payment: FY26 - \$90,000; FY27 - \$90,000; FY28 - \$90,000; FY29 - \$90,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

TCM services are provided per Medicaid State Plan Amendment and 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 and this contract benefits the City of Carson City.

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

Was the solicitation (RFP) done by the 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 SFY2017-Present. Satisfactory

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

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

Not Applicable

15. The contractor is 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	12/02/2024 10:10:55 AM
Division Approval	aprasa1	12/03/2024 11:08:49 AM
Department Approval	staciew4	12/04/2024 11:50:44 AM
Contract Manager Approval	trya4	12/04/2024 16:02:42 PM
Budget Analyst Approval	nrezaie	12/17/2024 10:54:22 AM
BOE Agenda Approval	nrezaie	12/17/2024 10:54:59 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: <b>25224</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Clark County, Department of Family Services</b>
Agency Code: <b>403</b>	Contractor Name: <b>Clark County, Department of Family Services</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>500 Grand Central Parkway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89155</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jessica Colvin, Chief Financial Officer 702-455-3324</b>
	Vendor No.: <b>T81026920</b>
	NV Business ID: <b>Governmental Entity</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**  
 Anticipated BOE meeting date 01/2025

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: **TCM/Admin Services**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement which provides targeted case management. This amendment increases the maximum amount from \$15,155,063.00 to \$23,567,757.84 due to higher-than-expected cost settlements.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,155,063.00	\$2,155,063.00	\$2,155,063.00	Yes - Action
a. Amendment 1:	\$13,000,000.00	\$13,000,000.00	\$13,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$8,412,694.84	\$8,412,694.84	\$8,412,694.84	Yes - Action
3. New maximum contract amount:	\$23,567,757.84			

**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	11/19/2024 12:02:59 PM
Division Approval	aprasa1	11/19/2024 16:30:32 PM
Department Approval	staciew4	11/22/2024 14:26:51 PM
Contract Manager Approval	trya4	12/03/2024 11:23:00 AM
Budget Analyst Approval	nrezaie	12/17/2024 09:52:51 AM
BOE Agenda Approval	nrezaie	12/17/2024 09:55:32 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: <b>23926</b>	Amendment Number: <b>2</b>	
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Medical Transportation Management, Inc.</b>	Contractor Name: <b>Medical Transportation Management, Inc.</b>
Agency Code: <b>403</b>	Address: <b>16 Hawk Ridge Dr.</b>	
Appropriation Unit: <b>3243-11</b>	City/State/Zip: <b>Lake St. Louis, MO 63367</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Alaina Macia 636-695-5503</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>n/a</b>	
	NV Business ID: <b>NV20071167070</b>	

To what State Fiscal Year(s) will the contract be charged? **2022-2027**

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

<input checked="" type="checkbox"/>	General Funds	<b>25.40 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>74.60 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2025**

Termination Date:

Contract term: **5 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Non-Emergency Transp**

5. Purpose of contract:

**This is the second amendment to the original contract which provides non-emergency medical transportation brokerage services. This amendment extends the termination date from June 30, 2025 to December 31, 2026 and increases the maximum amount from \$81,480,867.00 to \$116,688,542.44 due to the addition of the Nevada Check Up program population and updates to the transition plan.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$81,480,867.00	\$81,480,867.00	\$81,480,867.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$35,207,675.44	\$35,207,675.44	\$35,207,675.44	Yes - Action
3. New maximum contract amount:	\$116,688,542.44			
and/or the termination date of the original contract has changed to:	12/31/2026			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs a vendor to provide certain levels of scheduled emergency transportation. Title XIX of the Social Security Act and accompanying regulations require states to cover medical care, services, and fulfill administrative requirements necessary to efficiently operate the Medicaid program. Transportation services ensure individuals can get to and from 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? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1272, 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: 08/19/2020 Anticipated re-bid date: 01/15/2025

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 2016 to current. Satisfactory.

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

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

Not Applicable

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

aprasa1

12/09/2024 12:28:34 PM



Division Approval	jsnido1	12/09/2024 13:33:25 PM
Department Approval	staciew4	12/10/2024 11:49:09 AM
Contract Manager Approval	trya4	12/10/2024 11:50:02 AM
Budget Analyst Approval	nrezaie	12/17/2024 13:26:33 PM
BOE Agenda Approval	nrezaie	12/17/2024 13:29:58 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: <b>24856</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>North Lyon County Fire Protection District</b>
Agency Code: <b>403</b>	Contractor Name: <b>North Lyon County Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>195 E. Main Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Fernley, NV 89408</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kasey Miller 775-575-3310</b>
	Vendor No.: <b>T27040365</b>
	NV Business ID: <b>Governmental Entity</b>

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **4 years**

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

Contract description: **Fire District - CPE**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$2,552,550.00 to \$2,786,643.16 due to higher-than-expected cost settlements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,552,550.00	\$2,552,550.00	\$2,552,550.00	Yes - Action
2. Amount of current amendment (#1):	\$234,093.16	\$234,093.16	\$234,093.16	Yes - Action
3. New maximum contract amount:	\$2,786,643.16			

#### 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 2015 - 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	aprasa1	12/09/2024 09:02:35 AM
Division Approval	jsnido1	12/09/2024 14:47:54 PM
Department Approval	staciew4	12/10/2024 09:11:36 AM
Contract Manager Approval	trya4	12/10/2024 09:44:25 AM
Budget Analyst Approval	nrezaie	12/12/2024 13:18:36 PM
BOE Agenda Approval	nrezaie	12/12/2024 13:18:43 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: <b>28754</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>UPTODATE, INC.</b>
Agency Code: <b>406</b>	Contractor Name: <b>UPTODATE, INC.</b>
Appropriation Unit: <b>3161-26</b>	Address: <b>230 3RD AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WALTHAM, MA 02451</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eve Barys 480-254-5015</b>
	Vendor No.: <b>PUR0005752</b>
	NV Business ID: <b>NV20131471968</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **40DHHS-S2192**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2027**

Contract term: **3 years and 199 days**

4. Type of contract: **Contract**

Contract description: **Pharmacy Database**

5. Purpose of contract:

**This is the first amendment to the original contract which provides user access to a drug information database to generate Nevada drug lists. This amendment increases the maximum amount from \$199,666 to \$358,654 due to the addition of a clinical decision support tool.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$199,666.00	\$199,666.00	\$199,666.00	Yes - Action
2. Amount of current amendment (#1):	\$158,988.00	\$158,988.00	\$158,988.00	Yes - Action
3. New maximum contract amount:	\$358,654.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 439B.630 the Drug Transparency Program requires access to specific detailed drug information in order to generate and post Nevada Drug Lists.

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

State agencies or employees do not have the resources to develop and maintain a drug information database.

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):

UpToDate, Inc.  
EBSCO Information Services  
Qengine LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2192, 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: 11/02/2022 Anticipated re-bid date: 11/01/2026

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:

Services provided to the division and in satisfactory standing with the division.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	07/01/2024 15:26:56 PM
Division Approval	dcastro	11/20/2024 10:54:03 AM
Department Approval	dcastro	11/20/2024 11:07:27 AM
Contract Manager Approval	dcastro	11/20/2024 11:07:33 AM

Budget Analyst Approval  
BOE Agenda Approval

cdavis  
nrezaie

12/16/2024 16:23:36 PM  
12/17/2024 13:39:24 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: **29374**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Western Interstate Commission for Higher Education
Agency Code:	<b>406</b>	Contractor Name:	<b>Western Interstate Commission for Higher Education</b>
Appropriation Unit:	<b>3168-00</b>	Address:	<b>2601 Enterprise Rd</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89512</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Patty Porter 775-784-3449
		Vendor No.:	
		NV Business ID:	Governmental Entity

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

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

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

Agency Reference #: C18215

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **Yes**

If "Yes", please explain

**During a meeting between NV WICHE and DPBH it was realized the interlocal contract (CETS 24738) had expired June 30, 2023. Although there was a consortia agreement signed between both parties covering both SFY24 and SFY25, the signed document contained authorizing signatures of staff no longer employed by DPBH. NV WICHE and DPBH agree an interlocal contract is required and the consortia agreement does not meet the requirements set by State Purchasing.**

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

Contract term: **2 years**

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

Contract description: **Internship Consort**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing support for the employment of psychology interns.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00**

Payment for services will be made at the rate of \$112,500.00 per Attachment A

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To obtain funding from Nevada Western Interstate Commission of Higher Education (Nevada WICHE) to cover expenses incurred by interns while participating in the Nevada Psychology Internship Consortium (NV-PIC) through the Division of Public and Behavioral Health.

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

Nevada state employees do not possess the resources that Nevada WICHE already has in place.

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

Was the solicitation (RFP) done by the 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, any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current vendor with DPBH since 2017 with satisfactory services.

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

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

Not Applicable

15. The contractor is 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	11/15/2024 09:16:48 AM
Division Approval	ijanssen	11/15/2024 09:16:50 AM
Department Approval	ijanssen	11/15/2024 09:16:55 AM
Contract Manager Approval	msilzell	11/15/2024 09:19:23 AM
Budget Analyst Approval	cdavis	11/27/2024 08:13:48 AM
BOE Agenda Approval	nrezaie	12/17/2024 13:47:37 PM
BOE Final Approval	Pending	



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

August 23, 2024

To:            Crytal Novotny, Executive Budget Officer 1  
                  Governor's Finance Office

Through:       John Borrowman, Behavioral Health Manager <sup>DS</sup> 

From:           Margaret Moe, Rates & Cost Containment Manager <sup>DS</sup> 

Subject:        Nevada WICHE Interlocal Contract – C18215 (CETS# 29374)

The Division of Public and Behavioral Health is requesting a retroactive start date of July 1, 2023, for the interlocal contract between Nevada Western Interstate Commission of Higher Education (Nevada WICHE) and the Division of Public and Behavioral health (DPBH).

Nevada WICHE contributes \$112,500 per year to DPBH as appropriated by the Nevada Legislature to fund three (3) psychology interns participating in the Nevada Psychology Internship Consortium (NV-PIC).

During a meeting between Nevada WICHE and DPBH it was realized the interlocal contract (DPBH C17889, CETS 24738) had expired June 30, 2023. Although there was a consortia agreement signed between both parties covering both SFY24 and SFY25, the signed document contained authorizing signatures of staff no longer employed by DPBH.

Nevada WICHE and DPBH agree an interlocal contract is required and the consortia agreement will not meet the requirements set by State Purchasing.

Nevada WICHE and DPBH agree to converse six months prior to the expiration of the interlocal contract in order to stay in compliance with State Purchasing and the Governor's Office of Finance.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29806**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>DP VIDEO PRODUCTIONS, LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>DP VIDEO PRODUCTIONS, LLC</b>
Appropriation Unit: <b>3215-24</b>	Address: <b>6984 SMILING CLOUD AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89011-5013</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Emire A. Stitt 702/468-9901</b>
	Vendor No.: <b>T29019963</b>
	NV Business ID: <b>NV20041136819</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>70.00 %</b>	<b>Ryan White Part B and AIDS Drug Assistance Program</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>30.00 %</b>	<b>Rebates</b>

Agency Reference #: **C 18349**

2. Contract start date:

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

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 88 days**

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

Contract description: **Website Dev/Maint.**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17906 which provides consulting, marketing, and education services. This service agreement provides marketing services for the End HIV Nevada website.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$210,413.00**

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?

**Continued support for an external website that subrecipients, clients, and community stakeholders utilize for all programmatic and fiscal information pertinent to the Office of HIV and federal funding sources.**

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

**Outside current staffs area of expertise and ability monitor and update on an ongoing basis.**

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-S2340, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/31/2027

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:

Contractor has provided services to this and other agencies within this division in the past with satisfactory performance.

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

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

Not Applicable

15. The contractor is 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	dcastro	11/14/2024 10:54:56 AM
Division Approval	dcastro	11/14/2024 10:54:59 AM
Department Approval	dcastro	11/14/2024 10:55:02 AM
Contract Manager Approval	ijanssen	12/12/2024 11:50:14 AM
Budget Analyst Approval	cdavis	12/16/2024 16:37:20 PM
BOE Agenda Approval	nrezaie	12/17/2024 13:37:42 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26204</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Agate Software, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>Agate Software, Inc.</b>
Appropriation Unit: <b>3223-19</b>	Address: <b>2214 University Park Dr Ste 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Okemos, MI 48864</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sergio Abrigo 517-336-2515</b>
	Vendor No.: <b>T29025797</b>
	NV Business ID: <b>NV20101743480</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

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

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

Agency Reference #: C 18004

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: 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/15/2026**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Contract Mgmt System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a tracking software system for grants and contracts. This amendment decreases the maximum amount from \$1,217,606 to \$758,673 due to a reduction in the deliverables.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,217,606.00	\$1,217,606.00	\$1,217,606.00	Yes - Action
2. Amount of current amendment (#1):	-\$458,933.00	-\$458,933.00	-\$458,933.00	Yes - Action
3. New maximum contract amount:	\$758,673.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Public and Behavioral Health (DPBH) Contracting Units current process of the creation, tracking and management of contracts, subgrants and related document types is an inefficient, cumbersome and lengthy manual process which affects not only the Contracting Unit, but other Division, Department and vendor/partner staff as well.

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

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?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/15/2021 Anticipated re-bid date: 01/30/2025

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current vendor with Department of Traffic Safety, 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	11/06/2024 11:57:38 AM
Division Approval	ijanssen	11/06/2024 11:57:46 AM
Department Approval	ijanssen	11/14/2024 10:36:44 AM
Contract Manager Approval	ijanssen	11/15/2024 08:38:04 AM
EITS Approval	ljean	11/15/2024 12:03:13 PM
Budget Analyst Approval	cdavis	11/27/2024 08:32:08 AM





**STATE OF NEVADA**  
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**M E M O R A N D U M**

**TO:** Kyle Devine, Deputy Director, Regulator and Planning, DHHS  
John Borrowman, Behavioral Health Fiscal Manager, DPBH, DHHS  
Michele Silzell, Administrative Services Officer III, DPBH, DHHS  
Amber Brown, Business Process Analyst IV, Contractor, DPBH, 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 – DPBH – TIN 093 – *Electronic Contracting System* – Update C – BA 3223

**DATE:** November 6, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health’s (DPBH) – *Electronic Contracting System* – TIN 093, Update C.

The submitted TIN, for an estimated value of \$292,045.00 in the FY24/FY25 biennium and \$80,000.00 in the FY26/FY27 biennium (50% Federal ARPA funds, 31% State Fees, and 19% OPHIE EDX for one-time costs), is to modify cost and scope information to reflect removed deliverables and shorter project timeline.

The investment scope and budget have been adjusted to exclude specific document types. The updated

scope of work outlines ten contractual document types, each containing a Scope of Work section. These include subgrants, subgrant amendments, solicitation waivers, contracts, contract amendments, work orders, memorandums of understanding (MOUs), interlocal agreements, interlocal agreement amendments, and provider service agreements. The total deliverable cost for this portion is \$27,048, equating to \$2,704.80 per document. However, seven of these document types were not completed—contracts, contract amendments, work orders, MOUs, interlocal agreements, interlocal agreement amendments, and provider service agreements—resulting in a cost adjustment of \$18,933.

Data migration efforts were also revised. Data Migration #1, covering subgrants, was completed, while Data Migration #2 for contracts will not proceed. The total deliverable cost for data migration was \$36,972, half of which has been allocated to the completed Data Migration #1, leaving a remaining cost of \$18,486.

The overall investment includes several contract processes, each with associated costs: the contract process at \$85,008, contract amendment process at \$7,176, work order process at \$11,592, MOU process at \$29,808, interlocal agreement process at \$31,464, interlocal agreement amendment process at \$7,176, and provider service agreement process at \$13,248. Additional processes related to subgrant administration include the reimbursement request, monitoring, and progress report processes, each costing \$6,000.

Enhancements and training elements form a significant component of the project, including \$15,180 for the Upload Management Toolset configuration, \$6,000 for training videos, and \$50,700 for Document Designer & Report Builder training and toolset. The investment plan also accommodates change orders as per the established change management process, with costs reflected in the RFP Summary Schedule totaling \$47,966.

Remaining service enhancements, budgeted for at \$134,196, have been adjusted down to \$98,196 after accounting for \$36,000 in unused hours (300 hours at \$120 per hour). The updated project timeline sets the start date as June 15, 2022, with a targeted completion date of December 31, 2024.

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: **29906**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	CARASOFT TECHNOLOGY CORPORATION
Agency Code:	<b>407</b>	Contractor Name:	<b>CARASOFT TECHNOLOGY CORPORATION</b>
Appropriation Unit:	<b>3149-10</b>	Address:	<b>11493 SUNSET HILLS RD STE 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RESTON, VA 20190-5230</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Ben Hoffmann 703/871-8500
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

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

Agency Reference #: 407

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/15/2026**

Contract term: **1 year and 256 days**

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

Contract description: **CC Lic. Process Imp.**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-13299 which provides cloud services. This service agreement provides consulting services to improve the Child Care Licensing program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$230,625.01**

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?

Per NRS 432A.010, 432A.024, and 432A.131 requires state and local governments to assist in meeting Child Care services through administrative procedures, such as Licensing and registration by counties, cities and Division to ensure the health, safety, and well-being of children in licensed child care facilities.

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

The division does not have the resources available to create such a solution.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

99SWC-NV24-17504 is a statewide contract which is permissive for state agencies.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contractor currently is under contract with the Division of Welfare and Supportive Services and other using agencies and performing 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:

Latisha Brown, Child Care Licensing Program Manager Ph: 702-486-0574

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	11/20/2024 13:36:44 PM
Division Approval	cbuscay	11/20/2024 13:36:47 PM
Department Approval	rthomps1	11/25/2024 12:37:36 PM
Contract Manager Approval	mpomerle	11/25/2024 13:56:01 PM
EITS Approval	ljean	12/03/2024 11:41:12 AM
Budget Analyst Approval	afrantz	12/11/2024 10:41:22 AM
BOE Agenda Approval	afrantz	12/11/2024 10:41:28 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: **28381** Amendment Number: **1**

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES** Legal Entity Name: **WEST PUBLISHING CORPORATION**

Agency Code: **407** Contractor Name: **WEST PUBLISHING CORPORATION**

Appropriation Unit: **3228-26** Address: **DBA West, a Thomson Reuters Bu 610 OPPERMAN DR**

Is budget authority available?: **Yes** City/State/Zip: **EAGAN, MN 55123**

If "No" please explain: **Not Applicable** Contact/Phone: **Tina Tierney 612-532-1677**

Vendor No.: **PUR0001037**

NV Business ID: **NV19971102844**

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

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

<input checked="" type="checkbox"/>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **407**

2. Contract start date:

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

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **01/31/2025**

Contract term: **3 years and 31 days**

4. Type of contract: **Other (include description): Service Agreement via Statewide Contract (99SWC-NV23-14048)**

Contract description: **Fraud Detection Srvs**

5. Purpose of contract:

**This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-14048 which provides legal research services. This service agreement provides ongoing access to the FraudCaster system for case management and fraud detection services. This amendment extends the termination date from January 31, 2025 to January 31, 2027 and increases the maximum amount from \$244,439 to \$716,207 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:	\$244,439.00	\$244,439.00	\$244,439.00	Yes - Action
2. Amount of current amendment (#1):	\$471,768.00	\$471,768.00	\$471,768.00	Yes - Action
3. New maximum contract amount:	\$716,207.00			
and/or the termination date of the original contract has changed to:	01/31/2027			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

SNAP law and regulations require state agencies administering the program to maintain fraud prevention efforts and investigate program violations by SNAP participants.

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

State employees do not have the resources or expertise to provide this service.

9. Were quotes or proposals solicited? No

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

99SWC-NV23-14048 is a statewide contract which is mandatory for state agencies to use.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contractor currently is under contract with the Division of Welfare and Supportive Services and other using agencies. The quality of service has been deemed satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	11/19/2024 17:05:41 PM
Division Approval	bbarlo1	11/19/2024 17:05:49 PM

Department Approval	rthomps1	11/20/2024 12:11:50 PM
Contract Manager Approval	mpomerle	11/25/2024 13:24:24 PM
EITS Approval	ljean	12/02/2024 07:40:10 AM
Budget Analyst Approval	afrantz	12/03/2024 08:14:36 AM
BOE Agenda Approval	afrantz	12/03/2024 08:14:40 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:** Robert Thompson, Administrator, DWSS, DHHS  
Crystal Buscay, Chief of Fiscal Services, DWSS, DHHS  
Bart London, Chief IT Manager, DWSS, DHHS  
Jason Lewis, Chief of Investigations and Recovery, DWSS, DHHS  
Tammy Hohenstein, Budget Analyst III, 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 700 – *I&R Case Management and Fraud Detection* – Update A – BA 3228

**DATE:** September 20, 2024

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *I&R Case Management and Fraud Detection* – TIN 700, Update A.

The submitted TIN, for an estimated value of \$450,808.50 in the FY24/FY25 biennium and \$ 474,668.00 in the FY26/FY27 biennium (60% Federal and 40% General Fund), is to update cost and funding information for the software solution to enhance case management, reporting, and fraud detection

services.

The DWSS Investigations and Recovery needs a web-based software solution to enhance case management and fraud detection capabilities. The software must be capable of interfacing with DWSS applications and systems as identified by the agency. It is essential that the system can integrate new DWSS client and public assistance data into the electronic application at least twice a month. Additionally, the vendor's solution must update and maintain all current system reports.

The system must incorporate existing case information, including attachments from the previous application, as well as case data from the legacy system "IRIS." The solution must also automate frequently used forms as specified by DWSS, thereby improving operational efficiency.

A reliable and modernized system is critical for Investigations and Recovery, with intelligent, automated workflow that can adapt to future technological advancements. This web-based software solution will handle sensitive Personal Identification Information (PII) and must comply with all relevant federal and state security standards. This includes ensuring that PII is securely transported, stored, and processed within the system. The vendor must implement robust security measures to protect against unauthorized access, data breaches, and other cyber threats. The system must be designed with modern encryption methods and security protocols to safeguard client data throughout its lifecycle, ensuring full compliance with all applicable regulations while maintaining the integrity and confidentiality of sensitive information.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify 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: **30043**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno
Agency Code:	<b>409</b>	Contractor Name:	<b>Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno</b>
Appropriation Unit:	<b>3146-19</b>	Address:	<b>UNR Controller's Office Mail Stop 0124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557-0124</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kristen Clements 702-522-7070
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2028**

Contract term: **3 years and 272 days**

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

Contract description: **Grant Evaluation**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing evaluation services for the System of Care grant.**

6. NEW CONTRACT

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

Other basis for payment: \$427,327 (personnel) + \$130,526 (fringe) + \$9,846 (travel) + \$177,727 (indirect costs) = \$800,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency received a 4-year \$12M federal grant that requires data collection, analysis, and reporting.

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 knowledge or skills to complete this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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



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 which any of the public agencies entering into the contract is authorized by law to perform.

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

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

**III. OTHER INFORMATION**

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

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

31%

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

**No**

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

University of Nevada Reno is part of the Nevada System of Higher Education

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

**Yes** If "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 been under contract with the division for prior awards of this grant. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Yara Anaya-Lugo, Fiscal Contract Monitor Ph: 775-684-7587

Bill Wyss, Program Contract Monitor Ph: 702-486-0086

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	12/04/2024 16:06:47 PM
Division Approval	dfrohlic	12/09/2024 11:51:13 AM
Department Approval	mwillia9	12/10/2024 08:25:43 AM
Contract Manager Approval	sknigge	12/10/2024 11:03:23 AM
Budget Analyst Approval	cdavis	12/17/2024 15:57:57 PM
BOE Agenda Approval	nrezaie	12/19/2024 11:13:16 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30055**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-14**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **J-U-B Engineers, Inc.**  
Contractor Name: **J-U-B Engineers, Inc.**  
Address: **5190 Neil Road, Suite 500**  
City/State/Zip: **RENO, NV 89502**  
Contact/Phone: **Mike Wilhelm 775-852-1440**  
Vendor No.: **T32010158A**  
NV Business ID: **NV19741000794**

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	<b>65.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>35.00 % Interest</b>

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2025**

Contract term: **363 days**

4. Type of contract: **Contract**

Contract description: **CG cmpgrnd const obs**

5. Purpose of contract:

**This is a new contract to provide professional engineering and construction support services for restroom and Americans with Disabilities Act improvements at Cathedral Gorge State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$199,553.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract, with J-U-B Engineers Inc., is to provide construction observation, engineering services, permitting assistance, and special inspections on behalf of 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 possess the necessary skills to complete the requested services.

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

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

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

**Not Applicable**

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

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

They have satisfactorily performed other Division projects and are the engineers of record for the design of 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:

NDSP, July 2023 - 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	ethick1	12/09/2024 08:59:21 AM
Division Approval	ethick1	12/09/2024 08:59:25 AM
Department Approval	ethick1	12/09/2024 08:59:28 AM
Contract Manager Approval	ethick1	12/09/2024 08:59:31 AM
Budget Analyst Approval	rmayhall	12/13/2024 11:51:23 AM
BOE Agenda Approval	vmilazz1	12/17/2024 20:32:04 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30033**

Agency Name: **B&I - TAXICAB AUTHORITY**  
Agency Code: **750**  
Appropriation Unit: **4130-11**  
Is budget authority available?: **No**  
If "No" please explain: Pending IFC work program C69505, to be considered at January IFC.

Legal Entity Name: TRUEPOINT SOLUTIONS, LLC  
Contractor Name: **TRUEPOINT SOLUTIONS, LLC**  
Address: **3262 Penryn Road Suite 100-B**  
City/State/Zip: **Loomis, CA 95650**  
Contact/Phone: Keith Hobday 916/600-4993  
Vendor No.: T27041955  
NV Business ID: NV20111143792

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Accela Phase III Dev**

5. Purpose of contract:

**This is a new contract to provide software and information technology services to implement Phase III of the records management system modernization project. This contract is contingent upon IFC approval of work program #C69505.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,600.00**

Other basis for payment: Monthly for actual time and materials billed per incorporated cost schedule. See Attachment AA for detailed cost schedule.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor was selected to implement a three-phase customized Accela SaaS platform via RFP #3422, which resulted in CETS contract #19675, however Phase III was never completed due to the COVID-19 pandemic. The previous agency administrator let the follow-on (non-CETS) maintenance contract lapse to consider alternative solutions, however administration has changed and the agency has since determined completion of the original project is the best option.

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

The Accela platform is a configurable regulatory platform. It requires trained professionals to configure screens, workflows, reports, templates, and data structures. TruePoint is the Accela strategic integration partner that performed Phase I and Phase II of this project.

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

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

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

Not Applicable

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

**Approval #: 240603**

**Approval Date: 06/04/2024**

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

This vendor performed Phase I and Phase II of the original project and is best positioned to complete the project (Phase III).

d. Last bid date: 04/12/2017 Anticipated re-bid date:

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This agency, Taxicab Authority (TA) via CETS #19675 03/13/2018 thru 06/30/2021 provided a customized Accela platform for integrated database and records management system, followed by a maintenance contract not entered into CETS due to SAM exemptions at the time from 07/01/2021 thru 06/30/2022. TA found the services satisfactory.

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

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

Not Applicable

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

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	ljon13	11/25/2024 12:55:32 PM
Division Approval	ljon13	11/25/2024 12:55:35 PM
Department Approval	ecerv1	11/26/2024 10:02:02 AM
Contract Manager Approval	ljon13	12/02/2024 08:24:28 AM
EITS Approval	ljean	12/03/2024 07:27:41 AM
Budget Analyst Approval	jhelto1	12/17/2024 09:20:55 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](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Todd Park, Administrator, TA, B&I  
Lisa Jones, B&I Fiscal/Administrative Services Officer I, B&I  
Grant Reynolds, IT Manager, B&I

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

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

**SUBJECT:** TIN Completion Memo – B&I – TIN 109 – *Taxicab Authority Records Management Modernization (Ongoing)* – Update B – BA 4130

**DATE:** May 29, 2024

We have completed our review for the Department of Business and Industry (B&I), Taxicab Authority's (TA) – *Taxicab Authority Records Management Modernization (Ongoing)* – TIN 109, Update B.

The submitted TIN, for an estimated value of \$396,419.80 in the FY24/FY25 biennium (100% State Fees), is to update cost information and scope, as the TA will be contracting with TruePoint to resolve issues with the Accela System and implement additional functions/features to continue streamlining business processes. The contract will use a service "task order" approach where the TA defines specific tasks/deliverables and the two parties will agree on a cost and timeline to complete those tasks/deliverables.

The scope of the original project involved replacing the core legacy systems used by the Taxicab

Authority (TA) to support its operations. The objectives of the project include increasing efficiency, reducing paper, automating manual tasks, and bringing the technology up to date.

Tools and resources for this investment have been expanded to include the original vendor, Accela, to host the SaaS subscription; TruePoint, to provide technical expertise that is not available within B&I; and CityGovApp, a provider for the integrated mobile application.

Accela provides a configurable platform that is geared to government regulatory entities. The system requires ongoing stewardship by the customer to maintain and operate. There are two software platforms:

1. Civic Platform – Backoffice/internal users, per user license fee, and
2. Citizen Access – Public facing for public and external users – flat fee based on population (Clark County).

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

<b>Purchasing Use Only:</b>	
Approval#:	240603 (CA)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	Department of Business & Industry, Taxicab Authority	
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Grant Reynolds, Department IT Mgr.	684-2994	kgreynolds@business.nv.gov
	Curtis Mell, Taxicab Authority Mgmt. Analyst	688-4010	cmell@taxi.state.nv.us

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	TruePoint Solutions, LLC
	Contact Name:	Kent Johnson / Keith Hobday
	<b>Complete Address:</b> City, State, and Zip Code	774 Mays Blvd., #10-377, Incline Village, NV 89451
	Telephone Number:	(916) 259-1293 xt-202
Email Address:	kjohnson@truepointsolutions.com / khobday@truepointsolutions.com	

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

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract:	Start Date:	7/1/2024 or BOE	End Date: 6/30/2028

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	

Federal Funds:	
Grant Funds:	
Other (Explain):	<i>X (Agency Fees)</i>

<i>Purchasing Use Only:</i>	
Approval #:	<i>2406030</i>

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$ 119,600/yr. (Estimate)</i>

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>The contractor will assist The Taxicab Authority (TA) in resolving issues with their Accela System (Company &amp; Driver Licensing, Medallion Management, Vehicle Inspections, Dispatch, Court, Field Investigations/Citations). It also includes implementing additional features to continue streamlining business processes and fully utilize the capabilities of the software.</i>

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<p><u>Background:</u>  <i>The TA issued Request for Proposal (RFP) #3422 to implement a new system in a three (3) phase project. TruePoint Solutions, LLC was the selected contractor (they bid on all three phases as one project). At the time the original contract was signed and executed the TA only had budget authority for phases 1 and 2 so the contract was limited to that amount (Note: Covid also caused a hold on Phase 3 and it was never implemented). After the TA successfully went live on the new system, they established a support/maintenance contract with TruePoint to perform tasks on an as-needed-basis. The previous TA administrator (2023) wanted to replace the Accela system and did not renew the TruePoint support/maintenance contract. This has resulted in issues with the system that could be resolved with proper support. Also, there are additional features and functions the TA wishes to implement (some of these were in the original Phase 3 scope). <u>Note:</u> One of the amendments requested that the contract be extended to include Phase 3. However, due to significant declines in revenues (drop in Las Vegas taxicab trips), the TA did not execute Phase 3 and did not spend those funds (they also had to leave positions unfilled).</i></p> <p><u>Business Case:</u>  <i>TruePoint Solutions is an authorized implementation partner for the Accela system. They successfully executed phases 1 and 2, which are in production. They have an in-depth understanding of the TA's operation, business rules and have been a very reliable TA business partner. In summary: (a) they have expertise in the Accela product; (b) they understand the TA's requirements and operations; (c) they know the specifics of how the system is configured to support the TA; (d) the TruePoint staff that performed the original implementation will provide support under this contract; (e) they understand the mobile applications that the investigators use in the field; (f) they have a team that covers multiple technical skills – SQL Server, Crystal Reports, Accela data structures; and (g) their rates are reasonable and they only charge for specific work (that we authorize) they perform.</i></p>

4	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
---	--

*The TA performed a competitive bid on the original project - Taxicab Authority Records Management Modernization Project as contained in Request for Proposal (RFP) #3422, where TruePoint was awarded the contract. We could put this support/maintenance contract out to bid; however, it is very unlikely that we could find a vendor with the specific experience and qualifications as TruePoint. TruePoint has an in-depth understanding of the TA and will be productive from the start (Note: the same staff that implemented the system will provide primary support). The TA has had significant staff turnover which resulted in loss of historical and system knowledge. The TruePoint consultants will be able to bridge that knowledge gap.*

*A new company will require significant startup time (and cost) to get familiar with the TA's operation and system configuration. A new company will also impact TA employees who will need to take time from their day-to-day responsibilities to educate the contactor's staff. Also introducing a new firm unfamiliar with the TA introduces additional risk.*

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
5	a. <i><u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	<i>We assessed various alternatives, including upgrading the Accela service level to Platinum. The cost would be high, and it would not give the TA what they need.</i>		
	b. <i><u>If not</u>, why were alternatives not evaluated?</i>		

Purchasing Use Only:	
Approval #:	#240603 @

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 <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i></p> <p>a. <i>If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information must be provided along with the <u>CETS contract number(s) associated with each:</u></i></p>				X	
	<b>Term</b>		<b>Value</b>	<b>Short Description</b>	<b>Provide Type of Procurement RFP#, RFQ#, Waiver #</b>	<b>CETS #</b>
	<b>Start Date</b>	<b>End Date</b>				
	5/20/2021	6/30/2022 Amend to: 6/30/2023	\$103,916	TruePoint maintenance & support services	New maintenance & support contract (non-BOE, non-CETS) B&I Approved 05/20/2021, exp 06/30/2022 Amendment #1 B&I Approved 06/20/2022, exp 06/30/2023	
	4/14/2020	6/30/2021	\$0	Amendment # 2 to extend end date	Amendment #2 BOE Approved 04/14/2020, exp 06/30/2021 (Covid & death of key TA employee)	
	2/21/2020	4/30/2020	\$0	Amendment # 1 to extend end date	Amendment #1 BOE Approved 02/21/2020, exp 04/30/2020	
03/13/2018	2/29/2020	\$1,117,520	TruePoint services and Accela software licenses – Phase 1 & 2	Original two-year contract #19675 appears to have been awarded pursuant to State Purchasing RFP #3422	#19675	
		\$				
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<p><i>The following are the potential consequences:</i></p> <ul style="list-style-type: none"> <li>• <i>The RFP process will take more time to get necessary resources on board to resolve issues and implement new features.</i></li> <li>• <i>Increase risk of a system issue that impacts TA operations.</i></li> <li>• <i>Introducing a new vendor will take additional staff time to bring the vendor current to do the work. This may also impact TA productivity.</i></li> <li>• <i>It will likely create additional costs (note: TruePoint will hold their hourly billing rates to their previous levels going back several years).</i></li> </ul>

8	<p><b>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?</b></p> <p><i>The TA &amp; B&amp;I IT team considered the TA's requirements (maintenance, issue resolution, phase 3 scope) and determined that having TruePoint on board the remainder of the biennium is the appropriate option (cost effective/minimize risk/timely delivery of results). The vendor has unique qualifications since they performed the original implementation of the system, configuring it to the TA's specific business processes. There are no other vendors that will have the same unique knowledge as TruePoint. TruePoint is in the best position to continue moving forward with fixes and implementing additional functionality. In addition, TruePoint's rates are very competitive with other vendors doing similar work.</i></p>
---	---

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

<del>Purchasing Use Only:</del>
<del>Approval #:</del>

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

*Grant Reynolds*  
 Signature of Agency Representative Initiating Request

Grant Reynolds 5/29/2024  
 Print Name of Agency Representative Initiating Request Date

*Todd Park* 5/30/2024  
 Signature of Agency Head Authorizing Request Date

*Todd Park* 5/30/2024  
 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.*

#240603(2)

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**



Approved by:

Administrator, Purchasing Division or Designee

6/4/24

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: **29871**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>World Institute on Disability</b>
Agency Code: <b>901</b>	Contractor Name: <b>World Institute on Disability</b>
Appropriation Unit: <b>3265-32</b>	Address: <b>3075 Adeline St. Ste 155</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Berkeley, CA 94703-2577</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nicholas Love 510-255-6400</b>
	Vendor No.: <b>T29049635</b>
	NV Business ID: <b>NV20243113090</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2029</b>

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

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

Agency Reference #: **90DETR-S2707 tb 3907-29-REHAB**

2. Contract start date:

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

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2028**

Contract term: **3 years and 303 days**

4. Type of contract: **Contract**

Contract description: **Benefits Planning**

5. Purpose of contract:

**This is a new contract to provide a disability benefits planning website.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$581,558.13**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Rehabilitation Act of 1973 and amendments, including the Workforce Innovation and Opportunity Act of 2014, as supported by eh Code of Federal Regulations (Title 34) mandates that the State Vocational Rehabilitation (VR)Service Programs, that receive federal funds, must provide equal access to accurate and timely information that can be used to increase the employment rate of people with disabilities. The website provides a benefit calculator/estimator tool, information, and guidance for beneficiaries on how returning to work will affect their benefits, to help them make an informed decision about 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 required expertise, experience, and time for 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):

World Institute on Disability

Smart IT Pros

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S2633, and in accordance with NRS 333, the selected vendor was the selected vendor was the only responsive proposal received. The proposal was reviewed and deemed acceptable by an independently appointed evaluation committee.

d. Last bid date: 04/02/2024 Anticipated re-bid date: 04/03/2028

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	sruch	10/08/2024 09:19:21 AM
Division Approval	cjacob	10/08/2024 11:08:15 AM
Department Approval	cjacob	10/08/2024 11:08:19 AM
Contract Manager Approval	wcune1	10/08/2024 15:04:05 PM
EITS Approval	ljean	10/09/2024 07:27:43 AM
Budget Analyst Approval	Iramire7	12/02/2024 14:51:10 PM
BOE Agenda Approval	mranki1	12/10/2024 14:25:32 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](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Drazen Elez, Administrator, DETR  
Brett Martinez, Deputy Administrator-Fiscal, DETR  
Laxmi Bokka, IT Chief Manager, DETR  
Walter Cuneo, Management Analyst, DETR

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

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

**SUBJECT:** TIN Completion Memo – DETR – TIN 366 – *DB101* – BA 3265 and 3254

**DATE:** April 8, 2022

We have completed our review for the Department of Employment, Training and Rehabilitation’s (DETR) – *DB101* – TIN 366.

The submitted TIN, for an estimated value of \$481,249 in the FY24/FY25 biennium (100% SSA Federal Program Income funding), is to create a new, public-facing Disability Benefits 101 (DB101) website.

Disability Benefits 101 is a comprehensive website with a suite of online tools and information on employment and career planning, health coverage options, and disability benefits that will be available to all Nevadans. This website will be forward facing, fully ADA compliant and free to all Nevadans.

The agency considers the investment and final implementation to have an ongoing low security risk.

EITS’ position with agency web investments has two pillars.

The first pillar is that the State Digital Experience Platform (DXP), which is currently being implemented, is 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. Adobe Experience Manager, a modern cloud-based solution, is 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. EITS' web team does not have the resources to build websites for agencies (with some minor exceptions), focusing instead on unified a 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 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: **29943**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>UNIVERSAL DISPATCH LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>UNIVERSAL DISPATCH LLC</b>
Appropriation Unit: <b>3269-09</b>	Address: <b>KABIT</b>
Is budget authority available?: <b>Yes</b>	<b>5225 W POST RD</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4331</b>
	Contact/Phone: <b>Bertha McLane 702/960-0474</b>
	Vendor No.: <b>T29041579</b>
	NV Business ID: <b>NV20161556372</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

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

Agency Reference #: **3919-28-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2025**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2029**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Taxi Services**

5. Purpose of contract:

**This is a new contract to provide client transportation for assessments to determine eligibility for Social Security disability benefits.**

6. NEW CONTRACT

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

Other basis for payment: Nevada Taxicab Authority authorized rate(s) + 15%. Monthly invoices payable upon receipt of summary travel documentation for each client by: Passenger Name(s), Trip Miles, Amount to be charged, No Shows and or Cancellations. Invoices will be rejected if the summary documentation is not submitted at the same time or prior to the invoice. Invoices rejected are subject to delay in payment. Total Contract not to exceed \$200,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Employment, Training and Rehabilitation, Rehabilitation Division's Bureau of Disability Adjudication (BDA) has a need to transport clients between their homes and various Doctor's offices around southern Nevada, on a nonemergency basis. Many clients do not have vehicles or can't drive to the Doctor's offices for required assessments to determine eligibility for SSA Disability.

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

**BDA does not have the staff or vehicles to transport the clients to their required medical assessments.**

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

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

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

Not Applicable

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

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

Per Purchasing, NRS 333.395 allows BDA to contract directly with taxicab companies.

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

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

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

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DETR-Bureau of Disability Adjudication

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Lisa Morgan , Management Analyst 2 Ph: 775-885-3740

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sruch	11/20/2024 13:52:13 PM
Division Approval	cjacob	11/21/2024 06:43:59 AM
Department Approval	cjacob	11/21/2024 06:44:02 AM
Contract Manager Approval	wcune1	11/26/2024 07:55:55 AM
Budget Analyst Approval	Iramire7	12/03/2024 11:16:48 AM
BOE Agenda Approval	mranki1	12/10/2024 14:45:02 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: **29905**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>ESTIPONA GROUP</b>
Agency Code: <b>902</b>	Contractor Name: <b>ESTIPONA GROUP</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-0606</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Edward Estipona 775-624-8720</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2027</b>

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

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

Agency Reference #: **3917-27-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **02/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2026**

Contract term: **1 year and 333 days**

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

Contract description: **Estipona Group**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides development of a website, brand, and marketing strategy for EmployNV.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$835,850.00**

Other basis for payment: **Monthly payments**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**DETR's EmployNV is in need of marketing services to get the word out to Nevada citizens about the multitude of services that EmployNV offices offer.**

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

**DETR does not possess the technology or skills needed for a multiply tier marketing campaigns.**

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

Was the solicitation (RFP) done by the 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?

Estipona Group (99SWC-NV23-17892) has a state-wide contract under the Master Agreement 99SWC-S2340 (Consulting Marketing and Education Services).

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 is party to statewide contract 99SWC-NV23-17892.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	12/11/2024 08:07:32 AM
Division Approval	athomps8	12/11/2024 08:13:35 AM
Department Approval	cjacob	12/11/2024 08:31:04 AM
Contract Manager Approval	wcune1	12/12/2024 13:57:43 PM
EITS Approval	ljean	12/13/2024 09:32:13 AM
Budget Analyst Approval	Iramire7	12/18/2024 09:41:59 AM
BOE Agenda Approval	mranki1	12/19/2024 09:18:31 AM
BOE Final Approval	Pending	

**Joe Lombardo**  
Governor



**Timothy D. Galluzi**  
State Chief Information Officer

**Darla J. Dodge**  
Deputy CIO– COO

**David ‘Ax’ Axtell**  
Deputy CIO – CTO

**Robert “Bob” Dehnhardt**  
Deputy CIO - CISO

**STATE OF NEVADA**  
**GOVERNOR’S OFFICE**  
*Office of the Chief Information Officer*  
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Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Chris Sewell, Director, DETR  
Kelly Woodward, Management Analyst III, DETR  
Scott Jeffries, IT Manager III, DETR  
Colleen Kiechler, Management Analyst III, DETR

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
Michael D. Smith, Support Services Unit, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

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

**SUBJECT:** TIN Completion Memo – DETR – TIN 1052 – *Estipona Group* – BA 4770

**DATE:** November 18, 2024

We have completed our review for the Department of Employment, Training, and Rehabilitation’s (DETR) – *Estipona Group* – TIN 1052.

The submitted TIN, for an estimated value of \$706,850.00 in the FY24/FY25 biennium and \$129,000.00 in the FY26/FY27 biennium (100% Federal WIOA Rapid Response funding), is for webhosting and maintenance.

DETR’s EmployNV is partnering with the *Estipona Group* to drive top-of-funnel brand awareness for job seekers and employers across Nevada, while delivering bottom-of-funnel evaluations to create a

comprehensive marketing strategy. This strategy will span multiple platforms, including social media marketing, programmatic and outdoor advertising, search engine optimization (SEO), paid search, and analytics. Additionally, the EmployNV websites will be redesigned and maintained by Estipona Group to ensure an optimal user experience.

The state is investing in a new cloud-based content management system. While the timing may not align with this particular project, OCIO is interested in exploring future opportunities for collaboration with DETR on website hosting solutions.

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: **29885**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
Agency Code: **902**  
Appropriation Unit: **4770-12**  
Is budget authority available?: **No**  
If "No" please explain: Approval pending the Work Program # C73659 by IFC.

Legal Entity Name: **Nevadaworks**  
Contractor Name: **Nevadaworks**  
Address: **9390 Gateway Dr. Ste 105**  
City/State/Zip: **Reno, NV 89521**  
Contact/Phone: **Milton Stewart 775-284-1338**  
Vendor No.: **T27003177**  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Wage Assessment, Career Enhancement Program</b>

Agency Reference #: **3905-26-WISS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 30 days**

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

Contract description: **Up Next Nevada**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing support to working Nevadans, targeting employable youth, young adult workers, and public outreach. This contract is contingent upon IFC approval of work program #C73659.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,594,267.00**

Other basis for payment: As invoiced by vendor and approved for payment by the state. Total contract not to exceed: **\$6,594,267.00.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

These funds will assist 1) employable youth ages 15 to 18 who will receive workforce readiness programming, professional mentorship, training and placement in their first paid part-time job; 2) young adult workers ages 18 to 24 who will receive training and career pathway coaching, tuition and certification stipends, and competitive wages and benefits for full-time employment with Boys & Girls Clubs early learning centers and Clubhouses; and 3) Public outreach for out-of-school time employment and training opportunities, and wrap-around supports. This initiative aligns with the Governors 3-Year Plan, A.B. 428 for Career Pathways, and NRS 612.607, 2(b). This project not only creates career pathways but would simultaneously help alleviate the childcare crisis in 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 necessary for this project.

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

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

Not Applicable

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

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

NRS 277.180 - Interlocal 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?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

5%

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

**No**

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

**No**

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

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

Not Applicable

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

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

This vendor has provided satisfactory services to DETR since June 2003.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	12/05/2024 16:18:58 PM
Division Approval	athomps8	12/05/2024 17:01:30 PM
Department Approval	cjacob	12/06/2024 07:51:05 AM
Contract Manager Approval	wcune1	12/06/2024 13:23:40 PM
Budget Analyst Approval	Iramire7	12/11/2024 10:53:18 AM
BOE Agenda Approval	mranki1	12/17/2024 09:10:52 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: **26352** Amendment Number: **2**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **Nevadaworks**

Agency Code: **902** Contractor Name: **Nevadaworks**

Appropriation Unit: **4770-12** Address: **9390 GATEWAY DR. STE 105**

Is budget authority available?: **No** City/State/Zip: **Reno, NV 89521**

If "No" please explain: Upon BOE Approval, subject to approval of work program #C72530 by IFC. Contact/Phone: **Milton Stewart 775-284-1333**

Vendor No.: **T27003177**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Wage Assessment, Career Enhancement Program</b>

Agency Reference #: **3651-24-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2022**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 326 days**

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

Contract description: **Incumbent Worker**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement which provides incumbent worker training designed to improve the skills of employees and the competitiveness of an employer. This amendment increases the maximum amount from \$1,500,000 to \$3,000,000 due to an increase in incumbent workers.**

#### 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
a. Amendment 1:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$3,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

CEP funding was implemented to assist unemployed and underemployed for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

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 poitions.
9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No
- a. List the names of vendors that were solicited to submit proposals (include at least three):  
 Not Applicable
- b. Solicitation Waiver: **Exempt (Per statute)**
- c. Why was this contractor chosen in preference to other?  
 Interlocal agreement, pursuant to NRS 277.180.
- d. Last bid date: Anticipated re-bid date:
10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?  
**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor  
 10.4%, as negotiated with vendor under original contract.
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?  
**No**
- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?  
**No**
- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?  
**No** If "Yes", please explain  
 Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?  
**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:  
 This vendor has provided satisfactory service to DETR since 2003.
14. Is the contractor currently involved in litigation with the State of Nevada?  
**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:  
 Not Applicable
15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity
16. Not Applicable
17. Not Applicable
18. Not Applicable
19. Agency Field Contract Monitor:
20. Contract Status:  
 Contract Approvals:
- | Approval Level            | User     | Signature Date         |
|---------------------------|----------|------------------------|
| Budget Account Approval   | kwoodwar | 11/06/2024 12:05:59 PM |
| Division Approval         | cjacob   | 11/06/2024 12:15:42 PM |
| Department Approval       | cjacob   | 11/06/2024 12:16:06 PM |
| Contract Manager Approval | wcune1   | 12/04/2024 13:42:12 PM |
| Budget Analyst Approval   | Iramire7 | 12/06/2024 14:27:41 PM |
| BOE Agenda Approval       | mranki1  | 12/17/2024 10:48:14 AM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26359</b>	Amendment Number: <b>2</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>Workforce Connections</b>
Agency Code: <b>902</b>	Contractor Name: <b>Workforce Connections</b>
Appropriation Unit: <b>4770-12</b>	Address: <b>6330 W Charleston Blvd Ste. 150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146-1183</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jim Kostecki 702 638-8750</b>
	Vendor No.: <b>T81079028</b>
	NV Business ID: <b>Governmental Entity</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Wage Assessment, Career Enhancement Program</b>

Agency Reference #: **3652-24-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2022**  
Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 326 days**

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

Contract description: **Incumbent Worker**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement which provides incumbent worker training designed to improve the skills of employees and the competitiveness of an employer. This amendment increases the maximum amount from \$1,500,000 to \$3,000,000 due to an increase in employers served.**

#### 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
a. Amendment 1:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$3,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

CEP funding was implemented to assist unemployed and underemployed for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

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?

Interlocal agreement, pursuant to NRS 277.180.

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

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

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

### III. OTHER INFORMATION

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

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8.2%

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

**No**

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

**No**

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

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

Not Applicable

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

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

This vendor has provided satisfactory service to DETR since May 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	kwoodwar	11/07/2024 09:23:49 AM
Division Approval	cjacob	11/07/2024 09:31:06 AM
Department Approval	cjacob	11/07/2024 09:31:11 AM
Contract Manager Approval	wcune1	11/07/2024 09:33:45 AM
Budget Analyst Approval	Iramire7	11/21/2024 18:00:20 PM
BOE Agenda Approval	mranki1	11/26/2024 13:01:12 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: **29900**

Agency Name:	<b>SILVER STATE HEALTH INSURANCE EXCHANGE</b>	Legal Entity Name:	<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF WELFARE AND SUPPORTIVE SERVICES</b>
Agency Code:	<b>960</b>	Contractor Name:	<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF WELFARE AND SUPPORTIVE SERVICES</b>
Appropriation Unit:	<b>1400-11</b>	Address:	<b>1470 College Pkwy.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706-7924</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Monique Pomerleau 775-684-0672</b>
		Vendor No.:	
		NV Business ID:	<b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **Yes**

If "Yes", please explain

**In August 2024, CMS informed states that they will only invoice one agency per state for these services. Given that both the Exchange and Division of Welfare and Supportive Services (DWSS) utilize this service, both agencies have agreed that DWSS will be the primary agency and the Exchange will reimburse DWSS for its share of the services. Since services have already commenced, the Exchange requests that the contract be retroactively applied to July 1, 2024.**

3. Termination Date: **06/30/2027**  
Contract term: **2 years and 364 days**

4. Type of contract: **Interlocal Agreement**  
Contract description: **Verify Income**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing income verification services for the Nevada Health Link marketplace eligibility system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,716,237.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In prior years, use of the VCI service has been paid for by the Centers for Medicare & Medicaid Services (CMS). However, due to a recent policy change finalized on April 2, 2024, CMS will begin passing the cost of VCI on to states who utilize this service effective July 1, 2024. Income verification is a required part of the subsidy eligibility calculations performed by the Nevada Health Link marketplace platform.

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

In accordance with federal regulations, the Division of Welfare and Supportive Services, Nevada's Affordable Care Act (ACA) Administering Entity for Medicaid/CHIP eligibility determinations, must provide shared access to ACA eligibility verification services hosted in the Federal Data Services Hub (FDSH), and must also electronically share eligibility-related information for ACA consumers, with the Silver State Health Insurance Exchange (SSHIX), Nevada's ACA Administering Entity for Qualified Health Plans (QHPs) and Standalone Dental Plans (SADPs).

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

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

Not Applicable

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

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlop18	10/28/2024 09:18:27 AM
Division Approval	jlop18	10/28/2024 09:18:29 AM
Department Approval	rcoo4	11/04/2024 11:03:50 AM
Contract Manager Approval	jlop18	11/19/2024 08:50:19 AM
Budget Analyst Approval	jhelto1	12/19/2024 19:26:37 PM
BOE Agenda Approval	stillley	12/20/2024 12:21:53 PM
BOE Final Approval	Pending	





**Joe Lombardo**  
Governor

**Valerie Clark**  
Chair

**Russell Cook**  
Executive Director

# Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

[www.nevadahealthlink.com/sshix](http://www.nevadahealthlink.com/sshix)

To: Amy Stephenson

From: Jonathan Lopez, Chief Financial Officer

Date: October 22, 2024

Subject: Retro Memo

Dear Ms. Stephenson,

This memo is to formally request the retroactive start of Contract # 29900 Interlocal Agreement between the Silver State Health Insurance Exchange (SSHIE) and Division of Welfare and Supportive Services (DWSS). The services being performed include use of the Equifax's Verify Current Income (VCI) Service through CMS. Income verification is a required part of the subsidy eligibility calculations performed by the Exchange marketplace platform.

In August 2024, CMS informed states that they will only invoice one agency per state for these services. Given that both the Exchange and DWSS utilize this service, both agencies have agreed that DWSS will be the primary agency to be invoiced. As a result, DWSS will handle all payments directly to CMS, and the Exchange will reimburse DWSS for its share of the services.

Since services have already commenced, we kindly request the contract be retroactively applied to July 1, 2024. This will allow for the proper accounting and processing of payments and reimbursements for services that have already been delivered.

Please let me know if further information or clarification is required.

Sincerely,

A handwritten signature in cursive script that reads "Jonathan Lopez".

Jonathan Lopez  
Chief Financial Officer

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23962** Amendment Number: **1**

Agency Name: **SILVER STATE HEALTH INSURANCE EXCHANGE** Legal Entity Name: **THE ABBI AGENCY**

Agency Code: **960** Contractor Name: **THE ABBI AGENCY**

Appropriation Unit: **1400-50** 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 Ty Whitaker 775-323-2977**

Vendor No.: **T27037235**

NV Business ID: **NV20081200897**

To what State Fiscal Year(s) will the contract be charged? **2021-2026**

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

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

Agency Reference #: **RFP # 96SSHIX-S1296**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2025**

Contract term: **5 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Marketing & Outreach**

5. Purpose of contract:

**This is the first amendment to the original contract which provides marketing and outreach services for facilitating the sales of qualified health and dental plans to underinsured and uninsured Nevadans through Nevada Health Link. This amendment extends the termination date from March 31, 2025 to March 31, 2026 and increases the maximum amount from \$12,800,000 to \$16,000,000 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:	\$12,800,000.00	\$12,800,000.00	\$12,800,000.00	Yes - Action
2. Amount of current amendment (#1):	\$3,200,000.00	\$3,200,000.00	\$3,200,000.00	Yes - Action
3. New maximum contract amount:	\$16,000,000.00			
and/or the termination date of the original contract has changed to:		03/31/2026		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Marketing and outreach is a key component to the success of the Exchange. A vast amount of research and planning is required to ensure that the marketing and outreach is provided to the appropriate target audience emphasizing the most relevant content.

This contract extension is imperative to allow the current vendor to continue the strategic marketing and outreach efforts into Plan Year 2026 to maintain consistency as we navigate the ongoing recovery from the public health emergency and the post-COVID landscape. It is beneficial for the Silver State Health Insurance Exchange to continue to contract with the current vendor who is familiar with Nevada Health Link's online brand and marketplace, the internal staff, and established processes/policies regarding marketing & outreach to maintain stability and continuity in our marketing efforts to reach as many Nevadans as possible post public health emergency.

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

The scope of this project is too large and time consuming for the work load of state employees to handle.

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 #96SSHIX-S1296, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/15/2020 Anticipated re-bid date: 10/01/2025

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, satisfied

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlop18	12/03/2024 10:22:30 AM
Division Approval	jlop18	12/03/2024 10:22:38 AM
Department Approval	jdav27	12/03/2024 10:45:02 AM
Contract Manager Approval	efuente1	12/04/2024 16:49:25 PM
Budget Analyst Approval	jhelto1	12/19/2024 19:21:34 PM
BOE Agenda Approval	stilley	12/21/2024 11:46:31 AM

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	MORRIS AG AIR & SONS, INC.	OTHER: VARIOUS AGENCIES	\$1,000,000	
1.	Contract Description:	This is the second amendment to the original contract which provides fire fuel reduction and forest management services. This amendment increases the maximum amount from \$1,000,000 to \$2,000,000 due to the increased need for these services.				
	Term of Contract:	11/09/2021 - 06/07/2025	Contract # 24829			

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>24829</b>	Amendment Number: <b>2</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>MORRIS AG AIR &amp; SONS, INC.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>MORRIS AG AIR &amp; SONS, INC.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO BOX 209</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>OROVADA, NV 89425</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Morris 775.304.1958</b>
	Vendor No.: <b>T27036309</b>
	NV Business ID: <b>NV20101885383</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

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

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**  
 Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 210 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is the second amendment to the original contract which provides fire fuel reduction and forest management services. This amendment increases the maximum amount from \$1,000,000 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:	\$255,000.00	\$255,000.00	\$255,000.00	Yes - Action
a. Amendment 1:	\$745,000.00	\$745,000.00	\$745,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfire, fuels reduction and other services that must be completed in various locations.

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

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 is party to a statewide contract 99SWC-NV22-10727.

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

**No** If "Yes", please provide details of the litigation 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	rvradenb	10/09/2024 09:24:44 AM
Division Approval	rvradenb	10/09/2024 09:28:36 AM
Department Approval	ldeloach	10/09/2024 09:45:01 AM
Contract Manager Approval	nfese1	11/15/2024 09:52:33 AM
Budget Analyst Approval	stilley	12/20/2024 17:08:16 PM
BOE Agenda Approval	stilley	12/20/2024 17:08:19 PM

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE	CCR CONSULTING, LLC	FEDERAL	\$14,124	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides coordination of infrastructure and economic development projects. This amendment increases the maximum amount from \$190,000 to \$204,124 due to travel requirements.				
		Term of Contract:	07/29/2024 - 06/30/2025	Contract # 29433		
2.	015	GOVERNOR'S OFFICE OF FINANCE - BUDGET DIVISION	AERIS ENTERPRISES, INC.	GENERAL	\$30,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing system support services for enterprise computer applications. This amendment increases the maximum amount from \$1,049,982 to \$1,079,982 due to special programming needs for the statewide classification and compensation study.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24264		
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	BRIAN DELAY	OTHER: TORT CLAIMS	\$37,150	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness services.				
		Term of Contract:	03/01/2024 - 12/31/2025	Contract # 29849		
4.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	WILLIS TOWERS WATSON INSURANCE SERVICES WEST, INC.	OTHER: TORT CLAIMS	\$10,000	
	Contract Description:	This is a new contract to provide ongoing actuarial services to determine tort insurance premiums.				
		Term of Contract:	11/17/2024 - 12/31/2024	Contract # 30003		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CHILL RITE, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$14,630	
	Contract Description:	This is a new contract to provide winterization to roof top heating, ventilation, and air conditioning units for buildings in Southern Nevada.				
		Term of Contract:	12/11/2024 - 06/30/2025	Contract # 30006		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	EIKELBERGER AWNING & DRAPERY, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$18,750	
	Contract Description:	This is a new contract to provide fabrication and installation of replacement draperies in the Attorney General's office and conference room.				
		Term of Contract:	12/12/2024 - 06/30/2025	Contract # 29914		



# 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 - BUILDINGS AND GROUNDS	SAVAGE & SON, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$35,650	
	Contract Description:	This is a new contract to provide installation of new water and waste lines at the Buildings and Grounds office located in Carson City.				
		Term of Contract:	12/12/2024 - 06/30/2025	Contract # 29937		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	TK ELEVATOR CORPORATION	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$11,700	
	Contract Description:	This is the first amendment to the original contract which provides ongoing elevator inspection, repair, and maintenance. This amendment increases the maximum amount from \$1,753,474.72 to \$1,765,174.72 due to the addition of the Elko Building located in Las Vegas.				
		Term of Contract:	10/01/2023 - 09/30/2027	Contract # 28162		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	SIERRA CONTROLS, LLC	OTHER: RAW WATER SALES	\$37,312	Sole Source
	Contract Description:	This is a new contract to provide a Starlink system and preventive maintenance to the Supervisory Control and Data Acquisition System.				
		Term of Contract:	12/05/2024 - 06/30/2025	Contract # 29929		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN H&K ARCHITECTS, INC.	BONDS	\$12,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architecture/engineering services for the Nevada Army National Guard Harry Reid Training Center - Ground Support Equipment Shop CIP Project: CIP Project No. 23-C09; SPWD Contract No. 116553. This amendment increases the maximum amount from \$41,462 to \$53,462 due to the addition of structural observation services.				
		Term of Contract:	07/30/2024 - 06/30/2027	Contract # 29154		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD.	BONDS	\$81,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Gallagher Fish Hatchery and Spring Creek Rearing Station - Construct Water Wells and Water Systems (Various Fish Hatchery Sites) CIP Project to include structural, electrical, and civil design services, and design development, construction documents, and bid services to complete the replacement of the water distribution system and fire suppression equipment, water well, and storage tank: CIP Project No. 21-M08; SPWD Contract No. 116533.				
	Term of Contract:	12/06/2024 - 06/30/2025	Contract # 29953			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	IMEG CONSULTANTS CORPORATION	HIGHWAY	\$11,800	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles - Carson City Campus Exterior Electrical Service Entrance Replacement CIP Project: CIP project No. 21-M29; SPWD Contract No. 114491. This amendment increases the maximum amount from \$128,625 to \$140,425 due to additional design and construction services relating to the water runoff adjacent to the new electrical switchgear.				
	Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25036			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK	BONDS	\$15,320	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architecture/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project No. 23-C03; SPWD Contract No. 116357. This amendment increases the maximum amount from \$648,260 to \$663,580 due to de-watering coordination scope with Carson City Public Works and an alternative conceptual design.				
	Term of Contract:	03/12/2024 - 06/30/2027	Contract # 28840			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LG ARCHITECTS, INC. DBA LGA	OTHER: AGENCY FUNDED CIP	\$10,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Nevada State Museum - Boulder City Railroad Museum Visitor Center Advance Planning CIP Project: CIP Project No. 22-A007-01; SPWD Contract No. 114678. This amendment increases the maximum amount from \$1,159,615 to \$1,169,615 due to the addition of cultural consultation services to engage Paiute Tribal cultural leaders to develop content and stories for the museum interpretive panels exhibits.				
	Term of Contract:	04/12/2022 - 06/30/2025	Contract # 25740			
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WOOD RODGERS, INC.	OTHER: AGENCY FUNDED CIP	\$11,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard, Aircraft Apron Pavement Maintenance CIP Project to include final bid documents, bid support services, and construction administration services for the Portland Cement Concrete Pavement repairs and panel replacements on the aircraft parking apron: CIP Project No. 25-A010; SPWD Contract No. 117234.				
	Term of Contract:	12/01/2024 - 09/30/2029	Contract # 29948			
16.	088	GOVERNOR'S OFFICE - OFFICE OF FEDERAL ASSISTANCE	FELDESMAN LEIFER LLP	FEDERAL	\$24,700	
	Contract Description:	This is a new contract to provide federal grant management and uniform guidance updates for tribes and tribal organizations training.				
	Term of Contract:	12/11/2024 - 06/30/2025	Contract # 30050			
17.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	WHEREABOUT LLC	OTHER: LODGING TAX REVENUE	\$76,500	
	Contract Description:	This is a new contract to provide strategic planning services to assist in the completion of a comprehensive long-term strategy for Travel Nevada.				
	Term of Contract:	11/18/2024 - 12/31/2025	Contract # 29907			
18.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	NEVADA PUBLIC HEALTH FOUNDATION, INC.	GENERAL	\$60,610	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides event planning services and facilitation for the department's annual conference.				
	Term of Contract:	12/02/2024 - 06/30/2025	Contract # 29925			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	P.S. TECHNOLOGIES, INC.	GENERAL	\$11,700	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides subscription services for LegalServer software. This amendment increases the maximum amount from \$143,017 to \$154,717 due to a billing module activation.				
	Term of Contract:	08/05/2022 - 12/31/2027	Contract # 26434			
20.	240	DEPARTMENT OF VETERANS SERVICES - OFFICE OF VETERANS SERVICES	HEALTHCARE SERVICES GROUP, INC.	GENERAL 48% FEDERAL 52%	\$77,086	
	Contract Description:	This is a new contract to provide ongoing janitorial services at Southern Nevada Veterans Memorial Cemetery.				
	Term of Contract:	11/25/2024 - 11/30/2028	Contract # 30000			
21.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ALLEGION ACCESS TECHNOLOGIES LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$26,600	
	Contract Description:	This is a new contract to provide installation, repair, and maintenance for all power-operated doors.				
	Term of Contract:	12/11/2024 - 09/30/2028	Contract # 30035			
22.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	RAI AUTO INVESTMENTS INC.	OTHER: COUNTY/PRIVATE 35% FEDERAL 65%	\$28,890	
	Contract Description:	This is a new contract to provide ongoing vehicle maintenance and repair services.				
	Term of Contract:	11/22/2024 - 10/31/2026	Contract # 29999			
23.	240	DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME ACCOUNT	ALIGNMENT METALWORKS	FEDERAL	\$13,264	
	Contract Description:	This is a new contract to provide fabrication and installation of metal laser cut panels in the outdoor visitation area.				
	Term of Contract:	12/04/2024 - 05/31/2025	Contract # 30026			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	240	DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME ACCOUNT	LEO'S AWNINGS AND INTERIORS LLC	FEDERAL	\$13,600	
	Contract Description:	This is a new contract to provide installation of patio awnings in the outdoor visitation area.				
		Term of Contract:	11/27/2024 - 05/30/2025	Contract # 30002		
25.	240	DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME ACCOUNT	SCHUMACHER & SCHUMACHER	FEDERAL	\$15,945	
	Contract Description:	This is a new contract to provide installation of electrical components and lighting in the outdoor visitation area.				
		Term of Contract:	12/11/2024 - 05/31/2025	Contract # 30053		
26.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	MIDAS EDUCATION, LLC	FEDERAL	\$56,000	
	Contract Description:	This is a new contract to provide a web-based grant management application for the Child Care and Development Fund block grant.				
		Term of Contract:	11/19/2024 - 06/30/2028	Contract # 29706		
27.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN	SOCIAL ENTREPRENEURS, INC.	FEDERAL	\$39,580	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides the facilitation of consultation services to establish and maintain a Vulnerable Adult Fatality Review Team This amendment extends the termination date from December 31, 2024 to September 30, 2025 and increases the maximum amount from \$28,250 to \$67,830 due to the continued need for these services.				
		Term of Contract:	02/13/2024 - 09/30/2025	Contract # 28807		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	NEVADA BROADCASTERS ASSOCIATION	FEDERAL	\$60,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides non-commercial sustaining announcements. This service agreement provides a twelve-month outreach campaign that markets and promotes the dangers of cannabis use during pregnancy.				
		Term of Contract:	11/21/2024 - 09/30/2025	Contract # 29795		
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	SOCIAL ENTREPRENEURS, INC.	FEDERAL	\$85,471	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing and education services. This service agreement provides consulting services for administrative support to the Perinatal Health Initiative and the State Pilot Grant Program for Treatment of Pregnant and Postpartum Women.				
		Term of Contract:	10/01/2024 - 09/30/2025	Contract # 29851		
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD AND ADOLESCENT HEALTH SERVICES	TRANSFECTIVE LANGUAGE SERVICES LLC	FEDERAL	\$17,375	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-11675 which provides on-site spoken and sign language interpretation, document translation, and other related services. This service agreement provides document translation and live audio and video translation of information interviews for the Maternal Mortality Review Committee.				
		Term of Contract:	11/27/2024 - 03/31/2026	Contract # 29881		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	WATERTECH SERVICES	GENERAL 55% FEDERAL 45%	\$25,967	
	Contract Description:	The is the first amendment to the original contract which provides ongoing water treatment maintenance for the Charleston Campus. This amendment increases the maximum amount from \$24,032 to \$49,999 due to the detection of water quality issues.				
		Term of Contract:	07/29/2022 - 06/30/2026	Contract # 26050		
32.	431	OFFICE OF THE MILITARY	AFFINITI STUDIOS (LUONG) PLLC	FEDERAL	\$12,400	Professional Service
	Contract Description:	This is a new contract to provide a feasibility report to relocate the electric vehicle charging station at the Speedway Readiness Center.				
		Term of Contract:	11/21/2024 - 09/30/2026	Contract # 29836		
33.	431	OFFICE OF THE MILITARY	SOPHIA MACIAS	GENERAL 25% FEDERAL 75%	\$49,200	
	Contract Description:	This is a new contract to provide ongoing haircut services for cadets at the Battle Born Youth ChalleNGe Academy located in Carlin.				
		Term of Contract:	01/01/2025 - 12/31/2026	Contract # 30011		
34.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	FEDERAL	\$34,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural and engineering services to study the requirements to upgrade the electrical circuits and build a new door opening at the Henderson Armory.				
		Term of Contract:	12/03/2024 - 09/30/2026	Contract # 29838		
35.	650	DEPARTMENT OF PUBLIC SAFETY - TRAINING	EVERON, LLC	GENERAL 49% HIGHWAY 51%	\$10,945	
	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 two new cellular communicators and 48 months of fire prevention equipment inspections and intrusion and burglary monitoring for the training division office located in Carson City.				
		Term of Contract:	11/18/2024 - 07/31/2028	Contract # 29919		
36.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	KIMBERLY DAWN WILSON	HIGHWAY	\$25,000	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		Contract Description: This is a new contract to provide janitorial services for the substation located in Tonopah. Term of Contract: 11/20/2024 - 11/01/2028 Contract # 29901				
37.	654	OFFICE OF THE MILITARY - DIVISION OF EMERGENCY MANAGEMENT	ONSOLVE LLC	FEDERAL	\$31,606	
		Contract Description: This is the first amendment to the original contract which provides ongoing Emergency Alert System and Integrated Public Alert Warning access for emergency notifications and alerts. This amendment extends the termination date from December 31, 2024 to December 31, 2027 and increases the maximum amount from \$5,267.68 to \$36,873.73 due to the addition of three years of subscription service fees. Term of Contract: 07/01/2024 - 12/31/2027 Contract # 29520				
38.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	SGF ENGINEERING, LLC	FEE: SPORTSMEN REVENUE 50% FEDERAL 50%	\$65,000	Professional Service
		Contract Description: This is a new contract to provide climate control replacement mechanical engineering services at Mason Valley Fish Hatchery office. Term of Contract: 12/05/2024 - 10/31/2026 Contract # 29873				
39.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	NINECARIBOU PRODUCTIONS, LLC	GENERAL 2% FEE: SPORTSMEN REVENUE 98%	\$29,800	
		Contract Description: This is a new contract to provide video production services and b-roll film to create numerous Bear Wise educational videos for distribution in areas with increased bear populations. Term of Contract: 12/05/2024 - 09/30/2025 Contract # 29653				
40.	702	DEPARTMENT OF WILDLIFE - LAW ENFORCEMENT	DEPARTMENT OF THE INTERIOR	OTHER: BOATING SAFETY CLARK COUNTY FUNDING	\$55,000	Exempt
		Contract Description: This is a new interlocal agreement to provide ongoing boater safety and prudent boater practices for the volunteer program at the Lake Mead Recreation Area. Term of Contract: 01/01/2025 - 12/31/2028 Contract # 29882				



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	702	DEPARTMENT OF WILDLIFE - HABITAT	DEPARTMENT OF THE INTERIOR	FEE: HABITAT CONSERVATION FEE; UPLAND GAME STAMP	\$31,784	Exempt
	Contract Description:	This is a new interlocal agreement to provide a plant management team to create a suitable habitat for migratory waterfowl, upland game, and other wildlife species for the Lake Mead Recreation Area.				
		Term of Contract:	12/05/2024 - 09/30/2028	Contract # 29390		
42.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	RESOURCE CONCEPTS, INC.	FEDERAL	\$10,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-8432 which provides fire fuels reduction and vegetation management services. This service agreement provides categorical exclusion analysis for Land and Water Conservation Fund grant applications.				
		Term of Contract:	12/10/2024 - 12/31/2025	Contract # 29995		
43.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	SANITARY SEPTIC SERVICE INC	GENERAL	\$28,000	
	Contract Description:	This is a new contract to provide pumping services at Cave Lake and Ward Charcoal Ovens State Parks.				
		Term of Contract:	12/10/2024 - 12/31/2028	Contract # 29952		
44.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE SLEIGH AND CARRIAGE RIDES INC	OTHER: REVENUE	\$45,000	
	Contract Description:	This is a new revenue contract to provide non-motorized tours at Sand Harbor State Park.				
		Term of Contract:	12/10/2024 - 04/30/2025	Contract # 30016		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	708	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - NEVADA NATURAL HERITAGE	NEVADA BUGS AND BUTTERFLIES	OTHER: NATURESERVE PROJECTS 25% FEDERAL 75%	\$12,000	
	Contract Description:	This is the first amendment to the original contract which provides field surveys on rare taxa. This amendment extends the termination date from December 31, 2024 to March 31, 2027 and increases the maximum amount from \$20,000 to \$32,000 due to the addition of pollinator surveys on Ivesia webberi.				
	Term of Contract:	01/01/2023 - 03/31/2027	Contract # 26914			
46.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION	RENO RYDE LLC	FEDERAL	\$75,000	Exempt
	Contract Description:	This is a new contract to provide transportation services for eligible recipients in Northern Nevada.				
	Term of Contract:	12/11/2024 - 12/31/2028	Contract # 29956			
47.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CDW GOVERNMENT INC	FEDERAL	\$21,240	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-8313 which provides information technology solutions and services. This service agreement provides system updates for data lookup activities.				
	Term of Contract:	11/21/2024 - 01/31/2025	Contract # 29756			
48.	B026	LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE	THENTIA USA INC	FEE: LICENSURE	\$20,000	
	Contract Description:	This is the first amendment to the original contract which provides a cloud-based licensing management and data system. This amendment increases the maximum amount from \$45,000 to \$65,000 due to increased license types and additional services.				
	Term of Contract:	03/02/2022 - 03/31/2025	Contract # 25523			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29433** Amendment Number: **1**

Agency Name: **GOVERNOR'S OFFICE** Legal Entity Name: **CCR Consulting, LLC**

Agency Code: **010** Contractor Name: **CCR Consulting, LLC**

Appropriation Unit: **1000-15** Address: **521 Cheney Street**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: Not Applicable Contact/Phone: 949-375-4442

Vendor No.: NV Business ID: NV20243147186

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2024**

Anticipated BOE meeting date 12/2024

Retroactive? **Yes**

If "Yes", please explain

**We request that this contract amendment be retroactive to July 29, 2024, due to the need to add travel dollars, which was overlooked when the original contract was submitted.**

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

Contract term: **336 days**

4. Type of contract: **Contract**

Contract description: **Infrastructure**

5. Purpose of contract:

**This is the first amendment to the original contract which provides coordination of infrastructure and economic development projects. This amendment increases the maximum amount from \$190,000 to \$204,124.00 due to travel requirements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$190,000.00	\$190,000.00	\$190,000.00	Yes - Action
2. Amount of current amendment (#1):	\$14,124.00	\$14,124.00	\$14,124.00	Yes - Info
3. New maximum contract amount:	\$204,124.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

We will hire a contractor to fill the Infrastructure Coordinator position in the Governor's office.

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

no trained state personnel in this field

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 240701**

**Approval Date: 07/02/2024**

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

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	mgassawa	11/05/2024 12:40:05 PM
Division Approval	jkidd	11/05/2024 13:28:50 PM
Department Approval	jkidd	11/05/2024 13:28:54 PM
Contract Manager Approval	ssands	11/08/2024 14:46:36 PM
Budget Analyst Approval	cpalme2	12/12/2024 17:04:38 PM

Joe Lombardo  
Governor

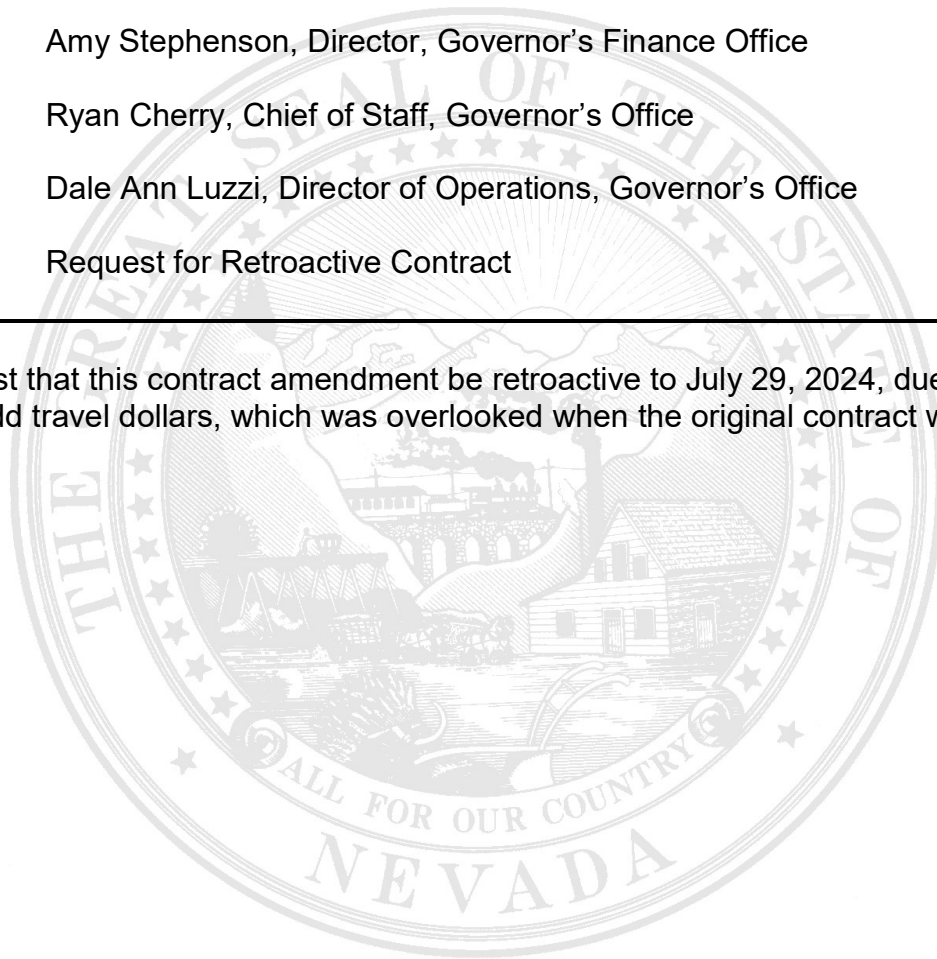


STATE OF NEVADA  
Office of Governor Joe Lombardo  
101 North Carson Street  
Carson City, Nevada 89701

To: Amy Stephenson, Director, Governor's Finance Office  
Through: Ryan Cherry, Chief of Staff, Governor's Office  
From: Dale Ann Luzzi, Director of Operations, Governor's Office  
Subject: Request for Retroactive Contract

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We request that this contract amendment be retroactive to July 29, 2024, due to the need to add travel dollars, which was overlooked when the original contract was submitted.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24264</b>	Amendment Number: <b>2</b>
Agency Name: <b>GOVERNOR'S FINANCE OFFICE</b>	Legal Entity Name: <b>AERIS ENTERPRISES, INC.</b>
Agency Code: <b>015</b>	Contractor Name: <b>AERIS ENTERPRISES, INC.</b>
Appropriation Unit: <b>1340-26</b>	Address: <b>59 DAMONTE RANCH PARKWAY # B292</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-1907</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>JOSEPH FIX 775-851-3262</b>
	Vendor No.: <b>T81082046A</b>
	NV Business ID: <b>NV20011516008</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**  
Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**  
Contract description: **PROGRAMMING**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing system support services for enterprise computer applications. This amendment increases the maximum amount from \$1,049,982.00 to \$1,079,982.00 due to special programming needs for the statewide classification and compensation study.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$456,256.00	\$456,256.00	\$456,256.00	Yes - Action
a. Amendment 1:	\$593,726.00	\$593,726.00	\$593,726.00	Yes - Action
2. Amount of current amendment (#2):	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
3. New maximum contract amount:	\$1,079,982.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor is the primary developer of the software the state depends on for budget, HR, contracts, and open government applications. This contract ensures adequate support is provided for these applications. This contract supports state employees who manage and determine the work to be completed by the vendor

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

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

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 210401**  
**Approval Date: 04/06/2021**

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:

GFO 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	slon5	10/24/2024 09:14:46 AM
Division Approval	jkidd	10/24/2024 13:37:21 PM
Department Approval	jkidd	10/24/2024 13:37:25 PM
Contract Manager Approval	ssands	11/22/2024 09:24:37 AM





### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29849**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
Agency Code: **030**  
Appropriation Unit: **1348-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **BRIAN DELAY**  
Contractor Name: **BRIAN DELAY**  
Address: **3229 DWINELLE HALL**  
City/State/Zip: **BERKELEY, CA 94720-2550**  
Contact/Phone: **BRIAN DELAY 510-495-5104**  
Vendor No.: **t29049685**  
NV Business ID: **NV20243081630**  
To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

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

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 12/2024

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactively approved to March 1, 2024, because the case was remanded to the District Court of Nevada and the court set the discovery schedule in late December 2023 with deadlines as early as March 2024, thus the need for an expert witness became clear at that time to meet discovery deadlines.**

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

Contract term: **1 year and 305 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide ongoing expert witness services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,150.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The expert will review documents and reports and testify as the expert witness.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the expertise needed for this type of matter.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

**(b) (1) An expert witness**

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

MARNI WATKINS, Chief Litigation Counsel Ph: 702-486-8727

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	10/15/2024 13:01:13 PM
Division Approval	jhoba2	10/15/2024 13:01:20 PM
Department Approval	jhoba2	10/15/2024 13:01:26 PM
Contract Manager Approval	tlyon1	10/15/2024 14:51:09 PM
Budget Analyst Approval	vmilazz1	11/26/2024 13:37:45 PM

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

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Las Vegas, Nevada 89101

TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**Date:** November 20, 2024

**To:** File

**From:** Leslie Nino Piro, General Counsel, ext. 6-3077, [LNinoPiro@ag.nv.gov](mailto:LNinoPiro@ag.nv.gov) *LNP*

**Subject:** Support for Approval of Retroactive Contract for Expert Witness Brian DeLay per SAM 0114B (CETS #29849)

*Roger Palmer, et al v. Joseph Lombardo, et al, ProLaw No. 30000-073*

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SAM 0114 B provides as follows,

When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

On June 10, 2021, a lawsuit was commenced in the United States District Court, District of Nevada, against State Officers, Joseph Lombardo, Aaron Ford, George Togliatti, and Mindy McKay. *See Palmer v. Lombardo*, Case No. 3:21-cv-0268-MMD-CSD. The case was assigned to deputy attorneys general (“DAGs”) in the Office of the Attorney General’s (“OAG”) Complex Litigation Division. The district court granted the OAG’s motion to dismiss in March 2022, and the case proceeded on appeal to the United States Court of Appeals for the Ninth Circuit. The case was ultimately remanded in May 2023 “to develop the historical and factual record” through discovery and allow to the district court to make the appropriate findings. *See Order, Palmer v. Lombardo*, Case No. 22-15645 (9th Cir. 2023). As a result, the case was remanded back to the district court.

The district court set a discovery schedule in late December 2023 with deadlines beginning three months later. The need to contract with an expert witness in this case

was not certain prior to entry of the discovery scheduling order. Thus, the Complex Litigation DAGs did not begin searching for an expert witness until after the court issued the discovery scheduling order. Based on the relatively recent development of firearms commonly referred to as “ghost guns,” the of unusual nature of this litigation, and sparse number of individuals qualified and/or available to testify as an expert witness, locating an expert took longer than initially expected.

Once Chief Litigation Counsel Marni Watkins selected Brian DeLay (“Expert”), General Counsel began the contracting process. However, the OAG needed the Expert to immediately begin his work with a retroactive start date in order to comply with the March 2024 discovery deadlines set by the district court. Unfortunately, miscommunications delayed contract submission for several months, but internal processes have been addressed to prevent this from reoccurring.

Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval of CETS #29849 for Brian Delay to March 1, 2024.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30003**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>WILLIS TOWERS WATSON INSURANCE SERVICES WEST, INC.</b>
Agency Code: <b>030</b>	Contractor Name: <b>WILLIS TOWERS WATSON INSURANCE SERVICES WEST, INC.</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>600 UNIVERSITY ST STE 3100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SEATTLE, WA 98101-3122</b>
If "No" please explain: Not Applicable	Contact/Phone: 206/343-6009
	Vendor No.: T27043345
	NV Business ID: NV19881008924

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Tort Insurance Premiums</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/17/2024**

Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **44 days**

4. Type of contract: **Contract**

Contract description: **Actuarial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing biennial, actuarial services for tort claims to determine tort insurance premiums.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Upon Receipt and approval of invoices

#### II. JUSTIFICATION

7. What conditions require that this work be done?

An actuarial report is used to determine cost estimates in future fiscal years and is needed to set Tort Claim Assessment rates for the next biennium.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed to complete these reports.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Risk Management is currently contracted 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:  
Nancy Katafias, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rjon21	11/15/2024 07:45:41 AM
Division Approval	jhoba2	11/15/2024 09:58:11 AM
Department Approval	jhoba2	11/15/2024 09:58:14 AM
Contract Manager Approval	jhoba2	11/15/2024 09:58:17 AM
Budget Analyst Approval	vmilazz1	11/17/2024 11:23:34 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30006**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CHILL RITE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CHILL RITE, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>6295 MCLEOD DR. STE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89120-4097</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Marie Robledo 702-270-2358</b>
	Vendor No.: <b>T27042453</b>
	NV Business ID: <b>NV19941128460</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rental Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **200 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

**This is a new contract to provide winterization to roof top units for various buildings in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,630.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide Winterization to roof top units to prevent failures and system damages for various buildings in Las Vegas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower.

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):

Chill Rite  
Emcor  
Rouge Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Bid.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Chiller Rite has been a vendor to various agencies since 2018 and the agency is satisfied with their work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Terra Cooke-Gatzmer, HVACR Specialist III Ph: 702-481-4286

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/19/2024 07:16:02 AM
Division Approval	jkidd	11/21/2024 09:58:46 AM
Department Approval	jkidd	11/21/2024 09:58:48 AM
Contract Manager Approval	bhow1	11/21/2024 11:46:25 AM
Budget Analyst Approval	klay0	12/11/2024 16:58:21 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29914**

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: **EIKELBERGER AWNING & DRAPERY, INC.**

Contractor Name: **EIKELBERGER AWNING & DRAPERY, INC.**

Address: **1903 HYMER AVE**

City/State/Zip: **SPARKS, NV 89431-5539**

Contact/Phone: **Chris Eikelberger 775-358-1903**

Vendor No.: **T80112468**

NV Business ID: **NV20081356503**

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2024**

Anticipated BOE meeting date: **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **199 days**

4. Type of contract: **Contract**

Contract description: **Install drapes**

5. Purpose of contract:

**This is a new contract to provide fabrication and installation of replacement draperies in the attorney general's office and conference room.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**CAT14-FY24-019 Contract to replace existing drapery, sheers, and hardware that ha not been upgraded for 30+ years.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the manpower or materials to supply this need.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**Current Eikelberger contract cannot be used for this CAT14-FY24-019 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:

since 1950 Eikelberger has worked with various state 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	slon5	10/22/2024 13:46:41 PM
Division Approval	jkidd	10/24/2024 13:22:09 PM
Department Approval	jkidd	10/24/2024 13:22:12 PM
Contract Manager Approval	ssands	12/06/2024 07:24:34 AM
Budget Analyst Approval	klay0	12/12/2024 12:03:50 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29937**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SAVAGE &amp; SON, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>SAVAGE &amp; SON, INC.</b>
Appropriation Unit: <b>1349-14</b>	Address: <b>3101 YORI AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-4211</b>
If "No" please explain: Not Applicable	Contact/Phone: Len Savage 775/828-4193
	Vendor No.: PUR0000504
	NV Business ID: NV19341000063
To what State Fiscal Year(s) will the contract be charged? <b>2025</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % Buildings and Grounds Rental Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **199 days**

4. Type of contract: **Contract**

Contract description: **new water lines**

5. Purpose of contract:

**This is a new contract to provide installation of new water and waste lines for breakroom at the Buildings and Grounds office in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,650.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Install new water lines, waste lines. Trench, sawcut exterior asphalt, excavate and core through existing building footing for new sanitary waste line; sawcut interior concrete for new floor sink. Backfill trenches and pour back concrete inside building, cold patch asphalt outside of building. This is a request for a CAT14-FY25-016 contract with Savage and Son for \$35,650.00 to install, trench for water lines at Buildings and Grounds (FY25-\$35,650.00). Savage and Son was the only respondent for this project..

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the manpower 01' equipment needed to facilitate..**

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):

Hoffman Plumbing  
Summit Plumbing  
Savage & Son

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Savage and Son was the only respondent for 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:

Since 1999 and with various state 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	slon5	10/31/2024 10:45:11 AM
Division Approval	jkidd	11/01/2024 11:49:04 AM
Department Approval	jkidd	11/01/2024 11:49:07 AM
Contract Manager Approval	ssands	12/10/2024 11:15:54 AM
Budget Analyst Approval	klay0	12/12/2024 09:46:29 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28162** Amendment Number: **1**  
 Legal Entity Name: **TK Elevator Corporation**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **TK Elevator Corporation**  
 Agency Code: **082** Address: **770 Smithridge Drive, #350**  
 Appropriation Unit: **1349-12** City/State/Zip: **Reno, NV 89502**  
 Is budget authority available?: **Yes** Contact/Phone: **James Raftery 833-728-3598**  
 If "No" please explain: **Not Applicable** Vendor No.: **T80943796A**  
 NV Business ID: **NV19841018200**  
 To what State Fiscal Year(s) will the contract be charged? **2024-2028**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income</b>

Agency Reference #: **08DOA-S2368 JS**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2023**  
 Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2027**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Elevator maintenance**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing elevator inspection, repair, and maintenance. This amendment increases the maximum amount from \$1,753,474.72 to \$1,765,174.72 due to the addition of the Elko Building.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,753,474.72	\$1,753,474.72	\$1,753,474.72	Yes - Action
2. Amount of current amendment (#1):	\$11,700.00	\$11,700.00	\$11,700.00	Yes - Info
3. New maximum contract amount:	\$1,765,174.72			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Elevators must be maintained to comply with Federal Elevator Codes

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 personnel with expertise to maintain elevators.

9. Were quotes or proposals solicited? Yes  
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S2368, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/23/2023 Anticipated re-bid date: 03/01/2027

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 1999, by various agencies, services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	10/22/2024 13:37:50 PM
Division Approval	jkidd	10/24/2024 13:23:52 PM
Department Approval	jkidd	10/24/2024 13:23:55 PM
Contract Manager Approval	ssands	11/06/2024 10:37:09 AM
Budget Analyst Approval	klay0	11/20/2024 11:10:03 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29929**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SIERRA CONTROLS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>SIERRA CONTROLS, LLC</b>
Appropriation Unit: <b>1366-04</b>	Address: <b>5470 LOUIE LN., STE. 104</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-1860</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Andrew Ward 775/236-3350</b>
	Vendor No.: <b>PUR0002695</b>
	NV Business ID: <b>NV20121732336</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Raw Water Sales</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **206 days**

4. Type of contract: **Contract**

Contract description: **SCADA maintenance**

5. Purpose of contract:

**This is a new contract to provide a Star Link system and preventative maintenance to the Supervisory Control and Data Acquisition System at Marlette.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,312.50**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance services must be completed due to wear and tear. Preventive maintenance prevents breakdowns and extends the life of the equipment which minimizes cost.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower to facilitate this service.

9. Were quotes or proposals solicited? **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):

sierra controls

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 240708**

**Approval Date: 07/23/2024**

c. Why was this contractor chosen in preference to other?

Sierra Controls is the authorize vendor, has extensive knowledge of the system and provides preventative maintenance for the Marlette Supervisory Control and Data Acquisition System.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Seirra Controls has been a vendor to various agencies since 2010 and the agency is satisfied with their work.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Blake Gudmundson, Water System Manager Ph: 775-687-1022

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	10/28/2024 09:31:09 AM
Division Approval	jkidd	10/28/2024 14:38:08 PM
Department Approval	jkidd	10/28/2024 14:38:11 PM
Contract Manager Approval	bhow1	11/04/2024 07:51:35 AM
EITS Approval	tgalluzi	11/04/2024 17:06:14 PM
Budget Analyst Approval	klay0	12/05/2024 10:20:45 AM





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	240708 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	SPWD Buildings and Grounds Marlette Lake Water System	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Shiyann Living, Program Officer I	702-486-5360	sliving@admin.nv.gov
	Blake Gudmundson, Water Systems Manager Sue Sands, Program Officer II	775-687-1022 775-531-3173	bgudmundson@admin.nv.gov sasands@admin.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	Sierra Controls
	Contact Name:	Andrew Ward
	<b>Complete Address:</b> City, State, and Zip Code	5470 Louie Lane, Suite 104, Reno, NV 89511
	Telephone Number:	775-236-3350
Email Address:	andreww@sierracontrols.com	

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X
	Professional Service Exemption:	

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#		

1e	<b>Term:</b>				
	One (1) Time Purchase? Check One:	Yes:		No:	
	Contract:	Start Date:	8/1/2024	End Date:	7/31/2028

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	

Resub 07/16/24

Grant Funds:	
Other (Explain):	100% raw water sales

Purchasing Use Only:	
Approval #:	240708 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$153,547.50

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>Sierra Controls will provide annual inspection of RTU sites and instruments. Annual preventative maintenance to the HMI computer. Provide starlink internet, remote access, database backups, data sharing with other agencies specified by B&amp;G via secure data sharing tunnels, software support and professional services support. Sierra Controls is the authorized vendor that provides the SCADA system, they have been with the system since inception of the controls.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>Sierra Controls is the authorize vendor, has extensive knowledge of the system and provides preventative maintenance for the Marlette SCADA system.</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 SCADA system is only provided by Sierra Controls. They are the only vendor to maintain and upgrade the system.</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>			

Purchasing Use Only:

Approval #:

240705 @

	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 <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i></p>					X		
6	a. <i>If yes, starting with the most <b>recent contract</b> and working backward, for the <b>entire relationship with this vendor, or any other vendor</b> for these services/services with goods, the following information must be provided along with the <b>CETS contract number(s)</b> associated with each:</i>							
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #		
	Start Date	End Date						
	6/12/2018	6/30/2024	\$115,800	Maintenance		19918		
	12/15/2016	11/30/2017	\$48,360	Maintenance		18294		
	11/13/2012	12/1/2016	\$150,144	Maintenance		13851		
	11/2013	9/30/2016	\$93,844	SCADA Preventative Maintenance	Waiver 120901			
	7/1/2014	9/30/2016	\$16,300	Amend One-ubiquiti networks	Waiver 120901A			

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?	
	<p><i>The potential consequences if this waiver request is denied would be catastrophic to the whole SCADA system as Sierra Controls are the only authorized vendor to maintain the system.</i></p>	

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?	
	<p><i>Sierra Controls is the only authorized vendor for the SCADA system for the Marlette Lake Water Systems.</i></p>	

9	Will this purchase obligate the State to this vendor for future purchases? Check One:					Yes	No
	<p><i><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></i></p>					X	
a. <i>If yes, please provide details regarding future obligations or needs.</i>							

*Future upgrades and services will be needed to the SCADA systems to keep the systems functioning properly.*

*Purchasing Use Only:*  
Approval #: 210708(C)

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.

*Shiyann Living*  
Shiyann Living (Jul 10, 2024 14:37 PDT)  
Signature of Agency Representative Initiating Request

Shiyann Living Jul 12, 2024  
Print Name of Agency Representative Initiating Request Date

*Michele Killian*  
Signature of Agency Head Authorizing Request

Michele Killian Jul 15, 2024  
Print Name of Agency Head Authorizing Request Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review  
Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE:** *If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.*

#240708 (C)

Approved by:



\_\_\_\_\_  
Administrator, Purchasing Division or Designee

7/23/24

\_\_\_\_\_  
Date

Page 5 of 5  
(C)

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>29154</b>	Amendment Number: <b>1</b>	
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HERSHENOW &amp; KLIPPENSTEIN H&amp;K ARCHITECTS, INC.</b>	Contractor Name: <b>HERSHENOW &amp; KLIPPENSTEIN H&amp;K ARCHITECTS, INC.</b>
Agency Code: <b>082</b>	Address: <b>5485 RENO CORPORATE DR., STE. 100</b>	
Appropriation Unit: <b>1577-69</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>775-332-6640</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T80984709</b>	
	NV Business ID: <b>NV19941047730</b>	
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2027</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116553

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2024**  
 Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **2 years and 335 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architecture/engineering services for the Nevada Army National Guard Harry Reid Training Center - Ground Support Equipment Shop CIP Project: CIP Project No. 23-C09; SPWD Contract No. 116553. This amendment increases the maximum amount from \$41,462 to \$53,462 due to additional structural observation services not part of the current agreement.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$41,462.00	\$41,462.00	\$41,462.00	Yes - Info
2. Amount of current amendment (#1):	\$12,000.00	\$12,000.00	\$53,462.00	Yes - Info
3. New maximum contract amount:	\$53,462.00			

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/12/2024 15:32:43 PM
Division Approval	nmann	11/12/2024 15:32:48 PM
Department Approval	nmann	11/12/2024 15:32:52 PM
Contract Manager Approval	lwildes	11/13/2024 07:16:04 AM
Budget Analyst Approval	klay0	11/20/2024 10:30:59 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: **29953**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SHAW ENGINEERING, LTD.</b>
Agency Code: <b>082</b>	Contractor Name: <b>SHAW ENGINEERING, LTD.</b>
Appropriation Unit: <b>1591-41</b>	Address: <b>20 VINE ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89503-5520</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-5559</b>
	Vendor No.: <b>T27036374</b>
	NV Business ID: <b>NV19951060977</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116533

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/06/2024**  
Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **205 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 Gallagher Fish Hatchery and Spring Creek Rearing Station - Construct Water Wells and Water Systems (Various Fish Hatchery Sites) CIP Project to include structural, electrical, and civil design services, as well as design development, construction documents, and bid services to complete the replacement of the water distribution system and fire suppression equipment, water well, and storage tank: CIP Project No. 21-M08; SPWD Contract No. 116533.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP 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:

TJ Dobson, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/20/2024 14:30:43 PM
Division Approval	nmann	11/20/2024 14:30:46 PM
Department Approval	nmann	11/20/2024 14:30:49 PM
Contract Manager Approval	lwildes	11/25/2024 08:26:54 AM
Budget Analyst Approval	klay0	12/06/2024 16:34:34 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25036</b>	Amendment Number: <b>3</b>	
	Legal Entity Name: <b>IMEG CONSULTANTS CORPORATION</b>	
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Contractor Name: <b>IMEG CONSULTANTS CORPORATION</b>	
Agency Code: <b>082</b>	Address: <b>4599 LONGLEY LANE</b>	
Appropriation Unit: <b>1594-20</b>	City/State/Zip: <b>RENO, NV 89502</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>775-828-4889</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29044530A</b>	
	NV Business ID: <b>NV20232702085</b>	

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

Agency Reference #: 114491

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
 Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles - Carson City Campus Exterior Electrical Service Entrance Replacement CIP Project: CIP project No. 21-M29; SPWD Contract No. 114491. This amendment increases the maximum amount from \$128,625 to \$140,425 due to the additional design and construction services needed relating to the water runoff adjacent to the new electrical switchgear.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$47,500.00	\$47,500.00	\$47,500.00	Yes - Info
a. Amendment 1:	\$9,125.00	\$9,125.00	\$56,625.00	No
b. Amendment 2:	\$72,000.00	\$81,125.00	\$128,625.00	Yes - Action
2. Amount of current amendment (#3):	\$11,800.00	\$11,800.00	\$11,800.00	Yes - Info
3. New maximum contract amount:	\$140,425.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/14/2024 10:38:00 AM
Division Approval	nmann	11/14/2024 10:38:03 AM
Department Approval	nmann	11/14/2024 10:38:07 AM

Contract Manager Approval  
Budget Analyst Approval

lwildes  
klay0

11/14/2024 15:09:11 PM  
11/20/2024 11:38:13 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: **28840** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK**

Agency Code: **082** Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK**

Appropriation Unit: **1594-26** Address: **314 S. WATER ST.**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015-7311**

If "No" please explain: **Not Applicable** Contact/Phone: **775-827-2949**

Vendor No.: **T80883470**

NV Business ID: **NV20212004081**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116357

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 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 110 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architecture/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project No. 23-C03; SPWD Contract No. 116357. This amendment increases the maximum amount from \$648,260 to \$663,580 due to de-watering coordination scope with Carson City Public Works and an alternative conceptual design.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$590,940.00	\$590,940.00	\$590,940.00	Yes - Action
a. Amendment 1:	\$16,900.00	\$16,900.00	\$16,900.00	Yes - Info
b. Amendment 2:	\$40,420.00	\$40,420.00	\$57,320.00	Yes - Info
2. Amount of current amendment (#3):	\$15,320.00	\$15,320.00	\$72,640.00	Yes - Info
3. New maximum contract amount:	\$663,580.00			

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/05/2024 12:12:43 PM
Division Approval	nmann	12/05/2024 12:12:47 PM
Department Approval	nmann	12/05/2024 12:12:54 PM
Contract Manager Approval	lwildes	12/12/2024 10:46:03 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>25740</b>	Amendment Number: <b>3</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>241 W.CHARLESTON BLVD., STE. 107</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 2941, expenditure category 15, Construction Planning & Admin.	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: **114678**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2022**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 80 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architectural/engineering services for the Nevada State Museum - Boulder City Railroad Museum Visitor Center Advance Planning CIP Project: CIP Project No. 22-A007-01; SPWD Contract No. 114678. This amendment increases the maximum amount from \$1,159,615 to \$1,169,615 due to the addition of cultural consultation services to engage Paiute Tribal cultural leaders to develop content and stories for the museum interpretive panels exhibits.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,106,965.00	\$1,106,965.00	\$1,106,965.00	Yes - Action
a. Amendment 1:	\$21,750.00	\$21,750.00	\$21,750.00	Yes - Info
b. Amendment 2:	\$30,900.00	\$30,900.00	\$52,650.00	Yes - Info
2. Amount of current amendment (#3):	\$10,000.00	\$10,000.00	\$62,650.00	Yes - Info



3. New maximum contract amount: \$1,169,615.00

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:

Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: Professional Service (As defined in NAC 333.150)

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/20/2024 12:01:32 PM
Division Approval	nmann	11/20/2024 12:01:36 PM
Department Approval	nmann	11/20/2024 12:01:40 PM
Contract Manager Approval	lwildes	11/22/2024 07:35:19 AM
Budget Analyst Approval	klay0	12/09/2024 15:50:58 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: **29948**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WOOD RODGERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>WOOD RODGERS, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1361 CORPORATE BLVD.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: <b>775-823-4068</b>
	Vendor No.: <b>T29006428A</b>
	NV Business ID: <b>NV20031304987</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: **117234**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2029**

Contract term: **4 years and 303 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard, Aircraft Apron Pavement Maintenance CIP Project to include final bid documents, bid support services, and construction administration services for the Portland Cement Concrete Pavement repairs and panel replacements on the aircraft parking apron: CIP Project No. 25-A010; SPWD Contract No. 117234.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,700.00**

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 - Nevada Air National Guard (NVANG)- Reno

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	11/20/2024 13:46:47 PM
Division Approval	nmann	11/20/2024 13:46:49 PM
Department Approval	nmann	11/20/2024 13:46:51 PM
Contract Manager Approval	lwildes	11/20/2024 13:59:16 PM
Budget Analyst Approval	klay0	12/01/2024 13:52:09 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30050**

Agency Name: <b>OFFICE OF FEDERAL ASSISTANCE-GRANTS OFFICE</b>	Legal Entity Name: <b>FELDESMAN LEIFER LLP</b>
Agency Code: <b>088</b>	Contractor Name: <b>FELDESMAN LEIFER LLP</b>
Appropriation Unit: <b>1341-10</b>	Address: <b>1129 20TH ST NW SUITE 400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WASHINGTON, DC 20036</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bethany Spencer 202-293-8103</b>
	Vendor No.: <b>T29049888</b>
	NV Business ID: <b>NV20243249756</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date **12/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **200 days**

4. Type of contract: **Contract**

Contract description: **Grant Training**

5. Purpose of contract:

**This is a new contract to provide federal grant management and uniform guidance updates for tribes and tribal organizations training.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,700.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This procurement is critical to ensure compliance with the recent changes in federal regulations, meet immediate training needs, and address the expertise required for state and tribal entities and other stakeholders managing federal grants.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of expertise**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tday2	12/06/2024 10:12:06 AM
Division Approval	jkidd	12/06/2024 12:08:15 PM
Department Approval	jkidd	12/06/2024 12:08:18 PM
Contract Manager Approval	ssands	12/06/2024 13:23:37 PM
Budget Analyst Approval	spowel3	12/11/2024 14:47:08 PM



**STATE OF NEVADA**  
**GOVERNOR'S FINANCE OFFICE**  
**Office of Federal Assistance**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.ofa.nv.gov](http://www.ofa.nv.gov) | Fax: (775) 684-0260

**To:** Board of Examiners Board Clerk

**From:** A'Keia Sanders, Director  
Nevada Governor's Office of Federal Assistance

**Date:** November 20, 2024

**RE: Justification for Procuring Feldesman Leifer LLP for Statewide Training**

The purpose of this letter is to justify the selection of Feldesman Leifer LLP (Feldesman) to conduct a state mandated statewide training for the State of Nevada on updates to the Uniform Guidance under 2 CFR 200 and federal grant management. This procurement is critical to ensure compliance with the recent changes in federal regulations, meet immediate training needs, and address the expertise required for state and tribal entities and other stakeholders managing federal grants.

Per SAM 0315 section C there are situations where training is unique or specific to the point that competition is not always practicable. This procurement meets the criteria due to the following:

- (1) Uniqueness of Training and Expertise: Feldesman is nationally recognized for its legal and compliance work with federal grantees, boasting over 50 years of experience in federal grant regulations and management. Their in-depth understanding of Uniform Guidance updates and their ability to tailor training to state-specific needs ensures Nevada receives accurate, relevant, and actionable guidance. Their familiarity with federal grant processes provides unique insights essential to navigating the changes under 2 CFR 200.
- (2) Immediate Need: The recent changes to Uniform Guidance necessitate immediate action to ensure compliance. Delaying training could expose Nevada to compliance risks, including potential findings during federal audits. Feldesman has proposed a training schedule that aligns with the state's urgent needs, ensuring timely education for both state employees and tribal organizations.
- (3) Comprehensive, Tailored Training: The training scope outlined by Feldesman includes interactive sessions, tailored content, and opportunities for participants to address specific compliance concerns. The customization ensures the training directly meets Nevada's

needs, fulfilling the state's responsibility under 2 CFR 200.331 to ensure proper oversight and management of federal funds.

- (4) Cost and Value: The proposed flat fee covers development, delivery, and follow-up support, representing a comprehensive and cost-effective solution for a critical statewide initiative. The expertise offered at this price ensures compliance and mitigates future costs associated with regulatory non-compliance.

As the Single Point of Contact (SPoC) for federal grants, the Governor's Office of Federal Assistance (OFA) is tasked with ensuring Nevada's adherence to federal regulations. This training directly supports the office's mission to maximize federal funds while maintaining compliance with regulatory updates. Feldesman's experience aligns seamlessly with these goals.

While SAM requires competition or appropriate justification for noncompetitive purchases, Feldesman's specialized expertise and the urgency of the regulatory changes make competitive procurement impracticable in this instance. This noncompetitive procurement recommendations align with SAM 0315C as:

- The training content is highly specific and tailored to meet Nevada's needs;
- Competition is impracticable due to the unique expertise required and time-sensitive nature of the need; and
- Feldesman's established reputation ensures compliance with federal requirements and Nevada's procurement standards.

The OFA respectfully requests the approval to contract with Feldesman Leifer LLP without delay to ensure the State of Nevada meets its federal compliance obligations and equips statewide staff and its partners with the necessary knowledge and tools to manage federal grants effectively.

Sincerely,

*A'Keia Sanders*

**A'Keia Sanders**

**Director**

Nevada Governor's Office of Federal Assistance



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29907**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>WHEREABOUT LLC</b>
Agency Code: <b>101</b>	Contractor Name: <b>WHEREABOUT LLC</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>1510 SW ALDER ST APT. 1507</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PORTLAND, OR 97205</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MATTHEW LANDKAMER 206-349-5948</b>
	Vendor No.: <b>TBD</b>
	NV Business ID: <b>NV20243209377</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % LODGING TAX REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/18/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **1 year and 43 days**

4. Type of contract: **Contract**

Contract description: **Strategic Planning**

5. Purpose of contract:

**This is a new contract to provide ongoing strategic planning services improving the planning process, quality, relevance, and effectiveness of a comprehensive long-term strategy for Travel Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Each department division requires a strategic plan. With changes to leadership and organizational structure, the timing requires a third-party approach to strategic planning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Engaging a consultant with specialized expertise in strategic planning will ensure that Travel Nevada develops a comprehensive and effective long-term strategy. A seasoned consultant brings valuable insights, best practices, and a fresh perspective to the planning process, enhancing the quality and relevance of the strategic plan.

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):

HEART & MIND  
MMGY/NEXT FACTOR  
LANDKAMER CONSULTING, LLC DBA WHEREABOUT  
CORAGGIO GROUP

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor scored highest after an evaluation committee reviewed and scored the respondents to the RFP.

d. Last bid date: 08/21/2024 Anticipated re-bid date: 08/31/2028

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Foreign Limited Liability Company

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	10/18/2024 13:09:40 PM
Division Approval	amathies	10/18/2024 13:09:43 PM
Department Approval	amathies	10/18/2024 13:09:46 PM
Contract Manager Approval	amathies	10/31/2024 13:40:24 PM
Budget Analyst Approval	nhovden	11/18/2024 17:06:14 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29925**

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 Foundation, Inc.  
Contractor Name: **Nevada Public Health Foundation, Inc.**  
Address: **3476 Executive Pointe Way Suite 10**  
City/State/Zip: **Carson City, NV 89706**  
Contact/Phone: Natalie Gautereaux 775-884-0392  
Vendor No.: T81018059  
NV Business ID: NV19961104052

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/02/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **209 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Conference**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing and education services. This service agreement provides event planning services and facilitation for the department's annual conference.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,609.83**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the conference is to satisfy the requirements of the Davis stipulated judgment to provide a systematic and comprehensive training; to Nevada's criminal defense providers. The attendees will be indigent defense providers from throughout the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

lack of expertise

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 is party to statewide contract 99SWC-NV23-17896.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	10/24/2024 16:07:20 PM
Division Approval	jkidd	11/13/2024 09:52:11 AM
Department Approval	jkidd	11/13/2024 09:52:14 AM
Contract Manager Approval	ssands	12/02/2024 13:51:39 PM
Budget Analyst Approval	vmilazz1	12/02/2024 17:46:18 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26434</b>	Amendment Number: <b>2</b>
Agency Name: <b>INDIGENT DEFENSE</b>	Legal Entity Name: <b>P.S. TECHNOLOGIES, INC.</b>
Agency Code: <b>111</b>	Contractor Name: <b>P.S. TECHNOLOGIES, INC.</b>
Appropriation Unit: <b>1008-14</b>	Address: <b>PO Box 221154</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Chicago, IL 60622-1154</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>IV ASHTON 773-782-1021</b>
	Vendor No.: <b>T32009884</b>
	NV Business ID: <b>NV20201807145</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2028**

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.

<b>X</b>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/05/2022**  
 Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2027**

Contract term: **5 years and 149 days**

4. Type of contract: **Contract**

Contract description: **LegalServer Subscrip**

5. Purpose of contract:

**This is the second amendment to the original contract which provides subscription services for LegalServer software. This amendment will increase the maximum amount from \$143,017 to \$154,717 due to a billing module activation.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
a. Amendment 1:	\$98,017.00	\$98,017.00	\$143,017.00	Yes - Action
2. Amount of current amendment (#2):	\$11,700.00	\$11,700.00	\$11,700.00	Yes - Info
3. New maximum contract amount:	\$154,717.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board on Indigent Defense Services Regulations and the Davis Stipulated Consent Judgment require the collection of indigent defense data. The subscription agreement to LegalServer allows the Department to provide a case management system to indigent defense providers so that they may input the required information.

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 technological experience to independently provide a case management system for data collection.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 220608**

**Approval Date: 06/21/2022**

c. Why was this contractor chosen in preference to other?

Only LegalServer is able to perform the update of the NOC Codes. No other vendor has access to the LegalServer system.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

9/8/2020-12/31/2021, Department of Indigent Defense Services, Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	dcarlso4	09/06/2024 14:36:44 PM
Division Approval	jkidd	09/09/2024 15:11:09 PM
Department Approval	jkidd	09/09/2024 15:12:28 PM
Contract Manager Approval	ssands	11/07/2024 14:36:38 PM

EITS Approval  
Budget Analyst Approval

ljean  
vmilazz1

11/08/2024 07:17:00 AM  
11/26/2024 13:52:17 PM

Joe Lombardo  
Governor



#501 (2)

Jack Robb  
Director  
Matthew Tuma  
Deputy Director  
Timothy Galluzi  
State CIO/Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Marcie Ryba, Executive Director, DIDS  
Peter Dingee, IT Manager I, EITS, DOA  
Jaime Hamtak, Management Analyst II, DIDS

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DIDS – TIN 136 – *LegalServer* – Update A – BA 1008

**DATE:** May 24, 2023

We have completed our review for the Department of Indigent Defense Services' (DIDS) – *LegalServer* – TIN 136, Update A.

The submitted TIN update, for an estimated value of \$34,800.00 in the FY22/FY23 biennium, \$41,541.00 in the FY24/FY25 biennium, and an additional \$50,476.00 for the FY26/FY27 biennium (100% General Fund), is to update cost information for the continued use of *LegalServer* to collect required time and caseload data that will be used to create weighted caseload recommendations.

*LegalServer* is designed to streamline the process of case management, allowing lawyers and legal aid workers to handle their caseloads and provide better services to their clients more effectively. It has been widely adopted in the legal aid community due to its flexibility, as it can be customized to meet the unique needs of different organizations.

The adoption of *LegalServer* is necessary to effectively advocate for indigent defense representation and workload creation. Also, it helps policymakers to gauge workloads and ensure there are no economic disincentives or impairments of defense attorneys to provide effective representation under NRS



# 501 (c)

180.320(2)(a).

While LegalServer is a reputable software provider that employs numerous strategies to mitigate common risks, regular audits and assessments of the system can help identify and address potential risks and ensure continued compliance with applicable regulations.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify BITS 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: **30000**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Healthcare Services Group, Inc.</b>
Agency Code: <b>240</b>	Contractor Name: <b>Healthcare Services Group, Inc.</b>
Appropriation Unit: <b>2560-15</b>	Address: <b>3220 Tillman Drive Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Bensalem, PA 19020</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rachel Kinney 859-588-0156</b>
	Vendor No.: <b>T29031941</b>
	NV Business ID: <b>NV20021482015</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>48.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>52.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/25/2024**  
 Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2028**  
 Contract term: **4 years and 6 days**

4. Type of contract: **Contract**  
 Contract description: **Janitorial Services**

5. Purpose of contract:  
**This is a new contract to provide ongoing janitorial services at southern Nevada Veteran's Memorial Ceremony.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$77,085.72**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Buildings at the Southern Cemetery need to be maintained, cleaned, and stocked to provide clean facilities for services provided to veteran community.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State staff do not have training, experience, or equipment 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):  
**Vanguard Cleaning  
 System 4 Cleaning  
 Healthcare Services Group**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has previously been engaged with NDVS and services provided were 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:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	11/15/2024 07:54:57 AM
Division Approval	jtheil1	11/15/2024 07:55:01 AM
Department Approval	jtheil1	11/15/2024 07:55:03 AM
Contract Manager Approval	jclodfel	11/15/2024 08:07:05 AM
Budget Analyst Approval	spowel3	11/25/2024 11:07:08 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30035**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Allegion Access Technologies LLC</b>
Agency Code: <b>240</b>	Contractor Name: <b>Allegion Access Technologies LLC</b>
Appropriation Unit: <b>2561-07</b>	Address: <b>5565 S. Decatur Blvd. Ste 103</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Deborah Pryor 702-769-5043</b>
	Vendor No.: <b>T32013639</b>
	NV Business ID: <b>NV20151697666</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2028**

Contract term: **3 years and 293 days**

4. Type of contract: **Contract**

Contract description: **Door Repair**

5. Purpose of contract:

**This is a new contract to provide installation, repair, and maintenance for all power operated doors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,600.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The power operated doors throughout the facility have repair and replacement needs to operate correctly.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Our staff does not have the training, or tools to complete the work for the power operated doors.**

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):

**Vortex Doors  
Allegion Access  
Stanley Doors**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 09/02/2024 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:

Contractor has previously been engaged by NDVS in FY 23 and FY24 and services provided were satisfactory.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Foreign Limited-Liability Company**

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada 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	12/03/2024 10:37:03 AM
Division Approval	jtheil1	12/03/2024 10:37:07 AM
Department Approval	jtheil1	12/03/2024 10:37:12 AM
Contract Manager Approval	jclodfel	12/04/2024 07:43:48 AM
Budget Analyst Approval	spowel3	12/11/2024 13:14:54 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29999**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	RAI Auto Investments Inc.
Agency Code:	<b>240</b>	Contractor Name:	<b>RAI Auto Investments Inc.</b>
Appropriation Unit:	<b>2561-04</b>	Address:	<b>DBA Meineke 1400 Boulder City Prkw. Boulder City, NV 89005</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boulder City, NV 89005</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Kevin Hicks 702-296-3320
		Vendor No.:	T29045867
		NV Business ID:	NV20131152645

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % County/Private</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/22/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2026**

Contract term: **1 year and 342 days**

4. Type of contract: **Contract**

Contract description: **Vehicle Repair**

5. Purpose of contract:

**This is a new contract to provide ongoing preventative vehicle maintenance and repair services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,890.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Vehicles require preventive maintenance and occasional repair to keep them in operating condition.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State Employees are not trained or equipped for 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):

**Ralph's Tires  
Bridgestone  
First Choice Auto  
RAI Auto Investments**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 09/09/2024 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:

Yes, contractor has previously been engaged with NDVS, and 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:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	11/15/2024 07:46:16 AM
Division Approval	jtheil1	11/15/2024 07:46:19 AM
Department Approval	jtheil1	11/15/2024 07:46:22 AM
Contract Manager Approval	jclodfel	11/15/2024 08:01:27 AM
Budget Analyst Approval	spowel3	11/22/2024 15:48:20 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: **30026**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Alignment Metalworks</b>
Agency Code: <b>240</b>	Contractor Name: <b>Alignment Metalworks</b>
Appropriation Unit: <b>2569-13</b>	Address: <b>5301 Longley Suite C99</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jonathan Compton 775-229-1968</b>
	Vendor No.:
	NV Business ID: <b>NV20181717891</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2025**

Contract term: **177 days**

4. Type of contract: **Contract**

Contract description: **Metal Laser Panels**

5. Purpose of contract:

**This is a new contract to provide fabrication and installation of metal laser cut panels for outdoor visitation area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,264.46**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a portion of our ARPA project for providing an enhanced outdoor visitation area for residents and their families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work requires specific equipment and tools to complete which the state does not have.

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):

Decorative Fence  
Alignment Metalworks  
Wade Metalworks  
Protofab Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 10/01/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	11/25/2024 07:55:23 AM
Division Approval	jtheil1	11/25/2024 07:55:25 AM
Department Approval	jtheil1	11/25/2024 07:55:29 AM
Contract Manager Approval	jclodfel	11/25/2024 16:40:45 PM
Budget Analyst Approval	spowel3	12/04/2024 14:30:30 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **30002**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Leo's Awnings and Interiors LLC</b>
Agency Code: <b>240</b>	Contractor Name: <b>Leo's Awnings and Interiors LLC</b>
Appropriation Unit: <b>2569-13</b>	Address: <b>270 Sells St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Grace McNeil 775-825-9595</b>
	Vendor No.:
	NV Business ID: <b>NV20201818344</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/27/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/30/2025**

Contract term: **183 days**

4. Type of contract: **Contract**

Contract description: **Awnings**

5. Purpose of contract:

**This is a new contract to provide installation of patio awnings.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,600.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is part of the outdoor visitation area being enhanced for veterans and their families. This will provide shade to outdoor areas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills, or equipment to produce these structures.

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):

Leo's Awnings  
Eikelberger Awning and Drapery  
Fire Sky Outdoor

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 10/14/2024 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:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	11/15/2024 07:15:20 AM
Division Approval	jtheil1	11/15/2024 07:15:23 AM
Department Approval	jtheil1	11/15/2024 07:15:29 AM
Contract Manager Approval	jclodfel	11/21/2024 08:50:11 AM
Budget Analyst Approval	spowel3	11/27/2024 11:16:24 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: **30053**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: Schumacher & Schumacher
Agency Code: <b>240</b>	Contractor Name: <b>Schumacher &amp; Schumacher</b>
Appropriation Unit: <b>2569-13</b>	Address: <b>DBA Legends Landscaping 324 S 18th St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89431</b>
If "No" please explain: Not Applicable	Contact/Phone: Carrie Cowan 775-829-2468
	Vendor No.: T32008656
	NV Business ID: NV19921019792

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2025**

Contract term: **170 days**

4. Type of contract: **Contract**

Contract description: **Outdoor Elec/light**

5. Purpose of contract:

**This is a new contract to provide installation of electrical components and lighting in outdoor visitation area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,945.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This provides for installation of necessary electrical infrastructure and installation of lighting in outdoor visitation area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency staff do not have tools, and training to complete 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):

Garden Shop  
Moana Nursery  
Schumacher & Schuhmacher Incorporated

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333.300(3)(a), agencies should solicit at least three persons to ensure the lowest, most responsible vendors for services are procured. Lowest cost vendor was selected for these services.

d. Last bid date: 11/04/2024 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:

Yes company has been engaged by Nevada Department of Veterans Services in 2015, and 2020 and work has been verified to be satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	12/06/2024 07:14:55 AM
Division Approval	jtheil1	12/06/2024 07:14:57 AM
Department Approval	jtheil1	12/06/2024 07:15:01 AM
Contract Manager Approval	jclodfel	12/06/2024 07:46:43 AM
Budget Analyst Approval	spowel3	12/11/2024 09:17:34 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29706**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>MIDAS EDUCATION, LLC</b>
Agency Code: <b>300</b>	Contractor Name: <b>MIDAS EDUCATION, LLC</b>
Appropriation Unit: <b>2709-22</b>	Address: <b>954 Dove Tail Lane NW #4</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Bainbridge Island, WA 98033-9811</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eric Merchant 971-219-0348</b>
	Vendor No.: <b>T32009480</b>
	NV Business ID: <b>NV20191666116</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2028**

Contract term: **3 years and 223 days**

4. Type of contract: **Contract**

Contract description: **CCDF Desktop Monitor**

5. Purpose of contract:

**This is a new contract to provide ongoing desktop monitoring tools to manage the Child Care and Development Fund block grant.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the state

#### II. JUSTIFICATION

7. What conditions require that this work be done?

the tool is a requirement mandated by the Administration for Children and Families for the Child Care and Development Fund block grant. Compliance with this requirement is essential for maintaining funding and ensuring the effective monitoring and administration of the grant. The tool facilitates proper documentation, oversight, and management, which are critical for meeting federal regulations and standards set by the Administration for Children and Families. By implementing this tool, we ensure that our operations align with the mandated guidelines, thereby securing continued support and funding from the Child Care and Development Fund block grant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Education does not have the staff or system in place to complete the work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

similarweb  
ActivTrak  
Midas education

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Chosen Vendor was the only vendor to reply to the informal solicitation.

d. Last bid date: 10/02/2024 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:

Active contract 26819 Expired contract: 22881 satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	smill22	08/23/2024 12:04:40 PM
Division Approval	carnol1	08/23/2024 12:07:50 PM
Department Approval	carnol1	08/23/2024 12:07:53 PM
Contract Manager Approval	khoy1	10/18/2024 09:43:35 AM
Budget Analyst Approval	vfajota	11/19/2024 09:08:14 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: **28807** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **SOCIAL ENTREPRENEURS, INC.**

Agency Code: **402** Contractor Name: **SOCIAL ENTREPRENEURS, INC.**

Appropriation Unit: **3282-61** Address: **6548 S MCCARRAN BLVD STE B**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-6150**

If "No" please explain: **Not Applicable** Contact/Phone: **KELLY MARSCHALL 775-324-4567**

Vendor No.: **T27004599**

NV Business ID: **NV19961250456**

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2024**

Termination Date:

Contract term: **1 year and 229 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **SEI -Paul Greenwood**

5. Purpose of contract:

**This is the first amendment to the original service agreement under statewide contract 99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides the facilitation of consultation services to establish and maintain a Vulnerable Adult Fatality Review Team in support of Assembly Bill 119 passed during the 2023 Legislative Session. This amendment extends the termination date from December 31, 2024 to September 30, 2025 and increases the maximum amount from \$28,250 to \$67,830 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:	\$28,250.00	\$28,250.00	\$28,250.00	Yes - Info
2. Amount of current amendment (#1):	\$39,580.00	\$39,580.00	\$67,830.00	Yes - Info
3. New maximum contract amount:	\$67,830.00			
and/or the termination date of the original contract has changed to:	09/30/2025			

#### II. JUSTIFICATION

7. What conditions require that this work be done?



Aging and Disability Services Division (ADSD), Adult Protective Services (APS) receives and investigates statewide reports of abuse, neglect, self-neglect, exploitation, isolation and abandonment for vulnerable persons, age 18-59, in addition to persons 60 years and older, collectively referred to as vulnerable adults. During the 2023 legislative session, Assembly Bill 119 passed, requiring the establishment of the Vulnerable Adult Fatality Review Committee. APS is utilizing a subject matter expert in this field, Paul Greenwood, to assist with establishing and maintaining a Vulnerable Adult Fatality Review Team. Mr. Greenwood is a retired San Diego District Attorney (DA) with twenty-two years of experience heading up the Elder Abuse Prosecution Unit at the San Diego DA's Office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not subject matters experts on vulnerable adult fatalities and are utilizing a state service agreement for this.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

MSA RFP 99SWC-S2340

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHHS - since 2019 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	10/11/2024 10:09:01 AM
Division Approval	tric1	10/14/2024 10:06:52 AM
Department Approval	dschmid5	10/21/2024 10:18:53 AM
Contract Manager Approval	maceved1	10/21/2024 11:34:30 AM
Budget Analyst Approval	khal5	11/21/2024 07:58:14 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: **29795**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	NEVADA BROADCASTERS ASSOCIATION
Agency Code:	<b>406</b>	Contractor Name:	<b>NEVADA BROADCASTERS ASSOCIATION</b>
Appropriation Unit:	<b>3170-28</b>	Address:	<b>8985 S EASTERN AVE STE 205</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89123</b>
If "No" please explain:	Not Applicable		
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2026</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	C18425		
Contact/Phone:	Eric Bonnici 702-494-4994		
Vendor No.:	T80990324A		
NV Business ID:	NV19941133658		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2024**  
Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **312 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Announcements**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV24-20767 which provides non-commercial sustaining announcements. This service agreement provides a twelve-month outreach campaign that markets and promotes the dangers of cannabis use during pregnancy.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new State Wide contract for Nevada Broadcasters Association Statewide Contract #: 99SWC-NV24-20767 to provide television and radio broadcasting of a campaign to raise awareness regarding the harms of cannabis use while pregnant and breastfeeding.

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 needed to broadcast the message.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State Wide contract  
Nevada Broadcasters Association Statewide Contract  
#: 99SWC-NV24-20767

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is a statewide contractor. Satisfactory performance under prior contracts.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	dcastro	10/17/2024 12:35:44 PM
Division Approval	dcastro	10/17/2024 12:35:47 PM
Department Approval	dcastro	10/17/2024 12:35:49 PM
Contract Manager Approval	ijanssen	10/30/2024 11:24:35 AM
Budget Analyst Approval	dlenzner	11/21/2024 14:27:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29851**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Social Entrepreneurs, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>SOCIAL ENTREPRENEURS, INC.</b>
Appropriation Unit: <b>3170-28</b>	Address: <b>6548 S. MCCARRAN BLVD SUITE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KELLY MARSCHALL 775/324-4567</b>
	Vendor No.: <b>T27004599</b>
	NV Business ID: <b>NV19961250456</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 18426**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **Yes**

If "Yes", please explain

**Staffing Shortage to provide proper oversight of the project.**

3. Termination Date: **09/30/2025**

Contract term: **364 days**

4. Type of contract: **Other (include description): service agreement**

Contract description: **Consulting Services**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing and education services. This service agreement provides consulting services for administrative support to the Perinatal Health Initiative and the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women, PPW-PLT: Empowering Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,470.95**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To address treatment gaps in continuum of care. Services will include strategic planning addressing implementation barriers, decrease gaps in continuum of care, resource development and linkage, improve implementation of CARA plans to develop a network of trained peer recovery support specialists.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower and technical expertise

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-2340 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee under SWC vendor# 99SWC-NV23-17884.

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/30/2027

- 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-NV23-17884; vendor has performed many contracts for DPBH with satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

punctuation

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada 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	10/31/2024 16:49:04 PM
Division Approval	ijanssen	10/31/2024 16:49:07 PM
Department Approval	ijanssen	10/31/2024 16:49:11 PM
Contract Manager Approval	dcastro	11/01/2024 07:20:37 AM
Budget Analyst Approval	cdavis	11/27/2024 07:55:33 AM

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
 **NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH**




Cody Phinney,  
MPH  
Administrator

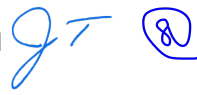
Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical  
Officer

## MEMORANDUM

**DATE:** 10/01/2024

**TO:** John Borrowman, ASO IV  
Division of Public and Behavioral Health

**THROUGH:** Shannon Odermann Bennett/ Health Bureau Chief  
Bureau of Behavioral Health, Wellness, and Prevention (BBHWP) 

**FROM:** Jennifer Tongol, Health Program Manager I 

**SUBJECT:** REQUEST FOR RETROACTIVE APPROVAL Social Entrepreneurs, Inc;

THE PURPOSE OF THIS MEMORANDUM: This memorandum requests that the following subgrant(s) be approved for a retroactive start.

The following information is required:

- Name of Subrecipient: Social Entrepreneurs, Inc.
- Services to be provided: Facilitation for Perinatal Health Initiative Action Plan and Steering Committee for State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT: Empowering Nevada)
- Funding source and expenditure category: BA# 3170 - CAT 28; SABG
- Requested start date of work: October 1, 2024
- Expected execution date of agreement: N/A
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - DPBH staff continue to need more comprehensive training regarding the proper way to draft a service agreement. Delays were caused by the need for technical assistance throughout the process.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: SEI provides ongoing support and facilitation of the Perinatal Health Initiative (PHI). Without their support there will be significant delays in the revision and implementation of the strategic plan for the PHI. This strategic plan includes work on improving screening, brief intervention and referral to treatment in the maternal health field; improving care coordination; and decreasing gaps in the continuum of care for pregnant persons with problematic substance use. SEI also provides ongoing facilitation for the work of the steering committee for the State Pilot Grant Program for Treatment for Pregnant and

Postpartum Women. This committee is a requirement of the pilot grant and is required to meet quarterly. Without a service agreement retroactively approved complying with this requirement meeting may be impossible.

- Explain how the program/bureau will prevent future retroactive requests: Proper deadline tracking will be utilized and proper training for DPBH staff will be provided.

If you have any questions, please contact Abigail Hatefi at (775) 431-7098 or [ahatefi@health.nv.gov](mailto:ahatefi@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: **29881**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Transfactive Language Services LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>Transfactive Language Services LLC</b>
Appropriation Unit: <b>3222-15</b>	Address: <b>304 S. Jones Blvd #5656</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89107</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michelle West 315-215-0918</b>
	Vendor No.: <b>T29045102</b>
	NV Business ID: <b>NV20222371868</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA18435

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/27/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **1 year and 123 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Document Translation**

5. Purpose of contract:

**This is a new Service Agreement under statewide contract #99SWC-NV22-11675 which provides on-site spoken and sign language interpretation, document translation and other related services. This service agreement provides document translation and live audio and video translation of information interviews for the Maternal Mortality Review Committee.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,375.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor will support Maternal, Child, and Adolescent Health Section and efforts through the translation of materials for surveys, brochures, documents, social media campaigns, and other translation services into Spanish, Tagalog, Chinese, and other languages as needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently, no one in the state agency can complete these translations.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide Contract: Transfactive Language Services LLC (99SWC-NV22-11675)

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor: Transfactive Language Services LLC  
Statewide Contract #: 99SWC-NV22-11675

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	msilzell	10/14/2024 17:19:01 PM
Division Approval	msilzell	10/14/2024 17:19:04 PM
Department Approval	ijanssen	11/15/2024 08:33:52 AM
Contract Manager Approval	ijanssen	11/15/2024 08:33:54 AM
Budget Analyst Approval	cdavis	11/27/2024 08:21:53 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: **26050** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **WATERTECH SERVICES**

Agency Code: **409** Contractor Name: **WATERTECH SERVICES**

Appropriation Unit: **3646-07** Address: **2536 KIMBERLY ROAD**

Is budget authority available?: **Yes** City/State/Zip: **TWIN FALLS, ID 83301**

If "No" please explain: **Not Applicable** Contact/Phone: **Todd Woolley 702-275-9033**

Vendor No.: **T27034288**

NV Business ID: **NV19971180207**

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.

<input checked="" type="checkbox"/> General Funds	<b>55.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>45.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2022**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **3 years and 337 days**

4. Type of contract: **Contract**

Contract description: **Water Treatment Svcs**

5. Purpose of contract:

**The is the first amendment to the original contract which provides ongoing water treatment maintenance for the Charleston Campus. This amendment increases the maximum amount from \$24,032 to \$49,999 due to the detection for water quality issues.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,032.00	\$24,032.00	\$24,032.00	Yes - Info
2. Amount of current amendment (#1):	\$25,967.00	\$25,967.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The chiller at Building 17 controls the air conditioning at Desert Willow Treatment Center and the chiller at Building 7 heats the water for the building. It is crucial to maintain proper water treatment to aid in the lifespan of the chiller and its equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No employees have the necessary 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):

AWC  
 Aquaclear  
 Watertech Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor has the lowest monthly rate. Additionally, the selected vendor has prior experience with the chillers on the property.

d. Last bid date: 01/24/2022 Anticipated re-bid date: 01/12/2026

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:

Vendor has been under contract with the Division since 2014. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	10/04/2024 07:59:26 AM
Division Approval	dfrohlic	11/18/2024 09:48:18 AM
Department Approval	mwillia9	11/20/2024 09:48:26 AM
Contract Manager Approval	dfrohlic	11/21/2024 12:01:37 PM
Budget Analyst Approval	pokeefe	11/22/2024 13:46:38 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: **29836**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>AFFINITI STUDIOS (LUONG) PLLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>AFFINITI STUDIOS (LUONG) PLLC</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>6040 South DURANGO DR Suite 110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sara Veehongs 702-296-1087</b>
	Vendor No.: <b>T29047371</b>
	NV Business ID: <b>NV20171098536</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **1 year and 312 days**

4. Type of contract: **Contract**

Contract description: **Feasibility Study**

5. Purpose of contract:

**This is a new contract to provide a feasibility report relocating the electric vehicle charging station at Speedway Readiness Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,400.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide a feasibility report for the main power feed relocation of the existing electric vehicle car chargers. Report will explore possible options.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees to not have the expertise or knowledge to do the report.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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: 09/10/2024 Anticipated re-bid date: 09/24/2024

- 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:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	10/01/2024 12:28:05 PM
Division Approval	csnido1	10/01/2024 12:28:08 PM
Department Approval	ctyle1	10/04/2024 15:01:27 PM
Contract Manager Approval	csnido1	11/05/2024 13:29:38 PM
Budget Analyst Approval	Iramire7	11/21/2024 17:44:42 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: **30011**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>SOPHIA MACIAS</b>
Agency Code: <b>431</b>	Contractor Name: <b>SOPHIA MACIAS</b>
Appropriation Unit: <b>3650-19</b>	Address: <b>1110 CEDAR STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARLIN, NV 89822</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SOPHIA MACIAS 775-934-5026</b>
	Vendor No.: <b>T32010750</b>
	NV Business ID: <b>NV20181182830</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2025**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2026**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Haircut Services**

5. Purpose of contract:

**This is a new contract to provide ongoing haircut services for cadets at the Battle Born Youth Challenge Academy in Carlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,200.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide haircut services for the cadets.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of license to cut hair.

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):

Halo Salon  
Sand & Sagebrush Salon & Spa  
Sophia Macias

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was selected as the lowest bid for the service needed.

d. Last bid date: 10/03/2024 Anticipated re-bid date: 10/16/2024

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has had contracts with the agency in the past, 27064 and 25247. The vendor has done excellent work with the cadets.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7 Business License 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. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	11/18/2024 14:53:20 PM
Division Approval	csnido1	11/18/2024 14:53:23 PM
Department Approval	ctyle1	11/18/2024 15:25:34 PM
Contract Manager Approval	csnido1	11/18/2024 16:23:39 PM
Budget Analyst Approval	Iramire7	12/03/2024 18:05:11 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29838**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>
Agency Code: <b>431</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>
Appropriation Unit: <b>3650-24</b>	Address: <b>151 EAST WARM SPRINGS ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOY RINEER 702-435-1150</b>
	Vendor No.: <b>T27038348</b>
	NV Business ID: <b>NV20031000034</b>

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/03/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **1 year and 300 days**

4. Type of contract: **Contract**

Contract description: **Electrical Study**

5. Purpose of contract:

**This is a new contract to provide architectural/engineering services to study the requirements for: 1) upgrade of electrical circuits for three classrooms and an office, and 2) a new door opening for an office, at the Henderson Armory.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,800.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The three classrooms and office space have multiple outlets that run on one circuit. The classrooms are using various forms of technology and need more circuits.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or tools to be able to do the work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 09/27/2024 Anticipated re-bid date: 09/27/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has had numerous contracts with the agency, (20700, 23605, 23645, 23647, 24952, 26911, 29537). The vendor has done excellent work in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	10/01/2024 12:48:54 PM
Division Approval	csnido1	10/01/2024 12:48:57 PM
Department Approval	ctyle1	10/04/2024 15:03:08 PM
Contract Manager Approval	csnido1	11/01/2024 15:32:49 PM
Budget Analyst Approval	Iramire7	12/03/2024 18:04:52 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29919**

Agency Name: <b>DPS-DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>EVERON, LLC</b>
Agency Code: <b>650</b>	Contractor Name: <b>EVERON, LLC</b>
Appropriation Unit: <b>3775-04</b>	Address: <b>1501 YAMATO RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BOCA RATON, FL 33431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOHN MCQUAIDE 916-215-6847</b>
	Vendor No.: <b>T29047302</b>
	NV Business ID: <b>NV20111234098</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2029</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>49.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	<b>51.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/18/2024**

Anticipated BOE meeting date **12/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2028**

Contract term: **3 years and 255 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Security Services**

5. Purpose of contract:

**This is a new service agreement under Statewide Contract #99SWC-NV23-16866 which provides security and fire protection services. This service agreement provides two new cellular communicators and 48 months of fire prevention equipment inspections and intrusion/ burglary monitoring for the training division office in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,944.98**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The transfer of the intrusion alarm monitoring system is required as the current vendor is no longer contracted with the State.**

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?

**Everon, LLC has a Statewide Contract, #99SWC-NV23-16866.**

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 is party to statewide contract 99SWC-NV23-16866.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	thick2	10/30/2024 16:19:31 PM
Division Approval	thick2	10/30/2024 16:20:51 PM
Department Approval	kdefe1	11/05/2024 10:27:59 AM
Contract Manager Approval	mcosenti	11/07/2024 15:03:37 PM
Budget Analyst Approval	khawkin1	11/18/2024 14:14:31 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: **29901**

Agency Name: **DPS-HIGHWAY PATROL**  
Agency Code: **651**  
Appropriation Unit: **4713-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **KIMBERLY DAWN WILSON**  
Contractor Name: **KIMBERLY DAWN WILSON**  
Address: **DBA HIGH DESERT CUSTODIAL CO.  
PO BOX 702  
TONOPAH, NV 89049**  
City/State/Zip: **TONOPAH, NV 89049**  
Contact/Phone: **KIMBERLY WILSON 775-910-9722**  
Vendor No.: **T29049121**  
NV Business ID: **NV20243147120**  
To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/01/2028**

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

**This is a new contract to provide janitorial services for the Nevada Highway Patrol Tonopah Substation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$520.83 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**State Offices must be kept clean and sanitary.**

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 this location that provide this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Barb's Janitorial  
D&H Cleaning  
Jimmy Cardenas, DBA Central Nevada Maintenance**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Kimberly & Thomas Wilson, DBA High Desert Custodial Co., were the only vendor that responded to this bid.

d. Last bid date: 07/01/2024 Anticipated re-bid date: 09/01/2028

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7 Business License General Partnership**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsalisbu	10/17/2024 16:31:46 PM
Division Approval	thick2	10/30/2024 16:26:35 PM
Department Approval	kdefe1	11/05/2024 10:27:01 AM
Contract Manager Approval	mcosenti	11/18/2024 14:41:36 PM
Budget Analyst Approval	khawkin1	11/20/2024 14:30:09 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29520** Amendment Number: **1**

Agency Name: **OFFICE OF THE MILITARY - EMERGENCY MANAGEMENT** Legal Entity Name: **ONSOLVE LLC**

Agency Code: **654** Contractor Name: **ONSOLVE LLC**

Appropriation Unit: **3673-16** Address: **PO BOX 865672**

Is budget authority available?: **Yes** City/State/Zip: **ORLANDO, FL 32886**

If "No" please explain: **Not Applicable** Contact/Phone: **Heather Whiting 386-241-0552**

Vendor No.: **T27043402**

NV Business ID: **NV20201901526**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years and 183 days**

4. Type of contract: **Contract**

Contract description: **Emergency Alert**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing Emergency Alert System and Integrated Public Alert Warning access for emergency notifications and alerts. This amendment extends the termination date from December 31, 2024 to December 31, 2027 and increases the maximum amount from \$5,267.68 to \$36,873.73 due to the addition of three years of subscription service fees.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,267.68	\$5,267.68	\$5,267.68	No
2. Amount of current amendment (#1):	\$31,606.05	\$36,873.73	\$36,873.73	Yes - Info
3. New maximum contract amount:	\$36,873.73			
and/or the termination date of the original contract has changed to:	12/31/2027			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is required to have an Integrated Public Alert and Warning (IPAWS) system, as identified in Title 47 CFR, Chapter 73, Part 11. Alert Sense is the common operational platform from which public warning is made and has been in use by the state. It uses a Common Alerting Protocol (CAP) required by law. The Emergency Alert System, or EAS, is a network of radio and television stations, cable television operators and IPTV services (EAS Participants) that is available 24/7/365 to local, state and federal officials to inform the public of a pending emergency, disaster or crises. This network is available at no charge because providers buy their own specialized EAS equipment, pay to maintain it and train their staff to understand the purpose and use of EAS. In addition, the broadcasters and other providers set aside program time in their weekly schedules for routine testing which ensures that the system is always ready for use. The Federal Communications Commission set up a national framework for EAS for National, Presidential warnings while allowing each state to build its own EAS plan tailored to local needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within the Division of Emergency Management cannot access the EAS without an interface. Further, this interface is technically linked to other devices and systems which initiate the EAS and this cannot be done by a person. There are no other state agencies who have the statutory authority to initiate an EAS and manage the program.

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?

A different vendor was chosen, however difficulties during negotiations require the division to continue contracting with our previous vendor while we attempted to resolve the negotiation issues. When it became clear negotiations would not resolve, the division decided to end negotiations and move to the next vendor, which happened to be our previous vendor.

d. Last bid date: 04/17/2024 Anticipated re-bid date: 04/17/2026

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:

Contractor has been engaged under contract with DEM since 7/1/2024. Performance has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?



Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlyma2	11/20/2024 10:59:46 AM
Division Approval	jfranc5	12/02/2024 10:28:07 AM
Department Approval	csnido1	12/05/2024 13:43:55 PM
Contract Manager Approval	csnido1	12/05/2024 13:44:00 PM
Budget Analyst Approval	Iramire7	12/13/2024 16:14:45 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29873**

Agency Name: **DEPARTMENT OF WILDLIFE**  
Agency Code: **702**  
Appropriation Unit: **4460-07**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **SGF ENGINEERING, LLC**  
Contractor Name: **SGF ENGINEERING, LLC**  
Address: **9500 Prototype Court**  
City/State/Zip: **RENO, NV 89521**  
Contact/Phone: **SEAN FREY 775/591-4123**  
Vendor No.: **T27042760**  
NV Business ID: **NV20181807757**  
To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>50.00 % SPORTSMEN REVENUE</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 25-25

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2026**

Contract term: **1 year and 329 days**

4. Type of contract: **Contract**

Contract description: **Mech. Eng. Scvs.**

5. Purpose of contract:

**This is a new contract to provide climate control replacement mechanical engineering services at Mason Valley Fish Hatchery office and 'as-needed' at department facilities throughout the state.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Aged and Failing Heating, Ventilation, and Air Conditioning systems at Nevada Department of Wildlife facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized design work that requires specific licensure.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Ability to meet and get the work performed in a timely manner.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor contracted numerous times prior by other agencies.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rodd Lighthouse, Supervising Professional Engineer Ph: (775) 688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	11/07/2024 13:49:41 PM
Division Approval	nroble1	11/07/2024 13:49:43 PM
Department Approval	jneubau2	11/07/2024 13:59:53 PM
Contract Manager Approval	ctull	11/07/2024 14:03:31 PM
Budget Analyst Approval	dspeed1	12/05/2024 11:55:35 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: **29653**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4462-22**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **NINECARIBOU PRODUCTIONS, LLC**  
 Contractor Name: **NINECARIBOU PRODUCTIONS, LLC**  
 Address: **325 STEAMBOAT CT**  
 City/State/Zip: **RENO, NV 89521-7826**  
 Contact/Phone: **JAKE WILLERS 775/443-7448**  
 Vendor No.: **T32009135**  
 NV Business ID: **NV20101587400**

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	<b>2.00 %</b>	<input checked="" type="checkbox"/> Fees	<b>98.00 % Sportsmen Revenue</b>
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 25-09

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2024**  
 Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **298 days**

4. Type of contract: **Contract**

Contract description: **Videographer**

5. Purpose of contract:

**This is a new contract to provide video production services and b-roll film to create numerous Bear Wise educational videos for distribution in areas with increased bear populations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,800.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Bear conflict is at an all-time high in the Sierra Front and Tahoe Basin. With expanding bear populations in areas that bears have not been present, such as Dayton, Smith Valley, Hawthorne, etc., educational programming and out reach is a priority for the department to keep the public educated and safe. Educational videos needed include: Headed into Bear Country, What Attracts Bears, Protecting Livestock, Options to Secure Trash, Walking Dogs, Don't Feed Bears, Bear Spray, Bear in Yard, Scare that Bear when You're Not There, and Driving in Bear Country.

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 equipment, manpower or hours available to dedicate to a project of this magnitude. The vendor already recorded and acquired B-role footage of bears to meet our production needs for each of the video titles we will be creating in the Nevada geographic locations needed.

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):

NineCaribou Productions, LLC  
Spunco Films  
Dreampilot Films

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor 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?

**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 Vasey, Con Ed Division Administrator Ph: (775) 688-1553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abarredo	10/22/2024 08:07:11 AM
Division Approval	abarredo	10/22/2024 08:07:13 AM
Department Approval	jneubau2	10/22/2024 08:19:45 AM
Contract Manager Approval	abarredo	10/24/2024 12:33:40 PM
Budget Analyst Approval	dspeed1	12/05/2024 12:01:20 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: **29882**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>DEPARTMENT OF THE INTERIOR</b>
Agency Code: <b>702</b>	Contractor Name: <b>DEPARTMENT OF THE INTERIOR</b>
Appropriation Unit: <b>4463-35</b>	Address: <b>LAKE MEAD NATIONAL REC AREA</b>
Is budget authority available?: <b>Yes</b>	<b>601 NEVADA Highway</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>BOULDER CITY, NV 89005-2488</b>
	Contact/Phone: <b>Chris Largent 702-293-8990</b>
	Vendor No.: <b>T81074212F</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2029</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Boating Safety Clark County Funding</b>
Agency Reference #:	<b>25-34</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2025**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Water Volunteer Prgm**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing boater safety and prudent boater practices for the on-the-water volunteer program at Lake Mead.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The unique relationship between National Park Service and the Nevada Department of Wildlife in the region, with restrictions upon Clark County Fuel Tax Fund expenditures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is work managed and supported by National Park Service that explicitly operates within the requirements of the Clark County Fuel Tax Fund for promotion of recreational boating safety.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Nevada Revised Statutes 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, FY16-current, with the Nevada Department of Wildlife. Work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Kristy Knight , Chief Game Warden Ph: 775/688-1540

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abarredo	10/15/2024 13:17:46 PM
Division Approval	abarredo	10/15/2024 13:17:49 PM
Department Approval	jneubau2	10/30/2024 11:58:42 AM
Contract Manager Approval	amedin4	10/30/2024 13:25:18 PM
Budget Analyst Approval	dspeed1	12/05/2024 14:03:50 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29390**

Agency Name: **DEPARTMENT OF WILDLIFE**  
Agency Code: **702**  
Appropriation Unit: **4467-14**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **DEPARTMENT OF THE INTERIOR**  
Contractor Name: **DEPARTMENT OF THE INTERIOR**  
Address: **NPS LAKE MEAD NATIONAL REC A  
601 NEVADA HIGHWAY  
BOULDER CITY, NV 89005**  
City/State/Zip: **BOULDER CITY, NV 89005**  
Contact/Phone: **Tarl Norman 702/293-8979**  
Vendor No.: **T81074212F**  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Habitat Conservation Fee; Upland Game Stamp Fee</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	
Agency Reference #:	25-25				

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2024**  
Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2028**

Contract term: **3 years and 299 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat Restoration**

5. Purpose of contract:

**This is a new interlocal agreement to provide a plant management team to create a suitable habitat for migratory waterfowl, upland game, and other wildlife species for Lake Mead Recreation area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,784.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The restoration projects will attract migratory birds, upland game species and create beneficial wildlife habitat.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Nevada Department of Wildlife does not have a native plant nursery for plant inventory, equipment, and skilled labor needed for the restoration projects.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?



NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, FY21-current, with the Nevada Department of Wildlife. Work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Brad Hardenbrook , Biologist 4 Ph: 702/668-3960

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abarredo	06/26/2024 15:12:09 PM
Division Approval	abarredo	06/26/2024 15:12:15 PM
Department Approval	jneubau2	11/13/2024 11:15:49 AM
Contract Manager Approval	amedin4	11/14/2024 07:22:08 AM
Budget Analyst Approval	dspeed1	12/05/2024 12:31:45 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29995**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-22**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **RESOURCE CONCEPTS, INC.**  
Contractor Name: **RESOURCE CONCEPTS, INC.**  
Address: **340 N MINNESOTA ST**  
City/State/Zip: **CARSON CITY, NV 89703**  
Contact/Phone: **Jeremy Drew 775-883-1600**  
Vendor No.: **T12785100**  
NV Business ID: **NV19781005208**  
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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **1 year and 21 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **RCI**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV21-8432 which provides fire fuels reduction and vegetation management services. This service agreement provides categorical exclusion analysis for Land and Water Conservation Fund grant applications.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$600.00 per grant application

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Division of State Parks (NDSP) wishes to enter a new Statewide Contract with Resource Concepts Inc. to provide Categorical Exclusion analysis for Land and Water Conservation Fund Applications for sixteen (16) potential projects and certify if these projects qualify for Categorical Exclusions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDSP employees do not possess the necessary skills or tools to complete this project.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Bid Solicitation #99SWC-S1426

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor is party to statewide contract #99SWC-NV21-8432

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	11/19/2024 07:21:43 AM
Division Approval	ethick1	11/19/2024 07:21:58 AM
Department Approval	ethick1	11/19/2024 07:22:00 AM
Contract Manager Approval	ethick1	12/10/2024 08:59:43 AM
Budget Analyst Approval	rmayhall	12/10/2024 09:01:15 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29952**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-59**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **SANITARY SEPTIC SERVICE INC**  
Contractor Name: **SANITARY SEPTIC SERVICE INC**  
Address: **PO BOX 151555**  
City/State/Zip: **ELY, NV 89315-1206**  
Contact/Phone: **Melanie Jacobson 775/289-6611**  
Vendor No.: **T27028988**  
NV Business ID: **NV19961088700**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **CL/WCO Septic pumpin**

5. Purpose of contract:

**This is a new contract to provide on call pumping services at Cave Lake and Ward Charcoal Ovens State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**On Call pumping services for state parks are necessary to keep restrooms running for visitors that attend the parks.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not possess the necessary skills or equipment to complete 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):

**Sanitary Septic Service LLC  
Terrys Pumpin and Potties  
Jerrys Service, Inc**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**Other vendors did not respond to solicitation.**

d. Last bid date: 08/27/2024 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDSP, March 2017 - April 2021; Service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	11/27/2024 08:08:18 AM
Division Approval	ethick1	11/27/2024 08:08:23 AM
Department Approval	ethick1	11/27/2024 08:08:29 AM
Contract Manager Approval	ethick1	12/09/2024 11:13:10 AM
Budget Analyst Approval	rmayhall	12/10/2024 13:33:38 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: **30016**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Tahoe Sleigh and Carriage Rides Inc  
Contractor Name: **Tahoe Sleigh and Carriage Rides Inc**  
Address: **445 Hansen Lane**  
City/State/Zip: **GARDNERVILLE, NV 89460**  
Contact/Phone: Dwight Borges 775-901-1691  
Vendor No.:  
NV Business ID: NV19981382316

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2024**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2025**

Contract term: **140 days**

4. Type of contract: **Revenue Contract**

Contract description: **SCUP SH Sleigh rides**

5. Purpose of contract:

**This is a new revenue contract to provide non-motorized tours at Sand Harbor State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Special Commercial Use Permit

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Special Commercial Use Permit

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	11/19/2024 11:30:58 AM
Division Approval	ethick1	11/19/2024 11:31:00 AM
Department Approval	ethick1	11/19/2024 11:31:01 AM
Contract Manager Approval	ethick1	11/19/2024 11:31:04 AM
Budget Analyst Approval	rmayhall	12/10/2024 12:53:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26914** Amendment Number: **1**

Agency Name: **DCNR - NATURAL HERITAGE** Legal Entity Name: **Nevada Bugs and Butterflies**

Agency Code: **708** Contractor Name: **Nevada Bugs and Butterflies**

Appropriation Unit: **4101-10** Address: **850 OLD OPHIR RD.**

Is budget authority available?: **Yes** City/State/Zip: **Washoe Valley, NV 89704**

If "No" please explain: **Not Applicable** Contact/Phone: **Kevin Burls and Cynthia Scholl 440-315-4676**

Vendor No.: **T29042133**

NV Business ID: **nv20121315737**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>25.00 % NatureSeve Projects</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 01/2025

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/30/2024**

Termination Date:

Contract term: **4 years and 89 days**

4. Type of contract: **Contract**

Contract description: **Butterfly Surveys**

5. Purpose of contract:

**This is the first amendment to the original contract which provides field surveys on rare taxa. This amendment extends the termination date from December 31, 2024 to March 31, 2027 and increases the maximum amount from \$20,000 to \$32,000 due to the addition of pollinator surveys on Ivesia webberi.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$12,000.00	\$12,000.00	\$32,000.00	Yes - Info
3. New maximum contract amount:	\$32,000.00			
and/or the termination date of the original contract has changed to:	03/31/2027			

#### II. JUSTIFICATION

7. What conditions require that this work be done?



The Nevada Division of Natural Heritage (NDNH) is the only entity in the state that tracks the known locations and conservation status of native insect species at risk of extinction in the state. These actions will build on existing Federal mandates by collecting biodiversity data important for the management of forests and decision making within the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDNH has limited staff capacity and expertise with these taxa to adequately survey for them. We are seeking a contractor that meets the qualifications to assist us in updating the native insect data in our statewide database.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the 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?

Nevada Bugs and Butterflies has established survey protocols with NDNH for these focal taxa.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	mspear2	11/04/2024 11:33:36 AM
Division Approval	mspear2	11/04/2024 11:33:49 AM
Department Approval	hbugg	11/19/2024 12:52:22 PM

Contract Manager Approval  
Budget Analyst Approval

mspear2  
rmayhall

11/19/2024 13:01:18 PM  
12/10/2024 10:17:31 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 #:	5860

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1</b>	<b>Agency Contact Information:</b> Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>		DCNR - NV Division of Natural Heritage
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Melissa Spears, CCM	775-684-2903	mspears@heritage.nv.gov

<b>2</b>	<b>Contractor Information:</b>	
	Contractor Name:	Nevada Bugs and Butterflies
	Contact Name:	Kevin Burls and Cynthia Scholl
	Complete Address: City, State and Zip Code	850 Old Ophir Rd., Washoe Valley, NV 89704
	Phone Number:	440-315-4676
	Email Address:	Kevin@nevadabugs.org

<b>3</b>	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	Solicitation Type, if applicable:	Agency led	#:	
	Enter CETS Number:	# 21954		
	Contract Amount:	\$39,399.00		
	Contract Term:	Start Date:	06/01/2019	End Date:

Dec'd 11/20/24

**Purchasing Use Only:**

Approval #: 586@

<b>Current Contract Information:</b>				
4	Solicitation Type, if applicable:	<i>Agency led</i>		#:
	Enter CETS Number:	# 26914		
	Initial Contract Amount:	\$20,000.00		
	Contract Term:	Start Date:	<i>01/01/2023</i>	End Date:

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>				
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>

<b><u>Proposed</u> Amendment Information:</b>				
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>
	<i>1</i>	<i>Primary goal of this amendment is to survey insect visitors to the Ivesia webberi plants occurring within US Forest Service lands and continue surveys of butterflies from the NDNH Track and Watch lists.</i>	<i>\$12,000.00</i>	<i>3/31/2027</i>

7	<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?</b>
	<i>The necessity for adequate time to prepare final reports from specimens and data collected during peak survey times.</i>

8	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
	<i>Valuable data not being reported correctly to better assist in the decisions impacting Nevada’s at-risk and federally Threatened species.</i>

<i>Purchasing Use Only:</i>	
Approval #:	586 @

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

Melissa D. Spears  
Print Name of Agency Representative Initiating Request

Nov. 20, 2024  
Date



Signature of Agency Head Authorizing Request

Jamey D. McClinton  
Print Name of Agency Head Authorizing Request


Nov. 20, 2024

Nov. 20, 2024  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

**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

11/21/24  
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: **29956**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Reno Ryde LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>Reno Ryde LLC</b>
Appropriation Unit: <b>3269-09</b>	Address: <b>105 Sunshine Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Alyson Boyle 775 400-3009</b>
	Vendor No.: <b>T32016852</b>
	NV Business ID: <b>NV20222442707</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2025-2029</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3920-29-BDA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **N. NV Taxi Services**

5. Purpose of contract:

**This is a new contract to provide transportation for clients to doctor's offices in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Other basis for payment: Rates as authorized by Nevada Transportation Authority (Attachment AA). Invoices payable upon approval by State. Total Contract not to exceed \$75,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Employment, Training and Rehabilitation, Rehabilitation Division's Bureau of Disability Adjudication (BDA) has a need to transport clients between their homes and various Doctor's offices around northern Nevada, on a nonemergency basis. Many clients do not have vehicles or can't drive to the Doctor's offices for required assessments to determine eligibility for SSA Disability.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

BDA does not have the staff or vehicles to transport the clients to their required medical assessments.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per Purchasing, NRS 333.395 allows BDA to contract directly with taxicab companies.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Lisa Morgan , Management Analyst 2 Ph: 775-885-3740

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sruch	12/05/2024 12:43:34 PM
Division Approval	cedlefse	12/05/2024 14:06:29 PM
Department Approval	cedlefse	12/05/2024 14:06:32 PM
Contract Manager Approval	wcune1	12/05/2024 14:46:49 PM
Budget Analyst Approval	Iramire7	12/11/2024 12:53:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **29756**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>CDW GOVERNMENT INC</b>
Agency Code: <b>908</b>	Contractor Name: <b>CDW GOVERNMENT INC</b>
Appropriation Unit: <b>3274-26</b>	Address: <b>230 N. Milwaukee Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Vernon Hills, IL 60061</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mitchell Funk 312-705-5635</b>
	Vendor No.: <b>PUR0000186A</b>
	NV Business ID: <b>NV20101017707</b>

To what State Fiscal Year(s) will the contract be charged? **2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3897-25-ITD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2024**

Anticipated BOE meeting date **01/2025**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2025**

Contract term: **71 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **CDW-G - Liquid PC**

5. Purpose of contract:

**This is a new service agreement under statewide contract 99SWC-NV21-8313 which provides information technology solutions and services. This service agreement provides updates to Kofax for data lookup activities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,240.00**

Payment for services will be made at the rate of \$21,240.00 per See other

Other basis for payment: 50% at Project Kickoff \$10,620.00 and 50% at Project Finish \$10,620.00. Total contract not to exceed: \$21,240.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**DETR ITD is in need of a specialized provider to update existing Kofax Capture and Kofax Transformation Modules.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**DETR ITD does not possess the expertise to perform this type of integration.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by Purchasing, solicitation 99SWC-NV21-8313, provides engineering, consulting, and value-added services related to Information Technology Development and integration services.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Foreign 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:

Tasha Couste, Management Analyst III Ph: 775-684-3974

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jjense6	10/29/2024 13:45:57 PM
Division Approval	cjacob	10/30/2024 07:11:33 AM
Department Approval	cjacob	10/30/2024 07:11:35 AM
Contract Manager Approval	wcune1	11/01/2024 15:44:48 PM
EITS Approval	ljean	11/04/2024 08:38:58 AM
Budget Analyst Approval	Iramire7	11/21/2024 17:57:44 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25523** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **Thentia USA Inc**

Agency Code: **BDC** Contractor Name: **Thentia USA Inc**

Appropriation Unit: **B026 - All Categories** Address: **44 East Monroe Street**

Is budget authority available?: **Yes** City/State/Zip: **Chicago, IL 60603**

If "No" please explain: **Not Applicable** Contact/Phone: **Mellissa Sanders 253-357-5496**

Vendor No.:

NV Business ID: **NV20191571257**

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 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/02/2022**

Anticipated BOE meeting date: **12/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2025**

Contract term: **3 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Licensing System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a cloud-based licensing management and data system. This amendment increases the maximum amount from \$45,000 to \$65,000 due to increased license types and additional services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$65,000.00	Yes - Info
3. New maximum contract amount:	\$65,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is funded entirely by licensing fees and must obtain their own services including licensing and regulatory functions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have staff with expertise in this area.

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's product was determined to best meet the needs of the Board and was cost effective.

d. Last bid date: 10/01/2021      Anticipated re-bid date: 10/01/2024

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 vendor provides SaaS licensing data services to the Board of Medical Examiners, the Nevada Dental Board and the Board of Optometry. Services 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lp310000	11/06/2024 12:03:31 PM
Division Approval	lp310000	11/06/2024 12:03:44 PM
Department Approval	lp310000	11/06/2024 12:03:56 PM
Contract Manager Approval	lp310000	11/06/2024 12:04:11 PM
EITS Approval	ljean	11/13/2024 08:03:09 AM
Budget Analyst Approval	stilley	12/02/2024 14:29:53 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**  
*Office of the Chief Information Officer*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Debbie Bowman, Deputy Secretary of Operations, SOS  
Ashley Griffitts, Administrative Services Officer, SOS  
Josh Gruver, Chief IT Manager, SOS

**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 – SOS – TIN 1035 – *Mandiant Consulting Services*  
– Update A – BA 1050, 1051

**DATE:** November 4, 2024

We have completed our review for the Office of the Secretary of State’s (SOS) – *Mandiant Consulting Services* – TIN 1035, update A.

The submitted TIN, for an estimated value of \$523,430.04 in the FY24/FY25 biennium (100% General Fund), is to update cost information for Mandiant Consulting Services, a data security vulnerability solution.

Mandiant Consulting Services offers a comprehensive suite of cybersecurity solutions that will ensure the safety of critical SOS systems from security vulnerabilities while effectively managing and mitigating cyber threats. Additionally, Mandiant is renowned for their expertise in incident response, threat intelligence, and security assessments that will enhance SOS' cyber resilience. These services will ensure

that SOS is well-equipped to defend against sophisticated cyber-attacks while maintaining a robust security posture in an evolving threat landscape.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Lenzner  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: December 19, 2024  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Shayne Powell, Budget Division  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of December 19, 2024, for State Fiscal Year 2025. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund supplement funding for eligible agencies within statutory authority. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

Below is the available balance for each account prior to any projected outstanding claims:

Tort Claim Fund	\$ 3,493,614.26
Statutory Contingency Account	\$ 1,117,706.61
State Claims Account	\$ 1,534,683.21
Emergency Account	\$ 500,000.00
Disaster Relief Account	\$ 13,043,674.00
IFC Contingency Unrestricted General Fund	\$ 12,205,991.94
IFC Contingency Unrestricted Highway Fund	\$ 1,638,068.35
IFC Contingency Restricted General Fund	\$ 114,231,008.00
IFC Contingency Restricted Highway Fund	\$ 18,772,646.00
Extradition Coordinator – Budget Account 1002	\$ 116,168.97

Please see attached reconciliations with projected outstanding claims and balances.

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266,  
353.268, 353.2735, 179.225 and AB469, SB453, SB504  
of the 2023 Legislative Session.

REVIEWED: Blm

INFORMATION ITEM: \_\_\_\_\_

Fiscal Year: 2025		<h2 style="text-align: center;">Tort Claim Fund</h2> <h3 style="text-align: center;">Balance Sheet</h3> <h3 style="text-align: center;">December 19, 2024</h3>	
Fund: 715			
Agency: 030			
Budget Account: 1348			
Statutory Authority NRS: 331.187			
<b>Receipts/Funding</b>		<b>Balance</b>	
Beginning Cash	\$ 2,639.00		
Revenue from Boards	\$ 149,911.69		
Cost Allocation	\$ 5,943,260.48		
Loan Repayment	\$ 5,000.00		
<b>Total Receipts/Funding</b>	<b>\$ 6,100,811.17</b>	<b>\$</b>	<b>6,100,811.17</b>
Tort Claims Overhead	\$ 229,130.36		
<b>Total Operating Expenditures</b>	<b>\$ 342,510.89</b>	<b>\$</b>	<b>5,758,300.28</b>
<b>Tort Claims</b>			
Tort Claims - AG Approved	\$ 782,216.02		
Tort Claims - Board of Examiners Approved	\$ 1,482,470.00		
<b>Total Tort Claims</b>	<b>\$ 2,264,686.02</b>	<b>\$</b>	<b>3,493,614.26</b>
<b>Realized Funding Available</b>			<b>\$ 3,493,614.26</b>
<b>January BOE Pending Claims</b>			
Snider TC21421	\$ 549,500.00		
Valencia TC21432	\$ 140,000.00		
<b>Total Pending Claims</b>	<b>\$ 689,500.00</b>	<b>\$</b>	<b>2,804,114.26</b>
<b>Reserves</b>			
Unobligated Reserves	\$ 782,463.00		
<b>Balance Including Reserves</b>		<b>\$</b>	<b>3,586,577.26</b>



Fiscal Year:	2025	<b>Statutory Contingency Fund</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	930		
Budget Account:	4892		
Statutory Authority NRS:	353.264		
<b>Receipts/Funding</b>		<b>Balance</b>	
Beginning Cash	\$ 2,563,339.00		
<b>Total Receipts/Funding</b>	<b>\$ 2,563,339.00</b>	<b>\$</b>	<b>2,563,339.00</b>
<b>Claims</b>			
Claims - Clerk Approved	\$ 116,412.42		
Claims - Board of Examiners Approved	\$ 900,000.00		
<b>Total Claims</b>	<b>\$ 1,016,412.42</b>	<b>\$</b>	<b>1,546,926.58</b>
<b>Other Expenses</b>			
Outside Counsel	\$ 31,580.97		
Post-Conviction Relief	\$ 397,639.00		
<b>Total Expenses</b>	<b>\$ 429,219.97</b>	<b>\$</b>	<b>1,117,706.61</b>
<b>Realized Funding Available</b>			<b>\$ 1,117,706.61</b>
<b>January Projected Claims</b>			
<b>Total Pending Claims</b>	<b>\$ -</b>	<b>\$</b>	<b>1,117,706.61</b>

Fiscal Year:	2025	<b>Stale Claims</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	930		
Budget Account:	4888		
Statutory Authority NRS:	353.097		
<b>Receipts/Funding</b>			<b>Balance</b>
Beginning Cash		\$ 3,347,421.00	
<b>Total Receipts/Funding</b>		<b>\$ 3,347,421.00</b>	<b>\$ 3,347,421.00</b>
<b>Stale Claims</b>			
Governor's Office		\$ 643.80	
Nuclear Projects (Return of duplicate payment)		\$ (4,028.80)	
Attorney General		\$ 312.14	
Secretary of State		\$ 1,433.14	
Public Defender		\$ 6,432.37	
Education		\$ 9,557.91	
DHRM		\$ 132.11	
Aging		\$ 2,222.85	
Mental Health		\$ 552.00	
Childrens Behavioral		\$ 17,948.45	
Forestry		\$ 3,160.84	
Admin		\$ 3,872.05	
Corrections		\$ 1,649,977.84	
Judiciary		\$ 1,770.00	
DCFS		\$ 118,751.09	
<b>Total Stale Claims</b>		<b>\$ 1,812,737.79</b>	<b>\$ 1,534,683.21</b>
<b>Realized Funding Available</b>			<b>\$ 1,534,683.21</b>

Fiscal Year:	2025	<b>Emergency Fund</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	930		
Budget Account:	4889		
Statutory Authority NRS:	353.263		
<b>Receipts/Funding</b>		<b>Balance</b>	
Beginning Cash	\$ 500,000.00		
<b>Total Receipts/Funding</b>	<b>\$ 500,000.00</b>	<b>\$</b>	<b>500,000.00</b>
<b>Emergency Fund Expenses</b>			
	\$ -		
<b>Total Emergency Fund Expenses</b>	<b>\$ -</b>	<b>\$</b>	<b>500,000.00</b>
<b>Realized Funding Available</b>		<b>\$</b>	<b>500,000.00</b>

Fiscal Year:	2025	<b>Disaster Relief Fund</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	170		
Budget Account:	1335		
Statutory Authority NRS:	353.2735		
<b>Receipts/Funding</b>			<b>Balance</b>
Beginning Cash		\$ 12,543,674.00	
Transfer From General Fund		\$ 500,000.00	
<b>Total Receipts/Funding</b>		<b>\$ 13,043,674.00</b>	<b>\$ 13,043,674.00</b>
<b>Emergency Fund Expenses</b>			
		\$ -	
<b>Total Emergency Fund Expenses</b>		<b>\$ -</b>	<b>\$ 13,043,674.00</b>
<b>Realized Funding Available</b>			<b>\$ 13,043,674.00</b>

Fiscal Year:	2025	<b>IFC Contingency Fund (Unrestricted)</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	170		
Budget Account:	2630		
Statutory Authority NRS:	353.266		
<b>Unrestricted General Fund Revenue</b>		<b>Balance</b>	
Beginning Cash	\$ 13,174,826.04		
Reversions	\$ 3,183,936.17		
<b>Total Unrestricted General Fund Revenue</b>		<b>\$ 16,358,762.21</b>	
<b>Unrestricted General Fund Expenditures</b>			
Meeting Costs	\$ 27,430.27		
Business & Industry (6/13/24)	\$ 218,889.00		
Division of Emergency Management (10/10/24)	\$ 306,483.00		
Veterans Services (10/10/2024)	\$ 503,938.00		
DETR - Vocational Rehab Match (12/12/24)	\$ 78,728.00		
DETR - Vocational Rehab Match (12/12/24)	\$ 1,216,748.00		
DHHS - Division of Child & Family Services (12/12/24)	\$ 823,120.00		
Education - Special Education Services (12/12/24)	\$ 374,572.00		
Education - County PERS Incentive (12/12/24)	\$ 154,634.00		
Corrections - Peer Support & Programs (12/12/24)	\$ 448,228.00		
<b>Total Unrestricted General Fund Expenditures</b>		<b>\$ 4,152,770.27</b>	
<b>Unrestricted General Fund Realized Funding Available</b>		<b>\$ 12,205,991.94</b>	
<b>Projected Unrestricted General Fund Expenditures</b>			
DPS - Dignitary Protection	\$ 87,921.00		
<b>Total Projected Unrestricted General Fund Expenditures</b>		<b>\$ 87,921.00</b>	
<b>Projected Unrestricted General Fund Realized Funding Available</b>		<b>\$ 12,118,070.94</b>	
<b>Unrestricted Highway Fund Revenue</b>			
Beginning Cash	\$ 1,184,685.35		
Reversions	\$ 453,383.00		
<b>Total Unrestricted Highway Fund Revenue</b>		<b>\$ 1,638,068.35</b>	
<b>Unrestricted Highway Fund Expenditures</b>			
	\$ -		
<b>Total Unrestricted Highway Fund Expenditures</b>		<b>\$ -</b>	
<b>Unrestricted Highway Fund Realized Funding Available</b>		<b>\$ 1,638,068.35</b>	
<b>Projected Unrestricted Highway Fund Expenditures</b>			
	\$ -		
<b>Total Projected Unrestricted Highway Fund Expenditures</b>		<b>\$ -</b>	
<b>Projected Unrestricted Highway Fund Realized Funding Available</b>		<b>\$ 1,638,068.35</b>	
<b>Unrestricted Realized Funding Available (General Fund &amp; Highway Fund)</b>		<b>\$ 13,844,060.29</b>	

Fiscal Year: 2025  
Fund: 101  
Agency: 170  
Budget Account: 2630  
Statutory Authority NRS: 353.268

## IFC Contingency Fund (Restricted)

### Balance Sheet

**December 19, 2024**

<b>Restricted General Fund Expenditures</b>					
Bill	Sec	Short Desc	Allotted	Expended	Balance
AB 468	4.3	Core.NV	\$ 81,606,294.00	\$ 1,575,537.00	\$ 80,030,757.00
AB 480	1	Language Access Plan	\$ 25,000,000.00	\$ 5,343,153.00	\$ 19,656,847.00
SB 231	1	School District Salaries	\$ 354,583.00	\$ 237,369.00	\$ 117,214.00
SB 342	2	WICHE Veterinary Coop	\$ 8,000,000.00	\$ 8,000,000.00	\$ -
SB 490	1.5	GCB IT Equipment	\$ 5,500,000.00	\$ 5,500,000.00	\$ -
AB 518	7	Indigent Defense	\$ 2,714,295.00	\$ 778,103.00	\$ 1,936,192.00
AB 518	7.3	Indigent Defense	\$ 6,613,033.00		\$ 6,613,033.00
SB 342	3	WICHE Veterinary Coop	\$ 76,132.00	\$ 76,132.00	\$ -
SB 503	14	K-12 Funding	\$ 3,208,023.00		\$ 3,208,023.00
SB 511	74	State Financial Admin	\$ 2,352,270.00	\$ 2,283,978.00	\$ 68,292.00
SB 511	75	State Financial Admin	\$ 2,418,818.00	\$ 2,128,964.00	\$ 289,854.00
SB 511	76	State Financial Admin	\$ 1,468,609.00	\$ 1,468,609.00	\$ -
SB 511	77	State Financial Admin	\$ 586,956.00		\$ 586,956.00
SB 511	78	State Financial Admin	\$ 1,723,840.00		\$ 1,723,840.00
<b>Total Restricted General Fund</b>			<b>\$ 141,622,853.00</b>	<b>\$ 27,391,845.00</b>	<b>\$ 114,231,008.00</b>
<b>Restricted Highway Fund Expenditures</b>					
AB 468	4.7	Core.NV	\$ 19,142,217.00	\$ 369,571.00	\$ 18,772,646.00
<b>Total Restricted Highway Fund</b>			<b>\$ 19,142,217.00</b>	<b>\$ 369,571.00</b>	<b>\$ 18,772,646.00</b>
<b>Total Restricted Fund</b>			<b>\$ 160,765,070.00</b>	<b>\$ 27,761,416.00</b>	<b>\$ 133,003,654.00</b>

Fiscal Year:	2025	<b>Extradition Coordinator</b> <b>Balance Sheet</b> <b>December 19, 2024</b>	
Fund:	101		
Agency:	030		
Budget Account:	1002		
Statutory Authority NRS:	179.225		
<b>Receipts/Funding</b>			<b>Balance</b>
Appropriations	\$ 215,370.00		
Recoveries	\$ 13,249.20		
<b>Total Receipts/Funding</b>	<b>\$ 228,619.20</b>	<b>\$</b>	<b>228,619.20</b>
<b>Extradition Coordinator Operating Expenses - Non claims</b>	<b>\$ 112,450.23</b>		
<b>Total Extradition Coordinator Expenses</b>	<b>\$ 112,450.23</b>	<b>\$</b>	<b>116,168.97</b>
<b>Realized Funding Available</b>		<b>\$</b>	<b>116,168.97</b>
<b>Notes</b>			
FY 2025 extradition costs will request to be funded by a supplemental appropriation request during the 2025 Legislative Session. Projections from the Attorney General's Office are \$1,924,148 in FY 2025. Actuals for FY 2024 were \$3,314,748.			