Governor Joe Lombardo
Chairman

Tiffany Greenameyer
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: March 18, 2026, 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=w0dLpqRHRSc

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 551 490 339#. 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 February 10, 2026 Meeting Minutes (For possible action)

4. State Vehicle Purchases (For possible action)

Pursuant to NRS 334.010 and SAM 0304, no automobile may be purchased by any department, office, bureau, officer, or employee of the state without prior written consent of the State Board of Examiners.

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Wildlife	1	$71,000
State Department of Conservation and Natural Resources – Conservation Districts	2	$129,587
State Department of Conservation and Natural Resources – Division of Environmental Protection	2	$115,122
State Department of Conservation and Natural Resources – Division of State Parks	4	$440,280
State Department of Conservation and Natural Resources – Division of Water Resources	3	$141,378

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 Kelli Carter to provide technical assistance and support to the department through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

B. State Public Charter School Authority

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 Jennifer Bauer to provide lead business manager and fiscal advisor services through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

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

A. Department of Human Services – Aging and Disability Services Division

Pursuant to NRS 333.705, subsection 1, the division requests to contract with former employee Dr. Estela Racoma to reduce screening and evaluation delays by supporting ongoing clinical activities, facilitation of diagnostic evaluations, and the provision of eligibility determinations for medically fragile children through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services of Southern Nevada, Inc.

B. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Kelli Anderson to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

C. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Teresa Carrillo to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

D. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Samantha Hill-Cruz to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

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

Office of the Attorney General

Pursuant to NRS 41.036, the office submits the following Tort Claim requests for approval:

A.

Claimant:	Christopher Mykkanen
Claim No:	TC21225
Settlement Amount:	$200,000
Date of Loss:	September 9, 2022

B. Claimant: Alisia Torrey
Claim No: TC21937
Settlement Amount: $100,000
Date of Loss: November 3, 2018

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

Governor's Finance Office – Budget Division

Pursuant to NRS 353.040, the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 3000 Federal Grant Procedures

9. Approval of Proposed Leases (For possible action)

10. Approval of Proposed Contracts (For possible action)

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

12. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than $100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold ($10,000 - $99,999). Attached is a list of all applicable approvals for contracts and amendments approved from January 10, 2026 through February 6, 2026.

13. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of February 12, 2026, for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. Statewide Quarterly Overtime Report – Fiscal Year 2026, 2nd Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. This report covers the period of October 1, 2025 through December 31, 2025.

14. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 551 490 339#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

15. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. A person may submit comments to be attached to the minutes of the meeting, in writing, three business days before the meeting date, in addition to testifying, or in lieu of testifying. Written comments are limited to two pages. Written comments may be submitted electronically by email at AJohnson2@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 Amberly Johnson at (775) 684-0223 or by email at AJohnson2@finance.nv.gov, as soon as possible, and in at least two days in advance of the meeting. Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Amberly Johnson at (775) 684-0223 or by email at AJohnson2@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/2026/2026BOE/

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MEETING MINUTES

Date and Time: February 10, 2026, 10:00 AM

Location: Nevada Capitol Building
101 North Carson Street, Guinn Room
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:
Governor Joe Lombardo
Attorney General Aaron Ford
Secretary of State Francisco V. Aguilar

STAFF PRESENT:
Tiffany Greenameyer, Clerk of the Board
David Lenzner, Deputy Director, Governor's Finance Office
Rosalie Bordelove, Board Counsel

OTHERS PRESENT:
Craig Newby, Assistant Attorney General, Attorney General's Office
Kacey KC, Division Administrator, State Department of Conservation and Natural Resources

1. Call to Order / Roll Call

Governor: We will call the meeting to order at 10:06 am. We will start off with the roll call.

David Lenzner: Governor Lombardo.

Governor: Here.

David Lenzner: Attorney General Ford.

Attorney General: Here.

David Lenzner: Secretary Aguilar.

Secretary of State: Here.

David Lenzner: 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 246 100 09#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Agenda item number two, with the first opportunity for public comment. The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under the public comment period, unless that matter itself has been specifically included on the agenda as an action item. The chair will impose a three-minute time limit.

Do we have any public comment there in Carson City?

Clerk of the Board: No, sir, we don't.

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

Are you aware of anybody on the phone or online?

Clerk of the Board: No, sir, we don't have anybody on the line.

Governor: We will close the first public comment.

3. Approval of the January 13, 2026 Meeting Minutes **(For possible action)**

Governor: Agenda item number three, *Approval of the January 13, 2026 Meeting Minutes for Possible Action*. Do we have any changes or concerns or comments? If not, I'll entertain a motion for approval.

Attorney General: So, moved.

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

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:
Colorado River Commission	2	$67,343
Department of Public Safety – Investigation Division	3	$150,116
Governor's Office – Office of Emergency Management	1	$64,765
State Department of Conservation and Natural Resources – Division of Environmental Protection	2	$129,992

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

Clerk of the Board: 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. The first request is from the Colorado River Commission. The commission requests approval to purchase two vehicles for a total amount not to exceed $67,343. The next request is from the Department of Public Safety, Investigation Division. The department requests approval to purchase three vehicles for a total amount not to exceed $150,116. The next request is from the Governor's Office, Office of Emergency Management. The office requests approval to purchase one vehicle for a total amount not to exceed $64,765. The last request is from the State Department of Conservation and Natural Resources, Division of Environmental Protection. The department requests approval to purchase two vehicles for a total amount not to exceed $129,992. Are there any questions on any of these items?

Governor: Do we have any questions?

Secretary of State: No, motion to approve.

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

5. Authorization 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, the board requests to contract with former employee Patrick Conmay to provide coordination of investigations of unlawful activities related to prescription drugs and controlled substances through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

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

Clerk of the Board: This request is from the Nevada State Board of Pharmacy. Pursuant to NRS 333.705, subsection 1, the board requests to contract with former employee Patrick Conmay to provide coordination of investigations of unlawful activities related to prescription drugs and controlled substances through a statewide contract with Marathon Staffing Group. Are there any questions on this item?

Governor: Are there any questions?

Secretary of State: No questions. Motion to approve.

Governor: Alright, we have a motion for approval. All those in favor, signify by saying aye. The motion passed unanimously.

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

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

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $1,062,055 from the Interim Finance Committee Contingency Account to fund the costs of professional contract staff.

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

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $447,000 from the Interim Finance Committee Contingency Account to fund the payment of sanctions imposed by the Eighth Judicial Court in Clark County.

C. Governor's Finance Office – Budget Division

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of $5,000,000 from the Interim Finance Committee Contingency Account to restore the balance in the Statutory Contingency Fund.

D. Office of the Attorney General

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of $1,278,250 from the Interim Finance Committee Contingency Account to cover costs associated with the ongoing Violence Against Women Act formula grant activities.

E. State Department of Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $3,143,971 from the Interim Finance Committee Contingency Account to cover in-state emergency response and fire suppression expenses.

Governor: Agenda item number six, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account for Possible Action.* Let's take these separately, Ms. Greenameyer.

Clerk of the Board: There are five requests under this agenda item pursuant to NRS 353.268. The first request is from the Department of Human Services, Division of Public and Behavioral Health. The department requests a recommendation to the Interim Finance Committee for an allocation of $1,062,055 from the Interim Finance Committee Contingency Account to fund the costs of professional contract staff. Are there any questions on this one?

Governor: Are there any questions?

Secretary of State: No questions. Motion to approve 6.A.

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

Clerk of the Board: The second request is from the Department of Human Services, Division of Public and Behavioral Health. The department requests a recommendation to the Interim Finance Committee for an allocation of $447,000 from the Interim Finance Committee Contingency Account to fund the payment of sanctions imposed by the Eighth Judicial Court in Clark County. Are there any questions?

Governor: Do we have any questions?

Attorney General: Move approval.

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

Clerk of the Board: This next request is from the Governor's Finance Office, Budget Division. The office requests a recommendation to the Interim Finance Committee for an allocation of $5,000,000 from the Interim Finance Committee Contingency Account to restore the balance in the Statutory Contingency Fund. Are there any questions on this one?

Attorney General: I do have a question.

Governor: Go ahead, General Ford.

Attorney General: First off, thanks for placing this item on the agenda. We know, from prior meetings, that the Department of Corrections has faced significant tort claim amounts, and we also know we are defending a claim against a State Water Engineer. We have had to retain counsel to defend against claims of $2 billion brought by private counsel for the failed Coyote Springs project. The trial is this year. So, I appreciate you bringing this.

I do have a question. I know we are requesting this to be sent to the Statutory Contingency Fund but with some of this relating to torts and the Tort Claim Fund, I'm wondering why we aren't requesting it to be sent to the Tort Claim Fund.

Clerk of the Board: We do pay claims from the Tort Claim Fund but if they exceed the amount in that account, then those have to be moved over to the Statutory Contingency Account. We've had some large claims that have come out of the Statutory Contingency Account. I don't have the exact balance in front of me but it is today, around $800,000 remaining for claims.

Attorney General: Right, and that is the reason for my question. Why aren't we replenishing the Tort Claim Fund with some of these monies.

Clerk of the Board: We cannot replenish the Tort Claim Fund until the Legislative Session.

Attorney General: You're saying we don't have the statutory authority to request IFC money to replenish the Tort Claim Fund? Is that what you're telling me?

Clerk of the Board: That is correct.

Attorney General: Okay.

Clerk of the Board: The Tort Claim Fund does not have a direct appropriation so, that does not allow us access to the IFC Contingency Account.

Attorney General: Okay, then, what this means is, you are asking for money to go to the Statutory Contingency Account, and if we have to bring claims that we are paying because

of a tort settlement that exceed that fund, those are just going to have to come out of the Statutory Contingency Account.

Clerk of the Board: Yes, that's correct.

Attorney General: Okay, understood. I just wanted to get some clarification on that. Thank you.

Clerk of the Board: You're welcome.

Secretary of State: Motion to approve 6.C.

Governor: Alright, we have a motion for approval of 6.C. All those in favor, signify by saying aye. The motion passes unanimously.

Let's move on to 6.D.

Clerk of the Board: This request is from the Office of the Attorney General. The office requests a recommendation to the Interim Finance Committee for an allocation of $1,278,250 from the Interim Finance Committee Contingency Account to cover costs associated with the ongoing Violence Against Women Act formula grant activities. Are there any questions on this one?

Governor: I have a question. So, Attorney General, has there been any information as to when the federal government will release the 2025 amounts?

Craig Newby: For the record, Craig Newby, First Assistant Attorney General. I do not have a recent update on that from the past three to four weeks, in terms of a timetable, when those funds are going to be ultimately released.

Governor: Then, Craig, do you have any idea, when they released 2024 funds, how long it took for the release of that?

Craig Newby: I would have to follow up, subsequently, after this meeting to answer that question.

Governor: Okay.

Attorney General: Governor, my Chief of Staff, Teresa Benitez-Thompson, is generally the one who handles these issues. So, we can get her here if you want that question answered.

Governor: No, they can answer it to me individually. I don’t have to hold this up for that.

Attorney General: Okay.

Craig Newby: Absolutely. We will follow up with you offline.

Governor: Alright, I'll entertain a motion for approval if there are no further comments.

Secretary of State: Motion to approve.

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

Governor: Let's move on to item 6.E.

Clerk of the Board: This request is from the State Department of Conservation and Natural Resources, Division of Forestry. The department requests a recommendation to the Interim Finance Committee for an allocation of $3,143,971 from the Interim Finance Committee Contingency Account to cover in-state emergency response and fire suppression expenses. Are there any questions on this one?

Governor: Yes, is there somebody from Division of Forestry there?

Clerk of the Board: Yes, sir.

Kacey KC: Good morning, Governor. Kacey KC, State Forester Firewarden for the Nevada Division of Forestry.

Governor: Good morning, Kacey. I see you haven't left yet.

Kacey KC: I have not but this will be my last meeting.

Governor: Kacey, hopefully, you were prepped on what my question is but I just wanted to get a sense – I'm looking at the spreadsheet associated with monies owed from the feds, approximately $3.5 million, and I know this is the reimbursement, the way they operate this. Do you have any idea when the rest of those reimbursement monies will come be paid?

Kacey KC: Thanks for the question. I do not. They have been paying and every day, new reimbursements are coming in, but if you take a look at the age reported on the back, some of them are 700 days old. We've been following up. Some of them were only recently sent out this week. They've been paying on some and not on others but most everything has been moving through their system. So, I don't have a good date for when those are coming. We do continue to press on them to pay, especially the older ones that have been sitting out there. There is one that's been out there for quite some time as I recall.

Governor: Okay, so, the process is moving, these are not stale, right?

Kacey KC: Right, every single day these numbers change. If you had me pull them today, everything has changed again: the amount of cash on hand in the out-of-state budget; the amount of bills we've received in and are looking at; the amount of invoices that we're pushing out for billing – every day it changes. We don't update that spreadsheet every day, because it takes a little work to pull all the data out of the system but even since we submitted this, at the time of submittal, it was $3.1 million in bills and foreseeable expenses, whereas,

today, it's $5.1 million in bills sitting out there to be paid. Some of which then turn into reimbursables. As you know, many of the in-state fires are not reimbursable. That's the issue with this budget account.

Governor: I'm also aware, and I don't know how long ago, it doesn't matter, that part of the issue was on our side at the state, right? Was there a failure to submit invoices in a timely fashion? I just want to make sure that's not still occurring.

Kacey KC: It is not, sir. That is what the audit brought up. Part of that was us needing, as I had stated before, we needed that system in place. The system that sends the bills out. In October of 2024, that system was able to invoice back to our federal and state partners. Since then, we've invoiced $53 million in reimbursables across both accounts. When this information was pulled, we were at $35 million, and today, it is at $53 million. Everything is moving. We are current, as far as invoiceables, up to the last two fiscal years.

Our issue, on most all of those invoiceable items, some of them are in-state cost shares, is that those take a lot longer. For the out-of-states, we have to consolidate all the bills if, for example, we sent multiple assets to California. We, through our agreements with the Wildland Fire Protection Program, have been really tightening down the deadlines for the local government entities to get those bills in timely, so that we can pay them within the 180 days that is required of us by our federal agreement, then, get them out for reimbursement. So, we are closer than ever to meeting timelines. In fact, we're much farther ahead than our federal partners today in that regard.

As I sent in our last report, everything that was identified in the audit has been sent out, but for bills from 2024, we caught some errors that had been processed for invoicing. It's roughly about $2.5 million. That's all from the audit that has not been sent out for reimbursement. Everything else is current fires, current dates.

Governor: Alright, thank you, Kacey. Thank you for the information, and congratulations on your, I don't know if it's a promotion or not, but your new place of residence.

Kacey KC: Thank you, sir. I will very much miss the state of Nevada and I appreciate all the time I've had here.

Governor: We've appreciated your service. Take care.

Kacey KC: Thank you.

Governor: With that, if there are no further questions, I'll entertain a motion for approval.

Secretary of State: Motion to approve item 6.E.

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

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

Governor's Finance Office – Budget Division

Pursuant to NRS 41.950 and NRS 41.970, the office requests the Board of Examiners to approve a payment of $110,000 from the Statutory Contingency Account to Patience Rousseau representing compensation for her wrongful conviction.

Governor: Agenda item number seven, *Request for Approval of Payment from the Statutory Contingency Account for Possible Action.*

Clerk of the Board: This request is from the Governor's Finance Office, Budget Division. Pursuant to NRS 41.950 and NRS 41.970, the office requests the Board of Examiners to approve a payment of $110,000 from the Statutory Contingency Account to Patience Rousseau representing compensation for her wrongful conviction. Are there any questions?

Secretary of State: Motion to approve agenda item number seven.

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

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

Governor's Finance Office – Budget Division

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 0808 Collective Bargaining Board of Examiners Approval

Governor: Agenda item number eight, *Request for Approval of Proposed State Administrative Manual Changes for Possible Action.*

Clerk of the Board: This request is from the Governor's Finance Office, Budget Division. Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in chapter 800 Collective Bargaining, section 808 Board of Examiners Approval, of the State Administrative Manual. Are there any questions on this item?

Governor: None here.

Secretary of State: No questions.

Attorney General: Move approval.

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

9. Approval of Proposed Leases (For possible action)

Governor: Agenda item number nine, *Approval of Proposed Leases for Possible Action*.

Clerk of the Board: There are 4 leases under this agenda item for approval by the Board. Are there any questions on these items?

Secretary of State: No questions. Motion to approve.

Governor: Those in favor, signify by saying aye. The motion passes unanimously.

10. Approval of Proposed Contracts (For possible action)

Governor: Agenda item number 10, *Approval of Proposed Contracts for Possible Action.*

Clerk of the Board: There are 41 contracts under this agenda item. Are there any questions on any of these?

Secretary of State: No questions. Motion to approve contracts 1 through 41.

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

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

Governor: Agenda item number 11, *Approval of Proposed Master Service Agreements for Possible Action.*

Clerk of the Board: There are eight master service agreements under this agenda item. Are there any questions on any of these items?

Secretary of State: No questions. Motion to approve MSAs 1 through 8.

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

12. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than $100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold ($10,000 - $99,999). Attached is a list of all applicable approvals for contracts and amendments approved from December 13, 2025 through January 9, 2026.

Governor: Agenda item number 12, *Information Item, Clerk of the Board of Contracts.*

Clerk of the Board: There are 57 contracts within the threshold of $10,000 to $99,999 that were approved by the Clerk of the Board from December 13, 2025 through January 9, 2026. This item is informational. Are there any questions on any of these items?

Secretary of State: I just have a question on contract number 49. I just wonder who the podcast host is.

Clerk of the Board: Business and Industry is the host.

Governor: It's Director Sanchez. He is doing it himself.

Secretary of State: I just wondered who the talent was, that's all. No other questions. Thank you.

13. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of January 13, 2026 for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the department shall certify monthly to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of October 1, 2025 through December 31, 2025.

Governor: Agenda item number 13, *Information Item Reports*. Let's take those separately, Ms. Greenameyer.

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 of the following accounts as of January 13, 2026. The balances are as follows: Tort Claim Fund is $1,914,130.24; Statutory Contingency Account $1,558,109.24; Stale Claims Account $2,737,656.75; Emergency Account $162,073.00; Disaster Relief Account $15,887,168.12; IFC Contingency Unrestricted General Fund $61,010,666.90; IFC Contingency Unrestricted Highway Fund $1,638,068.35; IFC Contingency Restricted General Fund $147,936,678.00; IFC Contingency Restricted Highway Fund $6,924,146.00; Extradition Coordinator, Budget Account 1002 $1,620,931.35. This is informational. Are there any questions on any of these?

Governor: Do we have any questions?

Attorney General: No.

Secretary of State: No questions.

Governor: Alright, let's move on to 13.B.

Clerk of the Board: This item is the Department of Motor Vehicles, Complete Streets Program Report. Pursuant to NRS 482.1825, subsection 2, the department shall certify monthly to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of October 1, 2025 through December 31, 2025. This item is informational. Are there any questions on any of these items?

Attorney General: None here.

Governor: Since there are no questions, we will close agenda item number 13.

14. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 246 100 09#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Next item, moving on to the second opportunity for public comment. Do we have any public comment there in Carson City?

Clerk of the Board: No, sir, we do not.

Governor: Do we have any here in Las Vegas? Hearing none.

Do we have anybody on the phone?

Clerk of the Board: There are two people on the phone but we are not sure if they have public comment.

Governor: If you are on the phone waiting for public comment, now is your time.

Board Counsel: No, hearing none.

Governor: Okay, hearing none. We will close public comment.

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

Governor: I'll make a motion for adjournment. All those in favor, signify by saying aye. The motion passes unanimously. Thank you everybody.

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: February 6, 2025

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Dustin Speed, 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 WILDLIFE

Agenda Item Write-up:

Pursuant to NRS 334.010 and SAM 0304, the department requests approval to purchase one new skid steer tractor for a total amount not to exceed $71,000.

Additional Information:

The department is requesting to purchase one new skid steer tractor. This equipment was originally requested at the September 9, 2025 Board of Examiners meeting at a not to exceed amount of $61,000. Unfortunately, the specific tractor that was quoted in that request is no longer available and the department has been unable to find a replacement for the previously approved amount. Funding was approved during the 2025 Legislative Session through decision unit E720 in budget account 4467, and the department has sufficient categorical savings for the additional amount.

Statutory Authority:

NRS 334.010
SAM 0304

REVIEWED: KL

ACTION ITEM: _____

JOE LOMBARDO
Governor

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

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

MEMORANDUM

Date: January 30, 2026

To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office

From: Jordan Goshert, Deputy Director

Subject: Request for Board of Examiners (BOE) Approval to Purchase New Equipment

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Pursuant to the requirements in the State Administrative Manual (SAM) 0304A, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase a new skid steer. The agency received BOE approval to purchase a used Bobcat in the amount of $61,000 at the September 9, 2025, BOE meeting. However, by the time the agency received the approval, the Bobcat was no longer available, and the agency is unable to find something similar for the approved not to exceed amount.

The agency is requesting to purchase 1 new skid steer not to exceed $71,000. The skid steer will be located at the Mason Valley Wildlife Management Area and utilized to maintain and upkeep the Wildlife Management Area. It will assist in clearing thick brush up, small excavation projects, repairing roads and dikes, moving materials, and for other maintenance needs.

Quotes have been provided with the attached BOE approval to purchase a state vehicle request forms and the vehicle order information forms.

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

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

Agency Name: Nevada Department of Wildlife	**Budget Account #:** 4467
Contact Name: Jordan Goshert	**Telephone Number:** 775-688-1982

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

Number of vehicles requested: 1 **Amount of the request:** $71,000

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Skid Steer

Mission of the requested vehicle(s): See attached memo.

Were funds legislatively approved for the request?	**If yes, please provide the decision unit number:** E720
☒ **Yes** ☐ **No**	**If no, please explain how the vehicles will be funded?**

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

☒ 1 **Addition(s)** ☐ ___ **Replacement(s)**

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

Yes

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: *Please attach an additional sheet if necessary*	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority — Title: Deputy Director — Date: 11/30/26

BOARD OF EXAMINERS' APPROVAL:

☐ Approved for Purchase ☐ Not Approved for Purchase

Board of Examiners — Date

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	New Holland C332		
Dealer Name:	Carter Agri-Systems		
Delivery Location:	Mason Valley Wildlife Management Area		
Vehicle Colors:	Exterior:	Interior:	☐ Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$71,000	$71,000
SPECIFY OPTIONS: (description)			$0
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			$0
Total purchase price with options			$0
DMV Title and DRS Fee's			$0
GRAND TOTAL:			$71,000

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
County Vehicle Based In:	Lyon
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandon Craig 775-762-5155

NEW HOLLAND AGRICULTURE

HESSTON Series from MASSEY FERGUSON

• QUOTE •

CARTER GRI-SYSTEMS

Caleb Flake
Cell: 775-293-3378
551 Highway 95 North
Winnemucca, NV
775-623-5057
Fax: 775-623-5059

Name	**NDOW- Mason Valley, c/o Isaac Metcalf**	**Date**	1/29/2026
Address		**Quote Good Through**	3/31/2026
		Phone	775-531-8368

Qty	Make	Model	Description	Total
Un 10571	New Holland	C332	Tracked skid steer, 9,630# op wgt, 3200# op capacity (50% of tip)	
			74 hp (no DEF), 24.2 gpm hydraulic, E-H Controls (ISO or H)	
			84" heavy dirt bucket w/ bolt on cutting edge, 17.7 inch tracks	
			Cab, 2spd, HVAC, Air ride fabric seat	
			Cash or 6.7% finance	$71,000.00
			Model in stock in Winnemucca	

Comments

Financing/Terms
Down Payment
Amount Financed
Payment Frequency
Loan Life (yrs.)
Rate
Periodic Payment

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 30, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Rosa Rogula, 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.

STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – CONSERVATION DISTRICTS

Agenda Item Write-up:
Pursuant to NRS 334.010, the department requests approval to purchase two replacement vehicles for a total amount not to exceed $129,587.

Additional Information:
The department is requesting to purchase two replacement vehicles to complete field work in remote locations across rural Nevada. Funding was approved in the 2025 Legislative Session in budget account 4151, decision unit E718.

Statutory Authority
NRS 334.010

REVIEWED: KC

ACTION ITEM:_____

JOE LOMBARDO
Governor

JAMES A. SETTELMEYER
Director

Division of Environmental Protection
Division of Water Resources
Division of Forestry
Division of State Parks
Division of State Lands
Division of Natural Heritage
Division of Outdoor Recreation

DOMINIQUE ETCHEGOYHEN
Deputy Director

CHAD J. STEPHENS
Deputy Director

State Historic Preservation Office
Conservation Districts Program
Sagebrush Ecosystem Program
Off-Highway Vehicles Program
Conserve Nevada Program

Office of the Director
901 S. Stewart Street, Suite 1003/Carson City, Nevada 89701
Phone: 775.684.2700/Fax: 775.684.2715
www.dcnr.nv.gov

Nevada Department of Conservation and Natural Resources

Date: 01/30/26

To: Rosa Rogula, Executive Branch Budget Officer
Governor's Finance Office

Through: Heather Bugg, Administrative Services Officer IV, Director's Office HB

From: Valerie Christensen, Administrative Services Officer I, Director's Office

Subject: 2026 Ford F150 XLT Justification

This memorandum is to formally request approval from the State Board of Examiners for two new vehicles per Assembly Bill 577 of the 2025 Legislative Session to replace one **2004 Ford 250** and one **2005 Dodge Dakota**. The existing vehicles are well beyond use and older in years with high mileage. They lack critical off-road enhancements limiting their ability to safely and reliably navigate the rough terrain encountered during field operations.

Total Request			
Vehicle Type	Cost	Quantity	Total
Ford F150 Super Crew	$64,793.25	2	$129,586.50

In addition to standard equipment the following options are requested for the following reasons:

- EcoBoost V6 engine is the ecofriendly larger truck engine best suited for off road travel, gravel road towing, and safety on the highways. It is an eco-engine and puts out lower emissions.

- Tow/haul package includes the trailer brake set up, a warranty tailgate hitch hookup back up camera and sway control. The hitch will be set up for light towing of porta potty units, and light weight trailers for workshops and projects located in rural areas. The back up camera and sway

protection are in place to protect the truck and the items being towed. This is a package from the dealership and is a safety package for any truck towing.

The off-road package includes several safety and vehicle protection features. Skid plate, front: Allows the Conservation District (CD) Program staff to remain safe when driving on mountainous two-track roads which often have large rocks or high centers. Skid plates help ensure that the state does not have to invest more money than necessary for repairs and gives the CD Program members the peace of mind that they will not have catastrophic issues due to rock hits. All- terrain tires which have better grip on dirt and gravel roads and will still provide safe driving on highways and rural roads. The tread on the all-terrain tire will protect the tires from punctures, sidewall damage and provide safety while driving.

- Spray in bed liner will protect the vehicle in all weather conditions. It will also protect the bed from any scratches while loading field equipment and project materials while working on conservation projects. The liner also provides excellent slip protection so that both people walking in the bed and the materials loaded do not slip or move around in the bed of the truck causing more damage. This is a common package add on for any trucks sold to state department which are using the trucks on gravel and dirt roads and working in the field.

- 301A Equipment Package will provide PVD Wheels, 6" step bars, a rear view camera and blind spot protection. These wheel are more durable than the standard package. The step bars rear view camera are added safety features to ensure employee safety.

- The Fleet Time Running Lights upgrade the lights to LED which enhances vehicle visibility and significantly reduces daytime crashes which allows for employees to operate the vehicle under safter conditions.

- Camper shell: The trucks are often used for overnight camping in remote locations and are used to secure our field and data gear while on site and in town. The camper shell was part of our request as we use the camper shells regularly for projects. The camper shells are provided through the dealership by a local vendor and included in the quote. The dealership will service the camper shell and truck if any issues arise due to the camper shell.

- The roadside assistance kit includes safety materials for an accident, or breakdown. It includes reflective materials, safety vests, flashlights, flashers, batteries, cones and first aid kits. This provided by the dealership costs less than adding these materials from Amazon or from aftermarket suppliers. The kit fits well behind the truck seats and was built to protect the drivers and passengers in the truck.

Additionally, the Nevada Conservation District Program did not opt to get an electric vehicle due to concerns for staff safety in remote areas of the state, lack of charging capabilities, and location of Conservation District meetings and projects.

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

Agency Name: CONSERVATION DISTRICTS	**Budget Account #:** 4151
Contact Name: VALERIE CHRISTENSEN	**Telephone Number:** 775-684-2706

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: 2 **Amount of the request:** $129,586.50

Is the requested vehicle(s) new or used: NEW

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
2 4X4 Trucks

Mission of the requested vehicle(s): The Conservation Districts Program routinely completes field work in remote locations across rural Nevada where 4 wheel drive is necessary.

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** FY26 WP26OS41511 FY26 Assembly Bill 577 **If no, please explain how the vehicles will be funded?**

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

[ ] ____ **Addition(s)** [X] ____ **Replacement(s)**

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

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) **Current Vehicle Information:** Vehicle #1 Model Year: 2004 FORD F250 Odometer Reading: 94,791.60 Type of Vehicle: TRUCK Vehicle #2 Model Year: 2005 DODGE DAKOTA Odometer Reading: 108,196 Type of Vehicle: TRUCK *Please attach an additional sheet if necessary*	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. YES If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. The increased new safety features in these trucks is advanced and includes LED lights, SOS buttons, roll-stability technologies and many airbags. The new co-pilot technologies also provide increased safety with maintaining lanes, breaking assistance, pre-collision alarms and breaking, and vehicle sensors for backing up and driving.

APPOINTING AUTHORITY APPROVAL:

Heather Bugg — Agency Appointing Authority

Administrative Services Officer IV — Title

1/30/26 — Date

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners

Date

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 FORD F150 XLT				
Dealer Name:	CORWIN RENO				
Delivery Location:	N/A				
Vehicle Colors:	Exterior: OXFORD WHITE	Interior: GRAY	x Cloth ☐ Vinyl		
	Quantity	Unit Cost		Total Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$	54,510.00	$	109,020.00
SPECIFY OPTIONS: (description)				$	20,510.00
301A Equipment Group (PVD Wheels, 6" step bars, Review Camera, Blind Spot Detection)	2	$	695.00		
3.5L V6 EcoBoost	2	$	2,220.00		
Tow/Haul Package	2	$	1,010.00		
Off Road Package	2	$	1,320.00		
Fleet Day time Running Lights Safety Feature	2	$	45.00		
Bedliner	2	$	625.00		
Roadside Assistance Kit	2	$	240.00		
Camper Shell Match Color	2	$	4,100.00		
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			0	$ N/A	
Total purchase price with options				$	129,530.00
DMV Title and DRS Fee's	2		$28.25		$56.50
GRAND TOTAL:				$	129,586.50

Registered Owner:	Agency Name & Address: DCNR – Conservation Districts 901 S. Stewart St Suite #1003 Carson City, NV 89701
Legal Owner:	Agency Name & Address: DCNR – Conservation Districts 901 S. Stewart St Suite #1003 Carson City, NV 89701
County Vehicle Based In:	WHITE PINE & CLARK COUNTY
Name & Phone of Person to contact when vehicle is ready for delivery:	MELANY ATEN 775-625-0901

Preview Order 8888 - W3L - 4x4 XLT SuperCrew: Order Summary Time of Preview: 01/13/2026 09:21:30 Receipt: NA

Dealership Name: Corwin Ford Reno **Sales Code:** F72404

Dealer Rep.	Dennis Tagliarino	**Type**	Fleet	**Vehicle Line**	F-150	**Order Code**	8888
Customer Name	Conservation	**Priority Code**	E4	**Model Year**	2026	**Price Level**	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
F150 4X4 SUPERCREW XLT - 145	$51915	TOW/HAUL PACKAGE	$1010
145 INCH WHEELBASE	$0	.INTEGRATED TRAILER BRAKE CONT	$0
TOTAL BASE VEHICLE	$51915	FX4 OFF-ROAD PACKAGE	$1320
OXFORD WHITE	$0	.SKID PLATES	$0
CLOTH 40/20/40	$0	18X8.5 PAINTED ALUM WHL	$0
MEDIUM DARK SLATE	$0	EXTENDED RANGE 36GAL FUEL TANK	$0
EQUIPMENT GROUP 301A	$695	CONN PKG: 1 YR INCL W/FORD APP	$0
.XLT SERIES	$0	FLEET DRL - REPLACE STD DRL	$45
.8-WAY POWER DRIVERS SEAT	$0	BEDLINER-TOUGHBED SPRAYIN*ACCY	$625
.DUAL ZONE AUTO TEMP CONTROL	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
.LED FOG LAMPS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
3.5L V6 ECOBOOST	$2220	FUEL CHARGE	$0
ELEC TEN-SPEED AUTO TRANS	$0	NET INVOICE FLEET OPTION (B4A)	$0
275/65R 18 BSW ALL-TERRAIN	$0	PRICED DORA	$0
3.55 ELECTRONIC LOCK RR AXLE	$0	ADVERTISING ASSESSMENT	$0
7100# GVWR PACKAGE	$0	DESTINATION & DELIVERY	$2595
FORD FLEET SPECIAL ADJUSTMENT	$0	Commercial Roadside Assistance	$240
FRONT LICENSE PLATE BRACKET	$0	TOTAL DIO OPTS	$240
LINER-TRAY STYLE-NO CARPET MAT	$0		

	MSRP
TOTAL BASE AND OPTIONS	$60665
DISCOUNTS	NA
TOTAL	$60665

ORDERING FIN: QS062 **END USER FIN:** QS062

Camper shell matching color $ 4100

Customer Name:
Customer Address:

Customer Email:

Customer Phone:

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: February 2, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Rosa Rogula, Executive Branch Budget Officer RR
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION

Agenda Item Write-up:
Pursuant to NRS 334.010, the department requests approval to purchase two replacement vehicles for a total amount not to exceed $115,122.

Additional Information:

The department is requesting to purchase two replacement vehicles for statewide travel to conduct compliance inspections. Funding for one vehicle was approved during the 2025 Legislative Session through decision unit E712 in budget account 3187. Funding for the second vehicle was approved during the 2023 Legislative Session through decision unit E711 in budget account 3188.

Statutory Authority:

NRS 334.010

REVIEWED: _____

ACTION ITEM: _____

NEVADA DIVISION OF
ENVIRONMENTAL
PROTECTION

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

MEMORANDUM

To: Rosa Rogula, Budget Officer, Governor's Office of Finance

From: Sheryl Fontaine, Chief, Bureau of Administrative Services

Date: January 30, 2026

Subject: BOE Request for approval:

- 2026 Toyota Rav 4 (BU 3187)
- 2026 Chevrolet Suburban (BU 3188)

The Nevada Department of Environmental Protection (NDEP) respectfully requests authorization and approval from the State Board of Examiners to purchase two vehicles from two different budget units. One was approved by the State Legislature during the 83rd Legislative Session. The other vehicle was legislatively approved for purchase in State Fiscal Year (FY) 2025 but is being purchased in FY26 due to not meeting mileage requirements.

The Bureau of Sustainable Materials Management is requesting to replace a compact sedan with a 2026 Toyota compact SUV Rav4. The Rav4 SUV meets the Flex Fuel requirements for Clark County and meets the comfort needs of staff and equipment, unlike the compact sedan. This request is aligned with the legislatively approved decision unit E712 in budget unit 3187. The bureau is also requesting approval for factory-installed floor and cargo protectors, providing additional protection during off-highway use.

In addition, the Bureau of Mining Regulation and Reclamation (BMRR) is requesting a full-size replacement 4x4 SUV to ensure continuation of bureau operations. This request is aligned with the legislatively approved (during the 82nd legislative session) decision unit E711 in budget unit 3188. The bureau is also requesting approval of the addition of a factory installed off-road package, which will allow for increased ground clearance and improved maneuverability when conducting mandatory inspections of mine sites and exploration projects in rural Nevada.

The BMRR offers this explanation regarding the replacement of its 2016 Ford Expedition for decision unit E711. The 2016 Ford Expedition also meets all SAM criteria for age and mileage.

During the 2021–2023 biennium budget development process, for FY22–23, the Legislature approved, under equipment replacement schedule E712, the replacement of BMRR's 2014 Toyota FJ Cruiser. That vehicle was subsequently replaced with a 2023 Toyota Tacoma in FY23.

During the 2023–2025 biennium budget development process, for FY24–25, the Legislature again approved, under equipment replacement schedule E711, the replacement of BMRR's 2014

Toyota FJ Cruiser. Upon review, it appears that identical language was inadvertently reused, although the intended purpose was to authorize replacement of the 2016 Ford Expedition.

Once approved, please notify me via telephone (775) 687-9374 or email sfontaine@ndep.nv.gov and we will send staff to pick up the BOE approval packet. Once approved, the vehicles will be processed as a requisition in Nevada ePro.

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

Agency Name: DCNR-Bureau of Sustainable Materials Managment & Bureau of Minning Regulation and Reclamation	**Budget Account #:** 3187 & 3188
Contact Name: Misti Gower	**Telephone Number:** 775-687-9494

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: 2 **Amount of the request:** $115,121.50 for both

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:

BA 3187 Compact SUV & BA 3188 SUV

Mission of the requested vehicle(s):

Both vehicles are for statewide travel to conduct compliance inspections at rural facilities, many off road.

Were funds legislatively approved for the request?	**If yes, please provide the decision unit number:**
☑ Yes ☐ No	E712 & E711 **If no, please explain how the vehicles will be funded?**

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

☐ ___ Addition(s) ☑ 2 Replacement(s)

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

Yes, both vehicles comply with SAM 1314 and theRav4 is a hybrid that meets the alternative fuel requirements for Clark County.

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information: Vehicle #1 Model Year: 2009 Toyota Prius Odometer Reading: 64,900 Type of Vehicle: Compact Sedan	Yes, these replacements meet SAM 1316 Requirements
Vehicle #2 Model Year: 2016 Ford Expedition Odometer Reading: 126,320 Type of Vehicle: SUV	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. BA 3187 all weather floor and cargo liners BA 3188 requested vehicle has enhanced off road capabilities due to off road site inspections.
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority	Title	Date
	Deputy Administator, Acting Administrator	1/29/2025

BOARD OF EXAMINERS' APPROVAL:

☐ Approved for Purchase ☐ Not Approved for Purchase

Board of Examiners _____ Date _____

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 RAV4 LE 2.5L 4-Cyl. Hybrid Engine All Wheel Drive 4435A		
Dealer Name:	Carson City Toyota		
Delivery Location:	901 S Stewart St, Carson City, NV 89701		
Vehicle Colors:	Exterior: White	Interior: Black	X Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 34,750.00	$34,750.00
SPECIFY OPTIONS: (description)			$339.00
All Weather Floor liners and Cargo Liner	1	$339.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$
Total purchase price with options			$35,089.00
DMV Title and DRS Fee's		$28.25	$28.25
GRAND TOTAL:			$35,117.25

DocuSign Envelope ID: A277E5E3-EB99-4DE5-B888-3BD85FE7A624

Registered Owner:	Agency Name & Address: DCNR/NDEP/Bureau of Sustainable Materials Mgmt. 901 S Stewart St. Ste. 4004 Carson City, NV 89701
Legal Owner:	Agency Name & Address: DCNR/NDEP/Bureau of Sustainable Materials Mgmt. 901 S Stewart St. Ste. 4004 Carson City, NV 89701
County Vehicle Based In:	Las Vegas
Name & Phone of Person to contact when vehicle is ready for delivery:	Michelle Gonse (775)687-9461

Dick Campagni's

CARSON CITY TOYOTA

CAMPAGNI AUTO GROUP

WWW.CARSONCITYTOYOTA.COM 775-882-8211

BUYER	CO-BUYER	
ENVIRONMENTAL PROTECTION DIVISION 901 S STEWART ST STE 5005 CARSON CITY, NV 897015248 **Home #:** (775) 687-9370 **Work #:** (775) 687-8335	**Home #:** **Work #:**	**Deal #:** 47782 **Deal Type:** Retail **Deal Date:** 01/27/2026 **Print Time:** 05:06pm **Salesperson:**

VEHICLE

New ☐ Used ☐ Demo ☐	Stock #:	Description:	VIN:	Mileage:
		2026 TOYOTA RAV4 LE AWD HYBRID		

TRADE

AFTERMARKETS

Total Aftermarkets:	$	0.00

Rate:		0.00%
Amount Financed:	$	35,117.25

	$	
Sale Price:	$	35,089.00
Total Financed Aftermarkets:	$	0.00
Total Trade Allowance:	$	0.00
Trade Difference:	$	**35,089.00**
Documentary Fee:	$	0.00
State & Local Taxes:	$	0.00
Total License and Fees:	$	28.25
Total Cash Price:	$	**35,117.25**
Total Trade Payoff:	$	0.00
Delivered Price:	$	**35,117.25**
Cash Down Payment + Deposit:	$	0.00
Unpaid Balance:	$	**35,117.25**
Service Agreement:	$	0.00
Maintenance Agreement:	$	0.00
GAP Insurance:	$	0.00
Credit Life, Accident & Health:	$	0.00
Other:	$	0.00
Amount Financed:	$	**35,117.25**

Buyer Signature

Co-Buyer Signature

TOYOTA

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

2026 RAV4

RAV4 LE

Model: 2026 RAV4 LE 2.5L 4-Cyl. Engine All-Wheel Drive 4435A

Stock: N/A

Engine: 2.5L 4-Cyl. Hybrid Engine

Transmission: Electronically controlled Continuously Variable Transmission (ECVT)

EXTERIOR
Ice Cap

INTERIOR
Black Fabric

PRICE

Base MSRP *	$33,300.00
Port Installed Packages & Accessories	$339.00
Delivery Processing and Handling	$1,450.00
Total Advertised Price	$35,089.00

FUEL ECONOMY

42 MPG Combined City/Hwy | 46 MPG City | 39 MPG Highway

INSTALLED PACKAGES & ACCESSORIES

50 State Emissions	FIO	$0.00
Owner's Portfolio	PIO	$0.00
All-Weather Liner Package	PIO	$339.00

All-Weather Floor Liner package includes precision-fit, durable, weather-resistant floor protection that helps protect the interior. Includes:.

- All-Weather Floor Liners
- Cargo Liner

Total Optional Equipment	$339.00
Vehicle Base Model	$33,300.00
Delivery Processing and Handling	$1,450.00

FEATURES

Mechanical & Performance

- Capability: Hill Start Assist Control (HAC)
- Drivetrain: All-Wheel Drive Integrated Management (AIM) with Multi-Information Display (MID) monitor
- Suspension: Independent MacPherson strut front suspension with stabilizer bar; multi-link rear suspension with stabilizer bar
- Transmission: Engine oil cooler, automatic transmission fluid cooler and hybrid system cooler
- HV Electric Motor: Max. Torque: 170 lb.-ft. (231 N•m)
- HV Traction Battery: Type: Sealed Lithium-ion (Li-ion)
- Engine: Emission rating: Super Ultra Low Emission Vehicle (SULEV)
- Engine: Compression ratio: 14:1
- Steering: Electric Power Steering (EPS); power-assisted rack-and-pinion
- Drivetrain: All-Wheel Drive (AWD)
- Tow Prep Equipment: Automatic CVT fluid warmer
- Transmission: Electronically controlled Continuously Variable Transmission (ECVT) with sequential shift mode
- HV Electric Motor: Power output (front/rear): 100/40 kW
- HV Traction Battery: Rated voltage: 248V (Li-ion)
- Engine: Hybrid engine: 2.5-Liter Dynamic Force 4-Cylinder with SPORT, Eco, NORMAL, EV, TRAIL, SNOW drive modes; 236 combined net hp; internal combustion engine with 163 hp;Electric

- Brakes: Electronically Controlled Braking (ECB) system with integrated regenerative braking
- Engine: 2.5L 4-Cyl. Hybrid Engine
- Weight Rating: 4920 lbs

motor: power output (front/rear) 100/40 kW
- Drive Modes: Drive mode button with SPORT, Eco and NORMAL modes
- Brakes: Active Cornering Assist (ACA)
- Electronically controlled Continuously Variable Transmission (ECVT)

Steering

- Electric Power Steering (EPS); power-assisted rack-and-pinion S

Exterior

- Intermittent windshield wipers and intermittent rear window wiper
- Satin-black power outside mirrors with turn signal and blind spot warning indicators
- Paint-matched hammerhead grille
- Wide overfenders with black cladding and an ascending belt line with chiseled body panels
- Low-profile black roof rails
- LED Daytime Running Lights (DRL)
- Dual exhaust
- 17-in. dark gray metallic wheels
- Privacy glass on all rear side, quarter and liftgate windows
- Body-colored grille
- Color-keyed upper front bumper, and satin-black lower front bumper, overfenders and rear bumper
- Aero-stabilizing fins and underbody with active front spats
- LED projector low- and high-beam headlights, Daytime Running Lights (DRL) and front side marker light with chrome accent, Automatic High Beams (AHB)
- LED taillights
- Black roof-mounted shark-fin antenna

Interior

- Shift lever with sequential mode
- Electric Parking Brake (EPB) with Brake Hold
- Remote keyless entry system with lock, unlock, panic functions and remote illuminated entry
- 12.3-in. digital gauge cluster with customizable settings, integrated multimedia information, odometer, tripmeters, clock, outside temperature, rear passenger seatbelt indicators, fuel gauge, hybrid energy monitor, battery charge meter, fuel economy information, trip timer, shift-position and scheduled maintenance indicators, and warning messages
- Turn signal stalk with headlight controls and one-touch 3-blink lane change turn signals
- Dual-purpose storage door hand holds
- Passenger-side lockable glove compartment
- Front-door storage pockets with bottle holders
- Cargo area light
- Overhead console with maplights, sunglasses storage and Safety Connect® button
- Black interior door handles
- Height-adjustable rear cargo area deck board
- Day/night rearview mirror
- RAV4-branded center console
- Two 15w front USB-C charging ports and one center console media USB-C charging port
- Power door locks with shift-linked automatic lock/unlock feature
- Sun visors with illuminated vanity mirrors
- Dual zone automatic climate control system with dust and pollen filter and rear-seat vents
- Smart Key System on front doors with Push Button Start, remote keyless entry system with lock, unlock and panic functions, and remote illuminated entry
- Urethane tilt/telescopic 3-spoke steering wheel with controls for audio, Multi-Information Display (MID), Bluetooth® hands-free phone, voice-command, Dynamic Radar Cruise Control (DRCC), Lane Departure Alert (LDA) and Lane Trace Assist (LTA)
- Center console with covered storage compartment, reversible armrest/console tray, two cup holders, drive mode (Trail, Snow, Normal and EV mode), auto LSD/VSC, Electric Parking Brake (EPB) and automatic Brake Hold controls, and front storage tray
- Removeable front cupholder divider
- Two front and two rear cup holders; two front and two rear bottle holders
- LED front-seat reading lights, dome light and cargo area light
- Fabric-trimmed seats; 6-way manual front seats with seatback pocket
- 60/40 split reclining fold-flat rear seat with center armrest and cup holders
- Cargo area tonneau cover
- Black carpet flooring with driver-side footrest
- Chrome-painted dash with urethane dash panels and soft-touch leather-wrapped armrests
- One 12V/120W auxiliary power outlet in front instrument panel storage tray and one 12V/120W auxiliary power outlet in cargo area
- Power windows with auto up/down and jam protection in all positions
- Rear liftgate window defogger

Audio Multimedia

- Driver Recorder S
- 10.5-in. Toyota Audio Multimedia, six speakers, with wireless Apple CarPlay® & Android Auto™ compatibility, SiriusXM® with 360L 3-month trial subscription. See toyota.com/connected-services for details. S

ToyotaCare

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

Safety & Convenience

- Anti-theft system with engine immobilizer
- Blind Spot Monitor (BSM) * with Rear Cross-Traffic Alert (RCTA) * and Safe Exit Alert (SEA) *
- Trailer-Sway Control (TSC)
- 3-point seatbelts for all seating positions; driver-side Emergency Locking Retractor (ELR) and Automatic/Emergency Locking Retractor (ALR/ELR) on all passenger seatbelts
- LATCH (Lower Anchors and Tethers for CHildren) includes lower anchors on outboard rear seats and tether anchors on all rear seats
- Toyota Safety Sense™ 4.0 — Pre-Collision System w/Pedestrian Detection , Lane Tracing Assist , Full-Speed Range Dynamic Radar Cruise Control , Lane Departure Alert w/Steering Assist , Automatic High Beams , Road Sign Assist , Proactive Drive Assist
- Tire Pressure Monitor System (TPMS) with direct pressure readout and individual tire location alert
- Front and rear side-impact door beams
- Child-protector rear door locks and power window lockout control
- Downhill Assist Control (DAC)
- Vehicle Proximity Notification System (VPNS)
- Hill Start Assist Control (HAC)
- Front and outboard second-row seatbelts with seatbelt pretensioners with force limiters
- Adjustable front shoulder anchors
- Eight airbags — includes driver and front passenger Advanced Airbag System, driver and front passenger seat-mounted side airbags, driver's knee airbag, front passenger seat cushion airbag, and front and rear side curtain airbags
- Backup camera with dynamic gridlines
- Star Safety System™ — includes Vehicle Stability Control (VSC), Traction Control (TRAC), Anti-lock Brake System (ABS), Electronic Brake-force Distribution (EBD), Brake Assist (BA) and Smart Stop Technology® (SST)

Connected Services

- Safety Connect® — includes Emergency Assistance button, Enhanced Roadside Assistance, Automatic Collision Notification and Stolen Vehicle Locator. Active trial or subscription required. 5G network dependent. 5-year minimum trial subscription
- Remote Connect — remotely interact with your vehicle through the Toyota app via your smartwatch. Depending on grade, allows you to lock/unlock doors, start and stop the vehicle, locate your last parked location, check vehicle status and monitor guest drivers. Active trial or subscription required.. 5G network dependent. 1-year trial subscription
- Wi-Fi Connect — includes AT&T Wi-Fi hotspot and Integrated Streaming (which also allows you to connect your existing Spotify® subscription through the onboard Audio Source feature). Active trial or subscription required. 5G network dependent. 30-day trial with unlimited hotspot data
- Service Connect — receive personalized maintenance updates and vehicle health reports. Active trial or subscription required. 5G network dependent. 5-year minimum trial subscription
- Drive Connect — includes Cloud Navigation with Google Points of Interest (POI) data, Intelligent Assistant with Hey, Toyota, and Destination Assist. Active trial or subscription required. 5G network dependent. Capable, subscription required

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* Base MSRP excludes manufacturer, distributor and dealer options, taxes, title and license and dealer fees and charges. Also excludes the Delivery, Processing and Handling of $1,195 for Cars (Corolla, Corolla HV, Corolla HB, GR Corolla, Camry, Prius, Prius Plug-in Hybrid, Toyota Crown, Mirai, GR86, GR Supra), $1,450 for Entry SUV (Corolla Cross, Corolla Cross HV), $1,450 for Small SUV (RAV4, RAV4 HV, RAV4 Plug-in Hybrid, bZ, bZ Woodland, C-HR), $1,495 for Mid SUV/Van (4Runner, 4Runner HV, Highlander, Highlander HV, Grand Highlander, Grand Highlander HV, Sienna, Land Cruiser, Toyota Crown Signia), $1,595 for Small Pickup (Tacoma, Tacoma HV), $2,095 for Large Pickup/Large SUV (Tundra, Tundra HV, Sequoia). (Historically, vehicle manufacturers and distributors have charged a separate fee for processing, handling and delivering vehicles to dealerships. Toyota's charge for these services is called the "Delivery, Processing and Handling Fee" and is based on the value of the processing, handling and delivery services Toyota provides as well as Toyota's overall pricing structure and may be subject to change at any time. Toyota may make a profit on the Delivery, Processing and Handling Fee.) The Delivery, Processing and Handling Fee in AL, AR, FL, GA, LA, MS, NC, OK, SC and TX will be higher. Dealer price will vary.

ToyotaCare, which covers normal factory scheduled maintenance for 2 years or 25,000 miles, whichever comes first, is included as part of the sales price of the vehicle for qualifying buyers. See participating dealer for eligibility and coverage details.

Disclaimer: This document is not meant to replace or substitute the actual window sticker on the vehicle. Toyota Motor Sales, U.S.A., Inc. is not responsible and disclaims any liability for inaccuracies. Please contact your dealer with any questions or if you require additional information.

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 CHEVROLET SUBURBAN 4WD, 4DR, Z751, 5.3L		
Dealer Name:	CHAMPION CHEVROLET		
Delivery Location:	9805 DOUBLE R BLVD, SUITE 200		
Vehicle Colors:	Exterior: White	Interior: Black	☒ Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$73,041.00	$73,041.00
SPECIFY OPTIONS:			
Factory Installed Packages & Accessories			
Port Installed Packages & Accessories			
Delivery Processing/Handling			
Off Road and trailering Packages	1	$6,935.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			$79,976.00
Total purchase price with options			$79,976.00
DMV Title and DRS Fee's		$28.25	$28.25
GRAND TOTAL:			$80,004.25

Registered Owner:	Agency Name & Address: State of Nevada Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Mining Regulation & Reclamation 901 S. Stewart Street, Ste 4001 Carson City, NV 89701-5249
Legal Owner:	Agency Name & Address: State of Nevada Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Mining Regulation & Reclamation 901 S. Stewart Street, Ste 4001 Carson City, NV 89701-5249
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Sherrie Cairo 775-687-9399 Or Ashley Taylor 775-687-9397

[Retail] 2026 Chevrolet Suburban (CK10906) 4WD 4dr Z71 (5) (Complete)

Selected Model and Options

MODEL

CODE	MODEL	MSRP
CK10906	2026 Chevrolet Suburban 4WD 4dr Z71	$73,400.00

COLORS

CODE	DESCRIPTION
GAZ	Summit White (Not available on Premier or High Country.)

SUSPENSION PKG

CODE	DESCRIPTION	MSRP
Z95	Suspension, Magnetic Ride Control (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.

EMISSIONS

CODE	DESCRIPTION	MSRP
NE1	Emissions, Colorado, Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, New Mexico, Oregon, Pennsylvania, Rhode Island, Vermont and Washington state requirements	$0.00

ENGINE

CODE	DESCRIPTION	MSRP
L84	Engine, 5.3L EcoTec3 V8 with Dynamic Fuel Management, Direct Injection and Variable Valve Timing, includes aluminum block construction (355 hp [265 kW] @ 5600 rpm, 383 lb-ft of torque [518 Nm] @ 4100 rpm) (STD)	$0.00

TRANSMISSION

CODE	DESCRIPTION	MSRP
MHS	Transmission, 10-speed automatic electronically controlled with overdrive, includes Traction Select System including tow/haul (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine only.) (STD)	$0.00

AXLE

CODE	DESCRIPTION	MSRP
GU5	Rear axle, 3.23 ratio	$0.00

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Data Version: 27247. Data Updated: Dec 15, 2025 6:47:00 PM PST.

[Retail] 2026 Chevrolet Suburban (CK10906) 4WD 4dr Z71 (5) (Complete)

PREFERRED EQUIPMENT GROUP

CODE	DESCRIPTION	MSRP
2Z7	Z71 Preferred Equipment Group includes standard equipment	$0.00

WHEEL TYPE

CODE	DESCRIPTION	MSRP
R4M	Wheels, 20" x 9" (50.8 cm x 22.9 cm) bright machined and painted Technical Gray aluminum (STD)	$0.00

PAINT

CODE	DESCRIPTION	MSRP
GAZ	Summit White (Not available on Premier or High Country.)	$0.00

SEAT TYPE

CODE	DESCRIPTION	MSRP
A50	Seats, front bucket (STD)	$0.00

OPTION DISCOUNT

CODE	DESCRIPTION	MSRP
___	Option/package discount (Requires (RFP) Z71 Off-Road Package.) *DISCOUNT*	($1,500.00)

SEAT TRIM

CODE	DESCRIPTION	MSRP
H0Y	Jet Black, Leather-Appointed seating surfaces	$0.00

RADIO

CODE	DESCRIPTION	MSRP
URW	Audio system, 17.7" diagonal advanced color LCD display with Google built-in compatibility (select service plan required, terms and limitations apply), including navigation capability, connected apps, personalized profiles for each driver's settings, Natural Voice Recognition and Phone Integration (STD)	$0.00

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[Retail] 2026 Chevrolet Suburban (CK10906) 4WD 4dr Z71 (5) (✓ Complete)

ADDITIONAL EQUIPMENT - PACKAGE

CODE	DESCRIPTION	MSRP
NHT	Max Trailering Package includes (ZL6) Advanced Trailering Package, (JL1) trailer brake controller and (V03) extra capacity cooling system (Requires (Y55) Comfort Package except when included with (PCU) Sun and Tow Package. Included with (PCU) Sun and Tow Package and (RFP) Z71 Off-Road Package.	Inc.
RFP	Z71 Off-Road Package includes (NHT) Max Trailering Package content, (Z6E) Off-Road Capability Package content, which includes (F47) Air Ride Adaptive Suspension, (G96) electronic limited slip rear differential and (Z95) Magnetic Ride Control, (DCH) power-sliding center console and (UW9) Rear Seat Media System (Requires (Y55) Comfort Package, (C3U) power sunroof and (ATN) second row power bucket seats. Not available with (PCU) Sun and Tow Package or (RFO) Hit The Road Package, LPO.)	Inc.
Y55	Comfort Package includes (A45) memory settings, (UQS) Bose 10-speaker Surround with CenterPoint, (DXR) outside heated power-adjustable, power-folding, body-color mirrors with driver -side auto-dimming and integrated turn signal indicators, (KI3) heated steering wheel, (KA6) second row outboard heated seats, (ATT) second row power 60/40 split-folding bench seats, (AS8) third row power 60/40 split-folding bench seats, (TGE) LED animated headlamps and (TAU) LED animated tail lamps ((ATT) second row power 60/40 split-folding bench seats upgradeable to (ATN) second row power bucket seats. Not available with (PCU) Sun and Tow Package.)	Inc.
Z6E	Off-Road Capability Package includes (Z95) Magnetic Ride Control, (F47) Air Ride Adaptive suspension and (G96) electric limited-slip differential (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.
ZL6	Advanced Trailering Package includes (UKW) Blind Zone Steering Assist with Trailering, (PZ8) Hitch View and (UET) Smart Trailer Integration Indicator (Included and only available with (NHT) Max Trailering Package.)	Inc.

ADDITIONAL EQUIPMENT - MECHANICAL

CODE	DESCRIPTION	MSRP
F47	Suspension, Air Ride Adaptive (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.
G96	Differential, electronic limited-slip (eLSD) (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.
JL1	Trailer brake controller, integrated (Included and only available with (NHT) Max Trailering Package.)	Inc.
PZ8	Hitch View with image adjustment, Pan/Zoom (Included and only available with (ZL6) Advanced Trailering Package.)	Inc.
V03	Cooling system, extra capacity (Included and only available with (NHT) Max Trailering Package. Not included when (LZ0) Duramax 3.0L Turbo-Diesel engine is ordered.)	Inc.

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[Retail] 2026 Chevrolet Suburban (CK10906) 4WD 4dr Z71 (5) (✓ Complete)

ADDITIONAL EQUIPMENT - EXTERIOR

CODE	DESCRIPTION	MSRP
C3U	Sunroof, power Panoramic, dual-pane, tilt-sliding with express-open and close and power sunshade (Requires (Y55) Comfort Package, except when (PCU) Sun and Tow Package is ordered. Included with (PCU) Sun and Tow Package.)	Inc.
DXR	Mirrors, outside heated power-adjustable, power-folding, driver-side auto-dimming integrated turn signal indicators and puddle lighting (Included and only available with (Y55) Comfort Package.)	Inc.
TAU	Tail lamps, LED, includes animated lighting (Included and only available with (Y55) Comfort Package.)	Inc.
TGE	Headlamps, LED, with LED Daytime Running Lamps includes animated lighting (Included and only available with (Y55) Comfort Package.)	Inc.

ADDITIONAL EQUIPMENT - ENTERTAINMENT

CODE	DESCRIPTION	MSRP
UQS	Audio system feature, Bose 10-speaker Surround with CenterPoint (Included and only available with (Y55) Comfort Package.)	Inc.
UW9	Rear Seat Media System includes dual rear seat-mounted 12.6" diagonal color-touch LCD HD screens, two Bluetooth headphones with 2 HDMI ports on the back of the center console (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.

ADDITIONAL EQUIPMENT - INTERIOR

CODE	DESCRIPTION	MSRP
A45	Memory settings, recalls 2 "driver" presets for power driver seat and outside rearview mirrors (Included and only available with (Y55) Comfort Package.)	Inc.
AS8	Seats, third row 60/40 split-bench, power-folding (Included and only available with (Y55) Comfort Package.)	Inc.
ATN	Seats, second row bucket, power release (Requires (Y55) Comfort Package. Not available with (PCU) Sun and Tow Package.)	Inc.
DCH	Console, floor, power-sliding center with drawer, secure storage, manual sliding armrest and cup holders for second row; (Included and only available with (RFP) Z71 Off-Road Package.)	Inc.
KA6	Seats, heated second row outboard seats (Included and only available with (Y55) Comfort Package.)	Inc.
KI3	Steering wheel, heated (Included and only available with (Y55) Comfort Package.)	Inc.
UET	Smart Trailer Integration Indicator (Included and only available with (ZL6) Advanced Trailering Package.)	Inc.

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[Retail] 2026 Chevrolet Suburban (CK10906) 4WD 4dr Z71 (5) (Complete)

ADDITIONAL EQUIPMENT - SAFETY-INTERIOR

CODE	DESCRIPTION	MSRP
UKW	Blind Zone Steering Assist with Trailering (Included and only available with (NHT) Max Trailering Package.)	Inc.
	Options Total	**$8,435.00**

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CHAMPION
CHEVROLET

Item # 5.5 – Sport Utility Vehicle ½ Ton 4 Door 8 Passengers

• Base Price	$73,041.00
• Z71 Package	$6,935.00
• Summit White	$0.00
• Destination Charge	$0.00
Nevada DRS/Title Fee	$28.25
Total	$80,004.25

Fleet Manager

Kyle M. Outland

800 Kietzke Lane • Reno, Nevada 89502-2095
P.O. Box 7277 • Reno, Nevada 89510-7277 • (775) 786-3111 • Fax (775) 786-4397
www.championchevroletreno.com

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 2, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Rosa Rogula, 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.

STATE DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – DIVISION OF STATE PARKS

Agenda Item Write-up:
Pursuant to NRS 334.010, the department requests approval to purchase four replacement vehicles for a total amount not to exceed $440,280.

Additional Information:
The department is requesting to purchase four replacement vehicles to be utilized for daily maintenance and cleaning of state park facilities. These vehicles will operate extensively in off-road terrain within state park areas. Funding for this purchase was approved as one-shot funding during the 2025 Legislative Session through Senate Bill 475.

Statutory Authority
NRS 334.010

REVIEWED: KL

ACTION ITEM:_____

JAMES A. SETTELMEYER
Director
Department of Conservation and Natural Resources

Bob Mergell
Administrator
Nevada State Parks

Joe Lombardo
Governor

STATE OF NEVADA

901 S. Stewart Street,
Suite 5005
Carson City, NV
89701-5248

Phone: (775) 684-2770
Fax: (775) 684-2777
stparks@parks.nv.gov
http:parks.nv.gov

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS

December 31, 2025

MEMORANDUM

To: Rosa Rogula, Executive Budget Officer I

From: Brooke Knight, Administrative Services Officer IV, State Parks

Through: Robert Mergell, Administrator, State Parks

Subject: BOE Approval to Purchase New Vehicles

The purpose of this memorandum is to formally request approval from the State Board of Examiners to purchase new vehicles pursuant to NRS 334.010. The Division of State Parks was approved one-shot funding during the FY 2025 legislative session, through Senate Bill 475, for the purchase of up to 75 vehicles, not to exceed the appropriated amount of $5,276,809. This is the second and final request for the purchase of four vehicles, in the amount of $440,280.00. The purchase request consists of three Chevy 3500 HD Diesel Equipment Mechanic Trucks and one Ford F-450 SuperCab Truck:

Total Request - Replacement and New Vehicles Combined			
Vehicle Type	**Cost**	**Quantity**	**Total**
Chevy 3500 HD Diesel Maintenance Equipment Mechanic Truck	$122,492.25	3	$367,476.75
Ford F-450 Maintenance Flat Bed	$72,803.25	1	$72,803.25
	Total	**4**	**$440,280.00**

The vehicles will be used to conduct daily maintenance and cleaning of the state park facilities. Vehicles will spend a large amount of time used in off-road terrain settings within state parks areas.

Vehicle Add-Ons Justifications:

Chevy Silverado 3500 HD Diesel Maintenance Equipment Mechanic Truck, with Crane Options:

This is a specialized vehicle that is used to store and transport a wide variety of tools to be able to address the most common equipment failures that routinely happen within the various state parks. A utility bed with a crane is essential for a truck used by an equipment mechanic in state parks because it provides the capability to safely lift and transport heavy components such as engines, hydraulic parts, and large attachments that cannot be moved manually. State Park equipment often includes tractors, mowers, and off-road vehicles that require field repairs in remote areas. The crane ensures efficient handling of heavy parts without risking injury, while the utility bed offers organized storage for tools and parts, enabling the mechanic to perform complex repairs on-site and minimize equipment downtime.

- **4WD (included):** These vehicles work in rugged terrain, including mud and snow. 4WD is required to reduce the potential of this vehicle being stuck in areas that may have limited cell or communication services.
- **Rear Camera Kit ($73):** This is a necessary safety feature. This is a large vehicle with a tank on the bed that will obstruct the operator's ability to utilize the rear-view mirror for backing. A camera will provide a safe way to back the vehicle and will prevent potential accidents.
- **Back-Up Alarm ($45):** Is essential to ensure safety when maneuvering in areas with limited visibility, pedestrians, and other park staff. The truck will often be used in remote or rugged environments where people may be working nearby. A backup alarm provides an audible warning when the vehicle is in reverse, reducing the risk of accidents and injuries. This feature is especially important for a truck equipped with a crane and other heavy-duty attachments, as these increase blind spots and require extra caution during reversing operations.
- **Upfitter Switch ($150):** These are necessary to safely and efficiently control auxiliary equipment such as work lights, air compressors, power inverters, and the crane. These switches provide a factory-integrated, weather-resistant solution that eliminates the need for aftermarket wiring, reducing installation complexity and potential electrical hazards. Having dedicated uplifter switches ensures that all auxiliary systems can be operated independently from the cab, improving workflow during field repairs and enhancing safety by allowing quick power shutoff when needed. This feature is essential for a truck that will support heavy-duty maintenance operations in remote and rugged environments.
- **Power Trailer Tow Mirrors ($450):** Power trailer tow mirrors are crucial for safe and efficient towing of trailers, equipment, and utility attachments commonly used in state park maintenance operations. These mirrors provide extended visibility around larger loads, reducing blind spots and enhancing driver awareness during backing, turning, and lane changes. The power adjustment feature allows multiple drivers to quickly and safely position the mirrors without manual effort, which is especially beneficial in inclement weather or when mirrors need repositioning on the move. This upgrade improves operational safety and supports the vehicle's full utility in field conditions.
- **Rear Axle, Wide-track ($190):** Is necessary for a truck equipped with a crane because it provides the additional stability and load distribution required when lifting heavy

components. Crane operations create significant lateral forces and weight shifts, especially when working on uneven terrain common in state parks. A standard axle may not offer sufficient stability, increasing the risk of tipping or unsafe handling. The wide-track axle ensures the truck maintains a safe center of gravity during lifting, improves traction, and supports the structural integrity of the chassis under dynamic loads. This is critical for performing field repairs on large park equipment without compromising operator safety or damaging the vehicle.

- **Power Outlet ($150):** To support the use of diagnostic tools, laptops, and charging of handheld devices while performing field repairs. Many modern equipment diagnostics require electronic interfaces, and having a reliable power source inside the cab ensures the mechanic can operate these tools without returning to a shop or relying on external generators. This feature improves efficiency, reduces downtime, and ensures the mechanic can complete repairs in remote areas where access to electricity is limited.
- **Diesel Upgrade ($9,990):** These vehicles routinely haul heavy equipment such as mini-excavators and skid-steer tractors. Upgrading to a diesel engine for the park maintenance truck will significantly improve operational efficiency, reliability, and long-term cost-effectiveness. Diesel engines provide greater torque, which is essential for hauling heavy loads, towing equipment, and navigating rugged terrain commonly found in state parks. Additionally, diesel engines offer superior fuel economy and durability, resulting in lower maintenance costs and extended vehicle lifespan. This upgrade supports increased productivity, reduces downtime, and ensures the truck can meet the daily demands of park operations year-round.
- **Skid Plates ($150):** Skid plates are critical for trucks operating in state parks because the vehicle will frequently travel on rugged, uneven terrain, including dirt roads, rocky trails, and areas with debris. These conditions pose a high risk of damage to vital underbody components such as the oil pan, transmission, fuel tank, and differential. Skid plates provide a protective barrier that prevents costly damage and reduces downtime caused by undercarriage impacts. This protection ensures the truck remains operational in remote areas where towing or repairs would be difficult and expensive, ultimately improving reliability and safety during field maintenance operations.
- **WT Convenience Package ($425):** Provides practical features that improve efficiency, comfort, and safety during field operations. Power windows, door locks, and mirrors allow quick adjustments to enhance safe operation of the vehicle. Remote keyless entry and cruise control reduce fatigue during long drives between park locations. The rear window defogger and upgraded driver information center enhance visibility and situational awareness in varying weather conditions.
- **Tire, Spare, Full Size ($380):** This vehicle will work in remote terrain and on rough gravel roads that frequently cause damage to tires. A spare tire is needed to prevent staff from being stranded in remote areas that may lack communication capabilities.

Ford F-450 SuperCab & Chassis Flatbed Maintenance Truck Options:
This is a specialized vehicle that is used to pump vault restrooms throughout the Western Region. The agency already owns the pump unit but needs a heavy-duty truck with a flatbed to mount it on.

- **Platform Running Boards ($320):** Side steps are essential for improving accessibility and safety for staff entering and exiting the vehicle, especially in rugged or uneven terrain typical of state park environments. Maintenance personnel frequently carry tools, equipment, or gear, and side steps provide stable footing, reducing the risk of slips, trips, and falls. This feature is particularly beneficial for employees of varying heights and physical abilities, and it enhances overall efficiency during frequent stops throughout the workday.
- **Spare Tire and Wheel ($350):** This vehicle will work in remote terrain and on rough gravel roads that frequently cause damage to tires. A spare tire is needed to prevent staff from being stranded in remote areas that may lack communication capabilities.
- **Trailer Brake Controller ($300):** An integrated trailer brake controller is critical for safely towing trailers, equipment, and other loads frequently used in maintenance operations within state parks. This system synchronizes the trailer's braking with the vehicle's brakes, providing smoother, more controlled stops—especially on steep or uneven terrain common in park environments. It enhances safety by reducing trailer sway and stopping distance, particularly when hauling heavy loads. The integrated design also improves reliability and ease of use compared to aftermarket systems, supporting efficient, all-weather operation.
- **Rear View Camera & Prep Kit ($515):** This is a necessary safety feature. This is a large vehicle with a tank on the bed that will obstruct the operator's ability to utilize the rear-view mirror for backing. A camera will provide a safe way to back the vehicle and will prevent potential accidents.
- **11' Flat Bed with Trailer Hitch ($11,200):** To effectively service vault toilets across various state park locations, a flatbed-mounted configuration is essential for the pump unit. The flatbed provides a stable, open platform that accommodates the size and weight of the pump system, along with associated hoses, tanks, and equipment. This setup ensures safe transport, easy access for maintenance, and efficient deployment at remote or rugged sites. The flatbed is the only option to allow for secure mounting and operation of the pump unit.

Attachments: State Vehicle Purchase Form, Vehicle Order Form, Quotes

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

Agency Name: State Parks	**Budget Account #:** 4162
Contact Name: Brooke Knight	**Telephone Number:** 775-684-2773

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: 3 **Amount of the request:** $ 367,476.75

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
Maintenance trucks

Mission of the requested vehicle(s): Vehicles will be used to conduct daily maintenance and cleaning of state park facilities. Vehicles will be used in off-road terrain.

Were funds legislatively approved for the request?	**If yes, please provide the decision unit number:**
[X] **Yes** [ ] **No**	E711 **If no, please explain how the vehicles will be funded?**

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

[X] ___ **Addition(s)** [X] 3 **Replacement(s)**

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

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information: Vehicle #1 Model Year: 2008 Odometer Reading: 62,558 Type of Vehicle: 2008 Chevrolet Silverado Vehicle #2 Model Year: 2008 Odometer Reading: 33,691 Type of Vehicle: Chevrolet Silverado ** SEE ADDITIONAL SHEETS FOR CURRENT VEHICLE INFO Page 1 of 2 *Please attach an additional sheet if necessary*	Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. See attached, justifications attached to each quote for the various types of vehicles.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority	Title	Date
[signature]	Administrator	3-3-26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

Vehicle #3 Model Year: 1997
Odometer Reading: 21,783
Type of Vehicle: 1997 Ford Van

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Chevrolet Silverado 3500 HD CC Diesel Reg Cab 4x4 Scelzi Crane Truck		
Dealer Name:	Michael Hohl Motor Company		
Delivery Location:	901 S Stewart St, Ste 5005, Carson City, NV 89701		
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black	x☐ Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	$110,511.00	$331,533.00
SPECIFY OPTIONS: (description)	3	$11,953.00	$35,859.00
Rear Camera Kit		$73.00	
Back-up alarm, 97 decibels		$45.00	
Upfitter switch kit, (5)		$150.00	
Mirrors, outside power-adjustable vertical trailering with heated and auto-dimming upper glass		$450.00	
Rear axle, wide-track		$190.00	
Power outlet, interior, 120-volt (400 watts)		$150.00	
Engine, Duramax 6.6L Turbo-Diesel V8		$9,990.00	
Fuel tank, rear only, 40 gallon		-$50.00	
Skid Plates		$150.00	
WT Convenience Package		$425.00	
Tire, spare LT235/80R17E all-terrain		$380.00	

DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$
Total purchase price with options			$367,392.00
DMV Title and DRS Fee's	3	$28.25	$84.75
GRAND TOTAL:			$367,476.75

Registered Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Ste 5005 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Ste 5005 Carson City, NV 89701
County Vehicle Based In:	TBD
Name & Phone of Person to contact when vehicle is ready for delivery:	Brooke Knight 775-684-2773

Michael Hohl Motor Company
ROBERT VILLANUEVA | 1-661-978-2534 | robert.villanueva@michaelhohl.com

Vehicle: [Fleet] 2026 Chevrolet Silverado 3500HD CC (CK31003) 4WD Reg Cab 146" WB, 60" CA Work Truck (Complete)

Quote: NEVADA STATE PARKS CRANE TRUCKS

Window Sticker

SUMMARY

[Fleet] 2026 Chevrolet Silverado 3500HD CC (CK31003) 4WD Reg Cab 146" WB, 60" CA Work Truck — MSRP:$49,100.00

Interior:Jet Black, Cloth seat trim

Exterior 1:Summit White

Exterior 2:No color has been selected.

Engine, Duramax 6.6L Turbo-Diesel V8

Transmission, 10-speed automatic

OPTIONS

CODE	MODEL		MSRP
CK31003	[Fleet] 2026 Chevrolet Silverado 3500HD CC (CK31003) 4WD Reg Cab 146" WB, 60" CA Work Truck		$49,100.00
	OPTIONS		
1WT	Work Truck Preferred Equipment Group		$0.00
5N5	Rear Camera Kit.		$73.00
8S3	Back-up alarm, 97 decibels.		$45.00
9L7	Upfitter switch kit, (5)		$150.00
AKO	Glass, deep-tinted	Inc.	
AZ3	Seats, front 40/20/40 split-bench		$0.00
BHP	Winter Grille Cover	Inc.	
C49	Defogger, rear-window electric	Inc.	
DD8	Mirror, inside rearview auto-dimming	Inc.	
DWI	Mirrors, outside power-adjustable vertical trailering with heated and auto-dimming upper glass		$450.00
GAZ	Summit White		$0.00
GTY	Rear axle, wide-track		$190.00
GU6	Rear axle, 3.42 ratio	Inc.	
H1T	Jet Black, Cloth seat trim		$0.00
IOR	Audio system, Chevrolet Infotainment 3 system, 7" diagonal HD color touchscreen, AM/FM stereo		$0.00

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Data Version: 27357 Data Updated: Dec 28, 2025 6:45:00 PM PST

Michael Hohl Motor Company
ROBERT VILLANUEVA | 1-661-978-2534 | robert.villanueva@michaelhohl.com

Vehicle: [Fleet] 2026 Chevrolet Silverado 3500HD CC (CK31003) 4WD Reg Cab 146" WB, 60" CA Work Truck (Complete)

Quote: NEVADA STATE PARKS CRANE TRUCKS

K05	Engine block heater	Inc.	
K40	Exhaust brake	Inc.	
KI4	Power outlet, interior, 120-volt (400 watts)		$150.00
KW5	Alternator, 220 amps	Inc.	
L5P	Engine, Duramax 6.6L Turbo-Diesel V8		$9,990.00
MGM	Transmission, 10-speed automatic	Inc.	
N2L	Fuel tank, rear only, 40 gallon		($50.00)
NC7	Emissions override, Federal		$0.00
NZZ	Skid Plates		$150.00
PCV	WT Convenience Package		$425.00
PYW	Wheels, 17" (43.2 cm) painted steel		$0.00
QZT	Tires, LT235/80R17E all-terrain, blackwall		$0.00
YF5	Emissions, California state requirements		$0.00
ZZT	Tire, spare LT235/80R17E all-terrain		$380.00
___	Battery, heavy-duty dual 730 cold-cranking amps/70 Amp-hr, maintenance-free	Inc.	
	SUBTOTAL		**$61,053.00**
	Adjustments Total		$0.00
	Destination Charge		$2,795.00
	TOTAL PRICE		**$63,848.00**

FUEL ECONOMY

Est City:N/A

Est Highway:N/A

Est Highway Cruising Range:N/A

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Data Version: 27357 Data Updated Dec 28, 2025 6:45:00 PM PST

Michael

GMC

Nevada State Parks
2026 3500 HD DIESEL REG CAB 4X4
SCELZI CRANE TRUCK
Stock# ORDER
Salesperson: Robert V
12/29/2025 3:01 PM

Incentive programs and rebates are estimates, subject to change and verification, Tax Profile: Exempt

Cash Deal Structure

Market Value	130,884.00
Discount Savings	-8,420.00
Vehicle Price	122,464.00
License / Title	28.25

Due On Delivery	122,492.25

Tax: EXEMPT	0.00 %

Cab and Chassis $63,848
Utility Bed w/ Crane $67,036
State Discount ($8,420)
License / Title $28.25
Total - $122,492.25

STATE SALE PRICE OF $122464.00 INCLUDES SCELZI CRANE BODY WITH 3200# AUTO CRANE-INSTALLED.

30 DAY TRIP PERMIT (LICENSE/TITLE FEE) = $28.25

TOTAL COST PER UNIT = $122,492.25 EA.

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

Agency Name: State Parks	**Budget Account #:** 4162
Contact Name: Brooke Knight	**Telephone Number:** 775-684-2773

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:** $ 72,803.25

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
Maintenance trucks

Mission of the requested vehicle(s): Vehicles will be used to conduct daily maintenance and cleaning of state park facilities. Vehicles will be used in off-road terrain.

Were funds legislatively approved for the request? [x] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** E711 **If no, please explain how the vehicles will be funded?**

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

[x] ____ **Addition(s)** [x] 1 **Replacement(s)**

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

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) **Current Vehicle Information:** Vehicle #1 Model Year: 2008 Odometer Reading: 65,350 Type of Vehicle: Ford F450 Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: *Please attach an additional sheet if necessary*	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. See attached, justifications attached to each quote for the various types of vehicles.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority	Title	Date
[signature]	Administrator	3-3-26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Ford F450 Supercab		
Dealer Name:	Capital Ford		
Delivery Location:	901 S Stewart St, Ste 5005, Carson City, NV 89701		
Vehicle Colors:	Exterior: Oxford White	Interior: Medium Dark Slate	☐ Cloth x☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$60,090.00	$60,090.00
SPECIFY OPTIONS: (description)	1	$12,685.00	$12,685.00
11' Flatbed with Trailer Hitch		$11,200.00	
Platform Running Boards		$320.00	
Spare Tire and Wheel		$350.00	
Trailer Brake Controller		$300.00	
Rear View Camera & Prep Kit		$515.00	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$
Total purchase price with options			$72,775.00
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$72,803.25

Registered Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Ste 5005 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada State Parks 901 S Stewart St, Ste 5005 Carson City, NV 89701
County Vehicle Based In:	TBD
Name & Phone of Person to contact when vehicle is ready for delivery:	Brooke Knight 775-684-2773

Capital Ford

3660 South Carson Street
Carson City, NV 89701

(775) 882-5353
www.capitalfordonline.com

BUYER	Customer #: 42431	CO-BUYER	Deal #: 59233
NEVADA STATE PARKS Per State Bid 99SWC-53138			Stock #:
901 S STEWART ST STE 5005			Deal Type: Retail
CARSON CITY, NV 897015248			Deal Date: 12/18/2025
Home #: (775) 684-2770	Home #:		Print Time: 06:07pm
Work #:	Work #:	Salesperson:	
Cell #:	Cell #:		
Email: hmoon@admin.nv.gov	Email:		

VEHICLE

Stock #	Description	Color	VIN	Mileage
	2026 FORD F450 SUPERCAB			

TRADE

MSRP:	$	63,350.00
Sale Price:	$	61,575.00
Net Sale Price:	$	61,575.00
Documentary Fee:	$	0.00
11' FLATBED WITH TRAILER HITCH	$	11,200.00
State & Local Taxes:	$	0.00
Total License and Fees:	$	28.25
Total Trade Allowance:	$	0.00
Total Trade Payoff:	$	0.00
Cash Down Payment:	$	0.00
Unpaid Balance:	$	72,803.25

AFTERMARKETS

11' FLATBED WITH TRAILER HITCH	$	11,200.00
Total Aftermarkets:	**$**	**11,200.00**

X _____
Customer Signature

_____
Date

X _____
Manager Signature

_____
Date

Disclaimer: Our dealership has implemented safeguards to protect your non-public personal information from theft, illegal use and from telemarketing companies that buy information. Our practices follow ALL federal, state and local rules governing privacy and it applies to individuals who are our consumers and customers in connection with financial services, such as leases and installment purchases of vehicles. Upon completion of the sales process you will be provided a thorough copy of our privacy policy for review. You may also request a copy of our policy from a manager.

Preview Order 5555 - F4H 4x4 Reg Chas Cab DRW: Order Summary Time of Preview: 12/18/2025 18:04:09 Receipt: 12/5/2025

Sales Code : F72525

Dealership Name: Capital Ford

Dealer Rep.	ZACH WEBER	**Type**	Fleet	**Vehicle Line**	Superduty
Customer Name	STATE OF NV	**Priority Code**	B2	**Model Year**	2026

Order Code 5555

Price Level 630

DESCRIPTION	MSRP	DESCRIPTION	MSRP
F450 4X4 CHASSIS CAB DRW/145	$59270	16500# GVWR PACKAGE	$0
145 INCH WHEELBASE	$0	50 STATE EMISSIONS	$0
TOTAL BASE VEHICLE	$59270	JOB #1 ORDER	$0
OXFORD WHITE	$0	SPARE TIRE AND WHEEL	$350
VINYL 40/20/40 SEATS	$0	TRAILER BRAKE CONTROLLER	$300
MEDIUM DARK SLATE	$0	JACK	$0
PREFERRED EQUIPMENT PKG.650A	$0	REAR VIEW CAMERA & PREP KIT	$515
.XL TRIM	$0	CONN PKG: 1 YR INCL W/FORD APP	$0
.AIR CONDITIONING -- CFC FREE	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
.AM/FM STEREO MP3/CLK	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
.7.3L DEVCT NA PFI V8 ENGINE	$0	FUEL CHARGE	$0
10-SPEED AUTO TORQSHIFT	$0	NET INVOICE FLEET OPTION (B4A)	$0
225/70R19.5G BSW ALL POSITION	$0	PRICED DORA	$0
4.88 RATIO NON LTD SLIP AXLE	$0	ADVERTISING ASSESSMENT	$0
FORD FLEET SPECIAL ADJUSTMENT	$0	DESTINATION & DELIVERY	$2595
PLATFORM RUNNING BOARDS	$320		

	MSRP
TOTAL BASE AND OPTIONS	$63350
DISCOUNTS	NA
TOTAL	$63350

ORDERING FIN: QS062 **END USER FIN:** QS062

Customer Name:
Customer Address:

Customer Email:

Customer Phone:

Customer Signature

Date

This order has not been submitted to the order bank.
This is not an invoice.

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 23, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Rosa Rogula, Executive Branch Budget Officer RR
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF WATER RESOURCES

Agenda Item Write-up:
Pursuant to NRS 334.010, the department requests approval to purchase three replacement vehicles for a total amount not to exceed $141,378.

Additional Information:

The department is requesting to purchase three replacement vehicles to complete field work across Nevada. One of the vehicles will be utilized to conduct dam inspections. Funding for this vehicle was approved during the 2025 Legislative Session through Assembly Bill 577. The other two vehicles will support statewide field operations, with primary deployment in southern Nevada to carry out essential management of Nevada's water resources. Funding for these vehicles will come from non-executive budget account 4211, in accordance with SAM 1314 and 1316.

Statutory Authority:

NRS 334.010

REVIEWED: KL

ACTION ITEM: _____

Nevada Division of
WATER RESOURCES

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

MEMORANDUM

Date: February 26. 2026

To: Rosa Rogula, Executive Branch Budget Officer
Governor's Finance Office, Department of Administration

From: Natalie Wood, Deputy Administrator, Division of Water Resources

Subject: Vehicle Replacement Request – Revised

This request seeks approval to replace three (3) agency vehicles in accordance with SAM 1314 and 1316, as outlined below.

Replacement of two (2) Chevrolet Silverado Vehicles using non-executive funding:

- EX 59251 – 2011 Chevrolet Silverado, odometer reading 86,205 miles
- EX 65045 – 2014 Chevrolet Silverado, odometer reading 115,218 miles

The Chevrolet Silverado replacement requests include off-road capability upgrades necessary to ensure safe and reliable access to remote worksites and to protect both staff and State assets.

The options include the following upgrades, totaling $6,580, with justification for each:

- L84 5.3L Engine – Provides sufficient power and torque to safely navigate steep grades, rugged terrain, and unmaintained roads while supporting long-term reliability in demanding field conditions.
- 4-Wheel Drive – Enables safe travel on dirt roads, rocky terrain, sandy washes, and during adverse weather or flood-prone conditions commonly encountered at rural Nevada worksites.
- QDV All-Terrain Tires – Improve traction, stability, and ground clearance to safely navigate uneven surfaces, steep inclines, and rocky or sandy terrain.
- Skid Plate – Protects critical components such as the engine, transmission, and fuel tank from damage caused by rocks, debris, and uneven ground, reducing the risk of breakdowns in remote locations.
- Dealer-Installed Window Tint – Reduces interior heat exposure in extreme temperatures, protects interior equipment, and improves driver comfort and safety during extended field operations.

These vehicles are essential for accessing remote water systems throughout rural regions of Southern Nevada. Many worksites require travel on unmaintained dirt roads, steep inclines, rocky paths, sandy washes, and flood-prone areas. The vehicles will support infrastructure inspections at reservoirs, river

diversion structures, dams, and spring headwaters, where off-road capability is required to safely and efficiently perform fieldwork.

Replacement of One Chevrolet Silverado with a Toyota 4Runner using AB 577 vehicle replacement funding:

- EX 15234 – 2015 Chevrolet Silverado 1500, odometer reading 119,939 miles

This request includes a vehicle type change from a mid-size truck to a mid-size SUV while remaining consistent with the intent and scope of the approved funding.

The Toyota 4Runner TRD Off-Road request includes off-road capability enhancements necessary to ensure safe and reliable access to remote worksites and to protect both staff and State assets.

The TRD Off-Road package includes the following upgrades:

- Body Side Molding – Protects against door dings and surface damage when operating in tight access areas near vegetation, fencing, or infrastructure at remote sites.
- All-Weather Cargo Mat – Protects the cargo area from mud, dust, moisture, and debris associated with field inspections, preserving vehicle condition and reducing maintenance costs.
- Badge Inserts – Included as part of the TRD Off-Road configuration required to obtain the necessary off-road equipment package.
- Cross Bars – Provide additional cargo-carrying capability for oversized or specialized field equipment when operationally required.
- Cargo Cover – Enhances security by concealing inspection equipment stored in the enclosed cargo area, reducing theft risk during travel or overnight stops.
- All-Weather Floor Liners – Protect interior flooring from dirt, mud, snow, and water tracked in during field operations, improving long-term durability.

Dealer and port-installed options associated with the TRD Off-Road package are required to obtain the necessary off-road configuration.

A mid-size SUV provides improved maneuverability and off-road access compared to a full-size truck while maintaining necessary highway performance for statewide travel. The smaller vehicle footprint enhances mobility on narrow, unimproved access roads frequently encountered during dam inspections.

Dam Safety staff spend more than 100 days per year in the field across the State of Nevada. The existing truck bed is infrequently utilized because the camper shell does not provide adequate protection from weather, dust, or theft. Consequently, sensitive inspection equipment must be stored in the cab, reducing passenger capacity and operational efficiency. An SUV provides secure, enclosed cargo space that better aligns with actual operational needs.

The proposed vehicle addresses documented field limitations, reduces recovery and damage risk, and remains within the purpose and intent of the originally approved budget authority.

Attached is the Board of Examiners Request for Approval to Purchase a State Vehicle form, submitted pursuant to NRS 334.010.

Thank you for your consideration.

Natalie Wood
Deputy Administrator
Nevada Division of Water Resources
n.wood@water.nv.gov
(O) 775-684-2880 | (F) 775-684-2811

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

Agency Name: Nevada Division of Water Resources	**Budget Account #:** 4211
Contact Name: Natalie Wood, ASO	**Telephone Number:** 775-684-2880

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: 2 **Amount of the request:** $88,006.50

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
PICK UP TRUCK

Mission of the requested vehicle(s): The vehicle will support field operations statewide, with primary use in in Southern Nevada to carry out essential management of Nevada's water resources.

Were funds legislatively approved for the request? ☐ Yes ☒ No	**If yes, please provide the decision unit number:** **If no, please explain how the vehicles will be funded?** Non - Executive Budget Accounts

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, this request complies with SAM 1314.

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes, the vehicles meet the requirements in SAM 1316 for replacement.
Vehicle #1 Model Year: 2011 Chevrolet Silverado Odometer Reading: 86,205 Type of Vehicle: Pick Up Truck	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Vehicle #2 Model Year: 2014 Chevrolet Silverado Odometer Reading: 115,218 Type of Vehicle: Pick Up Truck	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority	Title	Date
[signature]	Acting State Engineer	1/22/26

BOARD OF EXAMINERS' APPROVAL:

☐ Approved for Purchase ☐ Not Approved for Purchase

Board of Examiners _____ Date _____

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Chevrolet Silverado 1500 (CK10743) 4WD Crew Cab 157" Work Truck, VIN: 1GCPAAEK4RZ312102		
Dealer Name:	Findlay Chevrolet		
Delivery Location:	Nevada Division of Water Resources 400 Shadow Lane, Suite 201 Las Vegas, Nevada 89106		
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black	☒X Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 74,790.00	$74,790.00
SPECIFY OPTIONS: (description)			$
L84 5.3L ENGINE	2	$ 6,680.00	
4 WHEEL DRIVE	2	$ 4,990.00	
SKID PLATE	2	$ 300.00	
QDV ALL TERRAIN TIRES – 265/70R17 BLACKWALL	2	$ 400.00	
DEALER INSTALLED WINDOW TINT	2	$ 790.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options	2	$ 87,950.00	
DMV Title and DRS Fee's	2	$ 56.50	
GRAND TOTAL:	2	$88,006.50	$ 88,006.50

Registered Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Christi Cooper ccooper@water.nv.gov 702-486-2770

Findlay

CHEVROLET

QUOTE

Date: November 21, 2025

QUOTE: 112125-2.8-5.3V8

BILL TO:

Southern Nevada Branch Office
Nevada Division of Water Resources
400 Shadow Lane, Suite 201
Las Vegas, Nevada 89106
EMAIL: mailto:tsemays@water.nv.gov
OFFICE – 702-486-2770

STATE OF NEVADA BID 99SWC -NV26-25910- ITEM 2.8 – 1500 SILVERADO CREW CAB STANDARD BED PO # TBA	
Description	UNIT PRICE
2026 CHEVROLET –SILVERADO CREW CAB 1500 2WD	$37,395.00
L84 5.3L ENGINE	$3,340.00
4 WHEEL DRIVE	$2,495.00
SKID PLATE	$150.00
QDV ALL TERRAIN TIRES – 265/70R17 BLACKWALL	$200.00
COLOR-WHITE	
SEAT-CLOTH	
FLOOR-VINYL	
DEALER INSTALLED WINDOW TINT	$395.00
SUB TOTAL	$43,975.00
TITLE FEE	$28.25
TOTAL DUE – VIN: 1GCPAAEK4RZ312102	$44,003.25

Tax Identification Number – 20-4223895

Make all checks payable to *FINDLAY CHEVROLET*

Billing Questions – Contract Dawn Yambo – 702-982-4024

6800 S. TORREY PINES, LAS VEGAS, NV Phone 702-952-4000, Fax 702-982-4420,

www.findaychevy.com

Thank you for your business.

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

Agency Name: Nevada Division of Water Resources	**Budget Account #:** 4171
Contact Name: Natalie Wood, ASO	**Telephone Number:** 775-684-2880

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:** $53,371.07

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
SUV

Mission of the requested vehicle(s): The vehicle will be used for field work across Nevada to conduct dam inspections.

Were funds legislatively approved for the request? [x] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** E710 Equipment Replacement **If no, please explain how the vehicles will be funded?**

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

[ ] ____ **Addition(s)** [x] ____ **Replacement(s)**

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

Yes, this request replaces one vehicles that have exceeded the replacement requirements under SAM 1314.

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) **Current Vehicle Information:** Vehicle #1 Model Year: 2015 Odometer Reading: 119,939 Type of Vehicle: Chevrolet Silverado 1500 Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: *Please attach an additional sheet if necessary*	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes, the vehicle qualify for replacement under SAM 1316. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority	Title	Date
[signature]	Acting State Engineer	1/21/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners ____ Date ____

Revised 1/2020

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Toyota 4Runner TRD Off Road		
Dealer Name:	Dolan Toyota		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: Ice Cap	Interior: Black/Boulder	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 49,956.34	$49,956.34
SPECIFY OPTIONS: (description)			$
TRD Front, Fuel Tank, and Differential Skid Plate	1	$2,038.48	
Dealer Installed Packages and options	1	$ 1,348	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$
Total purchase price with options			$53,342.82
DMV Title and DRS Fee's		$28.25	$28.25
GRAND TOTAL:			$53,371.07

Registered Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
County Vehicle Based In:	Carson City, NV
Name & Phone of Person to contact when vehicle is ready for delivery:	Keith Conrad kconrad@water.nv.gov Office: 775-684-2800

Dolan Toyota Scion
2100 Kietzke Ln
Reno, Washoe, NV 89502

Deal #
113749

Beth Pollard
Contact Sales: ((775) 5) - 826-

Nv Department Of Water

2026 Toyota 4RUNNER 4WD TRD OFF-ROAD
BM,FE,MF,OR,R5,TZ,3T,SA,63

VIN : JTERAABR0TS077048 | Stock # : 13810682
Mileage : 1 mi
Color : Ice Cap
toyota | BM,FE,MF,OR,R5,TZ,3T,SA,63 |
BM,FE,OR,R5,TZ,3T,SA,63 | 4WD | 2.4L 4-Cylinder | 4 | GAS |
Other

Cash
$0.00 Customer Cash
$53,371.07

Payment Detail

MSRP	$52,753.00
Dolan Discount	$2,796.66
Internet Price	$49,956.34
TRD Front, Fuel Tank, and Differential Skid Plate	$2,038.48
Dealer installed packages and options	$1,348.00
Dolan Price	$53,342.82
NV DMV Title Fee	$28.25
Tax	$0.00
Amount Financed	$53,371.07

X _____
Customer Signature & Date

X _____
Desiri Kodal | Manager Signature & Date

Payments offered here are all subject to final credit approval from the lending institution. Vehicle Price does not include accessories and is before Taxes and/or applicable fees. Leases in some cases require additional cash for Security Deposit, and at Lease's End, Lessee is responsible for $0.25 per Mile over 12000 Miles per year. Wear and tear guidelines apply. All prices, specifications, and availability subject to change without notice.

© Teldon Corp 2026

TOYOTA

Dolan Toyota
2100 Kietzke Lane
Reno NV 89502
775-826-2750

2026 4RUNNER

4Runner TRD Off-Road

Model: 2026 4Runner TRD Off-Road I-FORCE 2.4L 4-Cyl. Turbo Engine Part-time 4-Wheel Drive 8670A
VIN: JTEVA5BR0T5077045
Stock: T2610602
Engine: I-FORCE 2.4L 4-Cyl. Turbo Engine
Transmission: 8-Speed Automatic Transmission

EXTERIOR
Ice Cap

INTERIOR
Black/Boulder Fabric with Smoke Silver

PRICE

Base MSRP *	**$49,990.00**
Dealer Installed Packages & Accessories	**$1,348.00**
Port Installed Packages & Accessories	**$1,268.00**
Delivery Processing and Handling	**$1,495.00**
Total Suggested Retail Price	**$54,101.00**

FUEL ECONOMY

21 MPG	19 MPG	25 MPG
Combined City/Hwy	City	Highway

INSTALLED PACKAGES & ACCESSORIES

50 State Emissions	**FIO**	**$0.00**
TRD OFF-ROAD	**FIO**	**$0.00**
Body Side Molding	**PIO**	**$260.00**

Body side moldings help protect against careless door swings, runaway shopping carts and other parking lot mishaps while adding a little extra exterior style
. Color-matched to the exterior paint finish.

All-Weather Cargo Mat	**PIO**	**$140.00**

Tough, flexible all-weather cargo mat helps keep damage from spills and everyday wear and tear to a minimum.
. The molded perimeter lip helps contain spills.
. Skid-Resistant surface helps keep cargo from sliding around.

Badge Inserts: Black	**PIO**	**$65.00**

Badge inserts emphasize the variety of 4Runner badges and are an easy way to customize the look of your vehicle. Individual letters strongly adhere into the stamped logo.
. Attached with strong adhesive backing
. Four colors available, chrome, black chrome, black, or bronze.

Cross Bars	**PIO**	**$420.00**

The cross bars are designed to integrate with the 4Runner's roof rails to secure cargo with more confidence.
. Provides additional secure tie-down points for various roof rack accessories
. Set of two black bars
. Can support a maximum of 125lbs* when weight is evenly distributed across both bars.

Cargo Cover Keep your precious cargo away from prying eyes with cargo cover, custom designed specifically for the 4Runner's cargo area. Attaches to cargo area side panels Helps protect against sun damage, fading and theft Made of durable, UV- and stain-resistant woven polyester Simple to install and remove.	PIO	$135.00
All-Weather Floor Liners Engineered to precisely fit your vehicle, all-weather floor liners are made from durable, flexible, weather-resistant material. . Precise injection molding uses Toyota's original vehicle design data for a true fit . Includes second row liner to help provide more complete coverage . Liners feature ribbed channels to better hold moisture and a stylish vehicle logo . Skid-resistant backing and driver-side quarter-turn fasteners help to keep the liners in place.	PIO	$248.00
STARGARD ANTI-THEFT DEVICE.	DIO	****
Sierra Mountain Pro Pack Premium Window Tint, Door Edge-Guards & Cup-Guards.	DIO	****
Total Optional Equipment		$2,616.00
Vehicle Base Model		$49,990.00
Delivery Processing and Handling		$1,495.00

**** Included In Total Price

**** Included In Total Price

FEATURES

Mechanical & Performance

- Engine: i-FORCE 2.4L turbocharged inline 4-cylinder engine; 278 hp @ 6000 rpm; 317 lb.-ft. @ 1700 rpm
- Intake: Twin scroll turbocharger with wastegate valve control and air-cooled intercooler
- Ignition System: Conventional 12V starter
- Drive Modes: Drive Mode Select (DMS) with Eco, Normal and Sport Modes
- Drivetrain: Part-time 4-Wheel Drive (4WD) with electronically controlled 2-speed transfer case (high/low range) and Active Traction Control (A-TRAC)
- Body/Frame: Reinforced body-on-frame construction with TNGA-F high-strength boxed-steel ladder frame
- Suspension: TRD Off-Road — Bilstein® monotube shock absorbers
- Brakes: Power-assisted front and rear ventilated disc brakes
- Off-Road: Multi-Terrain Select (MTS), Crawl Control (CRAWL) and Downhill Assist Control (DAC)
- Towing: Integrated towing receiver hitch and wiring harness with 4- and 7-pin connectors
- 8-Speed Automatic Transmission
- Valvetrain: 16-valve Dual Overhead Cam (DOHC), chain drive with Dual Variable Valve Timing with Intelligence (VVT-i); 2393 c.c. aluminum engine block; 87.5 x 99.5 (mm.) bore x stroke; 11.0:1 compression ratio
- Fuel System: D-4ST direct-injection and port-injection fuel system
- Transmission: 8-speed Electronically Controlled automatic Transmission with Intelligence (ECT-i), sequential shift mode, and uphill/downhill shift logic
- Drive Modes: TOW/HAUL driving modes
- Drivetrain: Electronically controlled locking rear differential
- Suspension: Independent double-wishbone front suspension with coil springs and stabilizer bar; Multi-link rear suspension with coil springs and stabilizer bar
- Steering: Electric Power Steering (EPS); power-assisted rack-and-pinion
- Brakes: Electric Parking Brake (EPB)
- Off-Road: Front and rear recovery points
- Engine: i-FORCE 2.4L 4-Cyl. Turbo Engine
- Weight Rating: 6240 lbs

Steering

- Electric Power Steering (EPS); power-assisted rack-and-pinion S

Exterior

- 18-in. matte-black painted and machine-finished alloy wheels with
- Black honeycomb-style grille, mirror caps, door handles and

TRD center caps
- Black roof rails
- LED fog lights
- Power windows with auto up/down and jam protection in all positions
- Power rear liftgate window with auto up/down, jam protection, and defogger with timer
- Variable intermittent windshield wipers with mist cycle
- Fixed running boards

overfenders; color-keyed rear spoiler; black "TRD OFF ROAD" and "4RUNNER" badges
- LED headlights with Daytime Running Lights (DRL), auto on/off feature and manual leveling adjustment
- LED taillights with red outer lens
- Privacy-tinted glass on rear side, quarter and liftgate windows
- Rear spoiler with integrated LED center high-mount stop light and concealed rear wiper with mist cycle
- Heated power outside mirrors with turn signal indicators
- Composite front skid plate, with underbody transfer case and fuel tank protection

Interior

- Fabric-trimmed and heated front seats; 6-way manually adjustable driver and front passenger seats with 2-way driver lumbar support
- Leather-trimmed manual tilt/telescopic steering wheel with audio and Bluetooth® hands-free phone and voice-command controls
- Qi-compatible wireless charging with indicator light
- One center console 12V auxiliary power outlet and two 120V/400W AC power outlets in the rear seat and cargo area
- Rear-seat air vents
- Second-row and cargo-area LED illumination
- Leather-wrapped shift knob
- 60/40 split, reclining and tumble-folding second-row seat with center armrest and cup holders
- Smart Key System with Push Button Start, remote keyless entry and remote illuminated entry
- Five USB-C ports
- Single-zone automatic climate control with air filtration
- Manual day/night rearview mirror
- 12 cup and bottle holders
- TRD Off-Road carpet floor mats

Audio Multimedia

- 8-in. Audio Multimedia Display with 8-speaker audio system + roof Exciter, wireless Apple CarPlay® & Android Auto™ compatibility, SiriusXM® 3-month trial. See toyota.com/audio-multimedia for details. S
- 12.3-in. digital gauge cluster with selectable gauge display screens and fuel economy, Driver Assist, vehicle/trip information, and warning messages S

ToyotaCare

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

Safety & Convenience

- 3-point seatbelts for all seating positions; driver's-side Emergency Locking Retractor (ELR) and Automatic/Emergency Locking Retractor (ALR/ELR) on all passenger seatbelts
- Integrated backup camera display with projected path
- Trailer Sway Control (TSC)
- Tire Pressure Monitor System (TPMS)
- Nine airbags — Advanced Airbag System with driver and front passenger dual stage airbags, driver and front passenger seat-mounted side airbags, driver and front passenger knee airbags, front passenger seat cushion airbag, and front and rear side curtain airbags
- Child-protector rear door locks and power window lockout control
- Toyota Safety Sense™ 3.0 (TSS 3.) — Pre-Collision System with Pedestrian Detection (PCS w/PD), Lane Tracing Assist (LTA), Dynamic Radar Cruise Control (DRCC), Lane Departure Alert with Steering Assist (LDA w/SA), Automatic High Beams (AHB), Road Sign Assist (RSA), Proactive Drive Assist (PDA)
- Blind Spot Monitor (BSM) with Rear Cross-Traffic Alert (RCTA) and Trailer Merge Warning
- Anti-theft system
- Driver and front passenger seatbelt pretensioners with force limiters
- Power door locks with shift-linked automatic lock/unlock feature
- LATCH (Lower Anchors and Tethers for CHildren) includes lower anchors on outboard second-row seats and tether anchors on all second-row seats

Connected Services

- Safety Connect® — includes Emergency Assistance button, enhanced Roadside Assistance, Automatic Collision Notification and Stolen Vehicle Locator. Subscription required after trial. 4G network dependent. 5-year-minimum trial subscription
- Remote Connect — remotely interact with your vehicle through the Toyota app via your smartwatch. Depending on grade, allows you to lock/unlock doors, start and stop the vehicle, locate your last parked location, check vehicle status and monitor guest drivers. Subscription required after trial. 4G network dependent. Function availability varies by grade. 1-year trial subscription
- Wi-Fi Connect — includes AT&T Wi-Fi hotspot. Subscription
- Service Connect — receive personalized maintenance updates and vehicle health reports. Subscription required after trial. 4G network dependent. 5-year-minimum trial subscription
- Drive Connect — includes Cloud Navigation with Google Points of Interest (POI) data, Intelligent Assistant with Hey, Toyota, and Destination Assist. Subscription required after trial. 4G network dependent. Subscription required

required after trial. 4G network dependent. Up to 30-day/3 GB trial subscription

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* Base MSRP excludes manufacturer, distributor and dealer options, taxes, title and license and dealer fees and charges. Also excludes the Delivery, Processing and Handling of $1,195 for Cars (Corolla, Corolla HV, Corolla HB, GR Corolla, Camry, Prius, Prius Plug-in Hybrid, Toyota Crown, Mirai, GR86, GR Supra), $1,450 for Entry SUV (Corolla Cross, Corolla Cross HV), $1,450 for Small SUV (RAV4, RAV4 HV, RAV4 Plug-in Hybrid, bZ, bZ Woodland, C-HR), $1,495 for Mid SUV/Van (4Runner, 4Runner HV, Highlander, Highlander HV, Grand Highlander, Grand Highlander HV, Sienna, Land Cruiser, Toyota Crown Signia), $1,595 for Small Pickup (Tacoma, Tacoma HV), $2,095 for Large Pickup/Large SUV (Tundra, Tundra HV, Sequoia). (Historically, vehicle manufacturers and distributors have charged a separate fee for processing, handling and delivering vehicles to dealerships. Toyota's charge for these services is called the "Delivery, Processing and Handling Fee" and is based on the value of the processing, handling and delivery services Toyota provides as well as Toyota's overall pricing structure and may be subject to change at any time. Toyota may make a profit on the Delivery, Processing and Handling Fee.) The Delivery, Processing and Handling Fee in AL, AR, FL, GA, LA, MS, NC, OK, SC and TX will be higher. Dealer price will vary.

ToyotaCare, which covers normal factory scheduled maintenance for 2 years or 25,000 miles, whichever comes first, is included as part of the sales price of the vehicle for qualifying buyers. See participating dealer for eligibility and coverage details.

Disclaimer: This document is not meant to replace or substitute the actual window sticker on the vehicle. Toyota Motor Sales, U.S.A., Inc. is not responsible and disclaims any liability for inaccuracies. Please contact your dealer with any questions or if you require additional information.

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: February 12, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Aaron Frantz, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Kelli Carter to provide technical assistance and support to the department through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Carter retired from the Department of Human Services, Director's Office on October 4, 2025 and is receiving pension benefits. Her experience in state fiscal services, grants management, and budget development will provide vital support to the department. The department requests to contract with Ms. Carter from February 11, 2026 to May 11, 2026 on a full-time basis.

Statutory Authority:
NRS 333.705(4)

REVIEWED: KC
ACTION ITEM: _____

Joe Lombardo
Governor

Dr. Victor Wakefield
Superintendent of Public Instruction

Southern Nevada Office
2080 E. Flamingo Road, Suite 210
Las Vegas, Nevada 89119-0811
Phone: (702) 486-6458
Fax: (702) 486-6450

STATE OF NEVADA
DEPARTMENT OF EDUCATION

700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-1116

MEMORANDUM

TO: Board of Examiners

FROM: Dr. Victor Wakefield, Superintendent of Public Instruction

DATE: March 2, 2026

SUBJECT: Emergency Request to Contract with a Former Employee

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The Nevada Department of Education seeks to contract with a recently retired State employee through a temporary employment service to provide continuity of services within the Student Investment Division's Office of Division Compliance. This Office has experienced a high level of staff turnover in recent months, including the Management Analyst III that oversees the office and an Administrative Assistant III that is responsible for approving school calendars and school calendar amendments.

Due to the roles and responsibilities of these positions and the increased workload for the office during the spring of each year, and in accordance with NRS 333.705(4), it has been determined that an emergency exists. The ability to contract with a former State employee with robust experience in Compliance and Grants Management for up to four months will ensure continuity of services within the Department, as well as with school districts and charter schools throughout out the state.

Thank you for your consideration of this request.

cc: Tiffany Greenameyer, Director, Governor's Finance Office

Approval for Authorization to Contract with a Former Employee:

Signature of Agency Head Authorizing Request — Date: 2/18/26

Budget Analyst Signature — Date: 3/6/2026

Clerk of the Board of Examiners Signature — Date

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Kelli Carter			
Former Employee ID Number:	Not available to NDE			
Former Job Title:	Social Services Chief III			
Former Employee Agency:	Department of Health and Human Services, Director's Office			
Former Class and Grade:	**Class:**	Social Services Chief III	**Grade:**	41
Former Employment Dates:	**From:**		**To:**	October 2025
Requesting Agency:	Department of Education			
Vendor:	Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	Ms. Carter will provide technical assistance and support to the Student Investment Division's Grants Management Unit and Office of Fiscal Operations.
B	**Document former job description.**
	Applicable duties included providing oversight of the department's Grants Management Unit, including programmatic and fiscal management in compliance with state and federal regulations and laws. Experience also includes development of work programs and biennial budget requests.
C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?**
	The former employee is being hired due to her specialized knowledge of grants management and state fiscal operations. The current timeframe for temporary employment is three months, from 2/11/26 to 5/11/26.
D	**Explain why existing State employees within your agency cannot perform this function.**

	Additional staffing capacity is needed within NDE in the areas of grants management and budget development. The Student Investment Division currently has a high vacancy rate, and additional capacity is needed to fulfill state and federal deliverables and timelines, while working to hire and onboard new staff. For instance, NDE is launching its annual grant application process for all its state and federally funded programs and preparing to begin development of the next biennial budget.
E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	N/A
F	**List contractors' hourly rate and employee's hourly rate.**
	Contractor's hourly rate: $60.23; Manpower rate: $74.08; employee's hourly rate: $60.23 (prior to contractor's retirement)
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	Pay is comparable to the pay received as an Administrative Services Officer III (Grade 41 Step 10)
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?**
	N/A
I	**Document justification for hiring contractor.**
	The department, more specifically the Student Investment Division, does not have the staff necessary to perform its required responsibilities. This staffing issue is attributed to a high vacancy rate within the division and additional workload created by unanticipated circumstances.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes,
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	2/11/26 to 5/11/26
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Part time; an average of 20 hours per week
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No

Comments – Provide any additional comments:

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: February 11, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Lesley Volkov, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

STATE PUBLIC CHARTER SCHOOL AUTHORITY

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Jennifer Bauer to provide lead business manager and fiscal advisor services through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Bauer retired from the department on June, 4, 2025 and is receiving pension benefits. Her prior experience in fiscal management and historical knowledge will assist in providing continuity of services for the agency, its employees, charter schools, and constituents. The department requests to contract with Ms. Bauer from February 11, 2026 to June 11, 2026 on a full-time basis.

Statutory Authority:
NRS 333.705(4)

REVIEWED: KL
ACTION ITEM: _____

Joe Lombardo
Governor

STATE OF NEVADA

Melissa Mackedon
Executive Director

STATE PUBLIC CHARTER SCHOOL AUTHORITY

3427 Goni Road, Suite 103
Carson City, Nevada 89706-7972
(775) 531-3384 · Fax (775) 687-9060

500 East Warm Springs Rd., Suite 116
Las Vegas, Nevada 89119-4344
(725) 281-1367 · Fax (702) 486-5543

ACTION MEMORANDUM

TO:	Board of Examiners
FROM:	Melissa Mackedon, Director
SUBJECT:	Emergency Request to Contract with a Former Employee
DATE:	February 11, 2026
CC:	Tiffany Greenameyer, Director, Governor's Finance Office

The Administrative Services Officer III position was suddenly vacated on February 9, 2026. This position is the agency's lead business manager and fiscal advisor to the Director. Due to the comprehensive responsibilities of this position, and in accordance with NRS 333.705 (4), it has been determined that an emergency exists to contract with the former employee of the SPCSA for up to four months to ensure the continuity of services for the agency, its employees, charter schools, and constituents.

This memorandum serves as the State Public Charter School Authority's request to contract through a temporary employment service with the agency's former Administrative Services Officer III for a period not to exceed four months.

Please don't hesitate to reach out should you have questions.

M. Mackedon

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Jennifer Bauer			
Former Employee ID Number:	003317			
Former Job Title:	Administrative Services Officer III			
Former Employee Agency:	State Public Charter School Authority			
Former Class and Grade:	**Class:**	41	**Grade:**	10
Former Employment Dates:	**From:**	5/28/1996	**To:**	6/4/2025
Requesting Agency:	State Public Charter School Authority			
Vendor:	Marathon Staffing Group			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	Perform all functions of the former employee's position as an Administrative Services Officer III, including, but not limited to, responsibility for human resources, accounting, budgeting, and fiscal management.
B	**Document former job description.**
	Refer to the Position Functions form of the former employee attached.
C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?**
	Yes, the former employee is being hired for up to four months or until a replacement is found because of the specialized knowledge of the agency's operations due to an unexpected vacancy.
D	**Explain why existing State employees within your agency cannot perform this function.**
	There are no other existing State employees within the agency that have the knowledge, experience, qualifications and time to cover the vast duties of this position.

E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	There is no personal relationship between the individual overseeing the contract and the contractor.
F	**List contractors' hourly rate and employee's hourly rate.**
	Contractor hourly rate = $75.17 (24.8% markup); employee's hourly rate = $60.23
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	Administrative Services Officer III, 41-10, $60.23
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?**
	N/A
I	**Document justification for hiring contractor.**
	The Administrative Services Officer III position has been vacant since February 9, 2026. This position is the agency's business manager and fiscal advisor to the Director. Due to the comprehensive responsibilities of this position, the Director has determined that an emergency exists to ensure the continuity of services for the agency, its employees charter schools and constituents.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes, the employee is a state retiree and will continue to collect PERS benefits.
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	February 11, 2026 through June 11, 2026.
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Full-time for a standard 40 hours per week plus paid overtime as necessary.
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

M. Machedon 02/11/26

Signature of Agency Head Authorizing Request Date

Lesley Valmas 2/11/26

Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: March 3, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Karen Hall, 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 HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the division requests to contract with former employee Dr. Estela Racoma to reduce screening and evaluation delays by supporting ongoing clinical activities, facilitation of diagnostic evaluations, and the provision of eligibility determinations for medically fragile children through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services of Southern Nevada, Inc.

Additional Information:

Dr. Racoma retired from the division on June 21, 2025 and is receiving pension benefits. Currently, the Nevada Early Intervention Services program is without any licensed physicians on staff in southern Nevada and is actively recruiting for a new Senior Physician in that region. In the interim, it is essential to utilize Dr. Racoma's extensive and specialized knowledge of the division's operations to maintain continuity of care and clinical oversight. The division requests to contract with Dr. Racoma from March 19, 2026 through September 15, 2026 on a part-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: KH
ACTION ITEM: _____

Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION

Helping people. It's who we are and what we do.

Rique Robb
Administrator

MEMORANDUM

To: Karen Hall, Executive Branch Budget Officer 1

Through: Laura Rich, Director of Human Services

From: Rique Robb, Administrator of Aging Disabilities Services Division (ADSD) **Date:**

12/4/2025

Subject: Authorization to Contract with Former State Employee – Estela Racoma

Background:
The Early Intervention (EI) program is currently facing significant delays in service access due to ongoing provider shortages and rising caseloads. As a result, the program is at risk of not completing autism screenings and diagnostic evaluations in a timely and appropriate manner.

Immediate Need for Contracted Support:
To address this urgent issue and restore timely delivery of services, we are requesting approval to contract with Dr. Estela Racoma. She has expressed interest in contracting with NEIS following the required 90-day cooling-off period, as outlined in NRS 286.520. Dr. Racoma, who retired on June 20, 2025, brings valuable experience and familiarity with the program. The Nevada Early Intervention Services (NEIS) program is currently facing challenges in filling the vacant Senior Physician position, which has further contributed to delays in evaluations and diagnostics. Dr. Racoma's support would help bridge this gap and ensure continuity of critical services until the position can be permanently filled.

Proposed Contract Details:

- **Role:** Conduct in-clinic eligibility evaluations, review all medical records to determine eligibility under the "Established Risk" category, and perform autism diagnostics as appropriate.
- **Impact:** Frees up existing staff to focus on direct service delivery, reducing delays and improving compliance.
- **Funding:** This contract can be supported using existing EI program funds allocated under IDEA Part C. No additional General Fund appropriation is requested.

Benefits of Contracting with Dr. Racoma:

- Immediate availability with minimal onboarding required.
- Provides a cost-effective, short-term solution to address urgent service delays.
- Supports the program's efforts to decrease the current six-month waitlist for autism diagnostics.
- Helps ensure timely access to diagnostic evaluations, which are critical for early identification and intervention.

- Offers interim clinical support while recruitment efforts continue for the vacant Senior Physician position.
- Work on a part-time basis (10–20 hours per week). Which are fewer hours than required for the state position.
- This contractor would conduct in-clinic eligibility meetings and perform autism diagnostics, helping to reduce service delays by completing evaluations and allowing multidisciplinary teams to focus on delivering appropriate direct services to children and families.

Conclusion:
Contracting with Dr. Estela Racoma represents a timely and strategic response to the current service delays. Her support will help the EI program regain compliance with IDEA Part C and ensure that children and families receive the services they are entitled to without delay.

We respectfully request the Board's approval to proceed with this contract.

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Estela Racoma			
Former Employee ID Number:	002882			
Former Job Title:	Sr. Physician			
Former Employee Agency:	ADSD/Nevada Early Intervention Services (NEIS)			
Former Class and Grade:	**Class:**	U9087	**Grade:**	55
Former Employment Dates:	**From:**	10/2/1995	**To:**	6/21/2025
Requesting Agency:	Nevada Early Intervention Services (NEIS)			
Vendor:	Reliable			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	The Pediatrician performs comprehensive physical and developmental evaluations for children, including those on the autism spectrum. Key responsibilities include recommending appropriate services, discussing assessment results and developmental concerns with families, and providing nutrition consultations. As part of the NEIS Autism Clinic, the Pediatrician participates in diagnostic appointments using tools such as the Autism Diagnostic Observation Schedule (ADOS), collaborating with a multidisciplinary team to support formal autism diagnoses. The Pediatrician also reviews medical records to determine eligibility for medically fragile children, ensuring appropriate access to Early Intervention services. All clinical observations, test results, and recommendations are thoroughly documented in both physical and electronic health records. Additionally, the Pediatrician facilitates activities within Early Intervention services and utilizes discipline-specific software systems to support service delivery.
B	**Document former job description.**
	Dr. Racoma worked as a full time Sr. Physician for 30 years for ADSD/NEIS. Below is a description of her duties. • **Direct Services** - Completed physical evaluations of children, recommended appropriate additional services, and discussed with the family the child's developmental functioning, nutrition consultations, assessment results,

	recommendations, and outcomes. She wrote comprehensive reports including test results, clinical observations, findings, recommendations, and services provided in client charts (both physical and electronic). Also facilitated all activities within Early Intervention services and discipline-specific software programs. • **Autism Diagnostics** – Dr. Racoma conducted diagnostic appointments for children on the autism spectrum. She partnered with a comprehensive team and conducted a battery of assessments, including audio evaluations and the Autism Diagnostic Observation Schedule (ADOS). Dr. Racoma, along with team members, discussed and explained a synopsis of all assessments to the family, formalizing the diagnosis during the process. • **Teaching** - Pediatric residents from the University of Nevada, Reno, and the University of Nevada, Las Vegas School of Medicine rotate through NEIS for their developmental and behavioral rotation. This position supported collaboration with the university and residents to strengthen the knowledge base of future first-line practitioners. • **Community Outreach** - The Pediatrician provided community outreach to local pediatrician offices, medical groups, and hospitals to support collaboration and continuity of care.
C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?** Yes, the former employee is being contracted due to their specialized knowledge of the agency's operations, which is essential to maintaining continuity and supporting the effectiveness of current programs. The agency is actively recruiting to fill the vacant State Senior Physician position. In the interim, the former employee will provide support until the position is successfully filled.
D	**Explain why existing State employees within your agency cannot perform this function.** Currently, the agency does not have any other licensed physicians on staff in the Las Vegas office location.
E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.** No, there is no relation to the former employee.
F	**List contractors' hourly rate and employee's hourly rate.** $130.84 (bill rate to agency for Reliable) and $105.35 an hour for contractor
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.** Sr. Physician-Pediatrician $105.35 an hour Grade 55.
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?** The contract rate is comparable to the state position hourly rate.
I	**Document justification for hiring contractor.** The agency in the southern region is currently without a licensed physician on staff, and the State Senior Physician position remains vacant. To ensure continuity of care and maintain the quality and effectiveness of services provided to children and families, it is critical to have experienced clinical oversight during this interim period. The former employee possesses specialized knowledge of the agency's operations, including familiarity with Early Intervention protocols, diagnostic procedures such as the Autism Diagnostic Observation Schedule (ADOS), and the use of discipline-specific software systems. Their expertise enables them to seamlessly support ongoing clinical activities, facilitate diagnostic evaluations, and contribute to eligibility determinations for medically fragile children.

J	**Will the employee be collecting PERS at any time during the contract?**
	Yes, Dr. Racoma will continue to receive PERS.
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	3/19/2026 – 9/15/2026
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	The former employee will work up to 20hrs (part-time).
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No, the former employee is not on any boards or commissions.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Ellen M Crecelius | 2/6/2026

Signature of Agency Head Authorizing Request | Date

Kate Hall | 3/3/26

Budget Analyst Signature | Date

Clerk of the Board of Examiners Signature | Date

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 29, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Michael Rankin, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE – OFFICE OF PROJECT MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Kelli Anderson to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Anderson retired from the Governor's Finance Office, Budget Division on January 3, 2026 and is receiving pension benefits. Her experience with the state's legacy finance and human resources systems is vital to the successful roll out of phase two of the CORE.NV implementation. The office requests to contract with Ms. Anderson from April 6, 2026 to June 30, 2027 up to a full-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: KL
ACTION ITEM: _____

Joe Lombardo
Governor

CORE.NV
STATE OF NEVADA
OFFICE OF PROJECT MANAGEMENT
3850 Arrowhead Dr. | Carson City, Nevada 89706
Telephone 775-687-7220 | opm@nv.gov

Executive Committee:
Tiffany Greenameyer, Director GFO
Joy Grimmer, Director DOA
Andy Matthews, Controller

Brian Bowles, Project Director
Brady Phillips, Administrator
Office of Project Management

February 13, 2026

To: Governor's Finance Office

Re: Authorization to Contract with a Former Employee: Kelli Anderson

Governor's Finance Office,

The Office of Project Management is requesting to begin a new contract with former state of Nevada employee Kelli Anderson through Manpower, utilizing the statewide contract. Ms. Anderson retired on January 3, 2026, from the Governors Finance Office as an Executive Branch Budget Officer II. The Office of Project Management seeks to sign a contract with Ms. Anderson starting April 6, 2026, through June 30, 2027

Ms. Anderson worked as an Executive Branch Budget Officer for the Governor's Finance Office. Prior to this she worked for other State Agencies, specializing in financial accounting, budgeting, and grants management. However, for more than her last year of service working for the State, Ms. Anderson was assigned as a subject matter expert to the CORE.NV Project. This assignment was full time at OPM. Ms. Anderson demonstrated in-depth knowledge and experience working with cost accounting principles, grant management, budget and other financial aspects that were highly beneficial for both CORE.NV Project work and Production Support work. Ms. Anderson is requested to join the project as a contractor due to her knowledge of the Project and her ability to continue assisting the State reach success with CORE.NV. Ms. Anderson has extensive experience within the State working in the Finance realm.

Thank you for your consideration.

Thomas Helms
Purchasing Officer III

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Kelli Anderson			
Former Employee ID Number:	011400			
Former Job Title:	Executive Branch Budget Officer II			
Former Employee Agency:	Governors Finance Office			
Former Class and Grade:	**Class:**	07.634	**Grade:**	43
Former Employment Dates:	**From:**	07/14/1996	**To:**	01/03/2026
Requesting Agency:	Office of Project Management			
Vendor:	HAT Limited Partnership dba Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	To provide subject matter expertise in the State's legacy finance and human resource systems. To be responsible for providing expert guidance on the optimization and management of these systems towards the implementation of CORE.NV. This includes, but is not limited to, assessing these current systems, recommending improvements, determining correlations between these legacy systems and CORE.NV, and ensuring compliance with state regulations and policies. Collaborate with stakeholders in all processes related to CORE.NV. Assist in the testing of CORE.NV. Assist in training end-users in the CORE.NV system. Additionally, assist in providing incident management and release management support, while offering strategic advice for future system upgrades or integrations to enhance efficiency and effectiveness statewide.
B	**Document former job description.**
	Ms. Anderson worked as an Executive Branch Budget Officer for the Governor's Finance Office. Prior to this she worked for other State Agencies, specializing in financial accounting, budgeting, and grants management. However, for more than her last year of service working for the State, Ms. Anderson was assigned as a subject matter expert to the CORE.NV Project. This assignment was full time at OPM. Ms. Anderson demonstrated in-depth knowledge and experience working with cost accounting principles, grant management, budget and other financial aspects that were highly beneficial for both CORE.NV Project work and Production Support work.

C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?**
	Ms. Anderson is requested to join the project as a contractor due to her knowledge of the Project and her ability to continue assisting the State reach success with CORE.NV. Ms. Anderson has extensive experience within the State working in the Finance realm.
D	**Explain why existing State employees within your agency cannot perform this function.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful.
E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	Not Applicable.
F	**List contractors' hourly rate and employee's hourly rate.**
	$88.56 per hour to vendor, $72 per hour to employee
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	EBBO2 – Grade 43 - $66.07
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?**
	N/A
I	**Document justification for hiring contractor.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful. Ms. Anderson is requested to join OPM as a contractor due to her ability to continue actively assisting the Project based upon her prior experience within the State working in the Finance realm. She is also knowledgeable about the CORE.NV Project and required workload due to her time assigned at OPM and her current experience as a contractor. She will be able to continue to provide positive assistance to the OPM Team, assisting with the realization of OPM's goal of successful CORE.NV go-live events in the future.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes.
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	14 months. April 6, 2026-June 30, 2027
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Hours worked will be based upon workload required at any given time. Workload is anticipated to be up to full time, with some weeks being part-time.
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No

Comments – Provide any additional comments:

No additional comments.

Approval for Authorization to Contract with a Former Employee:

Brady Phillips — 1/22/26

Signature of Agency Head Authorizing Request — Date

[signature] — 1/29/2026

Budget Analyst Signature — Date

Clerk of the Board of Examiners Signature — Date

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 29, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Michael Rankin, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE – OFFICE OF PROJECT MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Teresa Carrillo to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Carrillo retired from the Governor's Finance Office, Office of Project Management on January 11, 2025 and is receiving pension benefits. Her experience with the state's legacy finance and human resources systems is vital to the successful roll out of phase two of the CORE.NV implementation. The office requests to contract with Ms. Carrillo from May 21, 2026 to June 30, 2027 up to a full-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: KL
ACTION ITEM: _____

Joe Lombardo
Governor

CORE.NV
STATE OF NEVADA
OFFICE OF PROJECT MANAGEMENT
3850 Arrowhead Dr. | Carson City, Nevada 89706
Telephone 775-687-7220 | opm@nv.gov

Executive Committee:
Tiffany Greenameyer, Director GFO
Joy Grimmer, Director DOA
Andy Matthews, Controller

Brian Bowles, Project Director
Brady Phillips, Administrator
Office of Project Management

January 21, 2026

To: Governor's Finance Office

Re: Authorization to Contract with a Former Employee: Teresa Carrillo

Governor's Finance Office,

The Office of Project Management is requesting to continue the employment of Teresa Carrillo as a contractor through Manpower, utilizing the statewide contract at a rate of $59 per hour to Ms. Carrillo. Ms. Carrillo is a retired employee of the State of Nevada. She retired in January 2025 from the Office of Project Management. Ms. Carillo was approved by the Board of Examiners to begin employment as a contractor in May 2025 and was extended at the January 2026 Board of Examiners. This authorization request asks to renew and extend this contract starting May 1, 2026, and end June 30, 2027.

Ms. Carrillo worked on both our Finance and Human Resources Management Teams as an ASO2 prior to retirement. As a contractor, Ms. Carrillo has been assigned as a member of our Finance Team. Ms. Carrillo has a substantial amount of knowledge and experience in State service. This will continue to be beneficial in assisting OPM with the CORE.NV Project and moving towards continued successful go-live events.

Thank you for your consideration.

Thomas Helms
Purchasing Officer III

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Teresa Carrillo			
Former Employee ID Number:	7564			
Former Job Title:	ASO2			
Former Employee Agency:	Office of Project Management			
Former Class and Grade:	**Class:**	07.217	**Grade:**	39
Former Employment Dates:	**From:**	12/18/1995	**To:**	1/11/25
Requesting Agency:	Office of Project Management			
Vendor:	HAT Limited Partnership DBA Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	To provide subject matter expertise in the State's legacy finance and human resource systems. To be responsible for providing expert guidance on the optimization and management of these systems towards the implementation of CORE.NV. This includes, but is not limited to, assessing these current systems, recommending improvements, determining correlations between these legacy systems and CORE.NV, and ensuring compliance with state regulations and policies. Collaborate with stakeholders in all processes related to CORE.NV. Assist in the testing of CORE.NV. Assist in training end-users in the CORE.NV system. Additionally, assist in providing incident management and release management support, while offering strategic advice for future system upgrades or integrations to enhance efficiency and effectiveness statewide.
B	**Document former job description.**
	Ms. Carrillo retired as an ASO2 supporting both the Financial and Human Resources Teams at the Office of Project Management. Her work was assisting each team as required to outline scopes of work for CORE.NV, build the work required for CORE.NV, assist with testing, assist with training, and support go-live efforts for CORE.NV.
C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?**

	Ms. Carrillo is being requested to continue with the Project due to her current status as a contractor at OPM, her knowledge of the Project and her ability to continue assisting the State reach success with CORE.NV. Ms. Carrillo has extensive experience within the State working in both the Finance and Human Resources realms.
D	**Explain why existing State employees within your agency cannot perform this function.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful.
E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	Not applicable.
F	**List contractors' hourly rate and employee's hourly rate.**
	ASO2 Step 10 Hourly Rate - $54.93 – with no fringe benefits Hourly rate anticipated for Ms. Carrillo as a contractor - $59 Anticipated rate paid to Manpower - $73.75
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	ASO2, Grade 39, Step 10 Hourly Rate - $54.93
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?**
	Not applicable.
I	**Document justification for hiring contractor.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful. Ms. Carrillo is requested to continue her employment with OPM due to her ability to continue actively assisting the Project based upon her prior experience within the State working in both the Finance and Human Resources realms. She is also knowledgeable about the CORE.NV Project and required workload due to her time assigned at OPM and her current experience as a contractor. She will be able to continue to provide positive assistance to the OPM Team, assisting with the realization of OPM's goal of successful CORE.NV go-live events in the future.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	Current Contract - Start 11/20/25 with 6 month approval through 05/20/2026 Requested Contract – 14 months. Start May 21, 2026, through June 30, 2027
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Hours worked will be based upon workload required at any given time. Workload is anticipated to be up to full time, with some weeks being part-time.
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No.

Comments – Provide any additional comments:
No additional comments.

Approval for Authorization to Contract with a Former Employee:

Brady Phillips — 1/22/26

Signature of Agency Head Authorizing Request — Date

Budget Analyst Signature — 1/29/2026 — Date

Clerk of the Board of Examiners Signature — Date

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 29, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Michael Rankin, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE – OFFICE OF PROJECT MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Samantha Hill-Cruz to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Hill-Cruz retired from the Department of Employment, Training, and Rehabilitation on January 3, 2026 and is receiving pension benefits. Her experience with the state's legacy finance and human resources systems is vital to the successful roll out of phase two of the CORE.NV implementation. The office requests to contract with Ms. Hill-Cruz from April 6, 2026 to June 30, 2027 up to a full-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: KL
ACTION ITEM: _____

Joe Lombardo
Governor

CORE.NV
STATE OF NEVADA
OFFICE OF PROJECT MANAGEMENT
3850 Arrowhead Dr. | Carson City, Nevada 89706
Telephone 775-687-7220 | opm@nv.gov

Executive Committee:
Tiffany Greenameyer, Director GFO
Joy Grimmer, Director DOA
Andy Matthews, Controller

Brian Bowles, Project Director
Brady Phillips, Administrator
Office of Project Management

February 13, 2026

To: Governor's Finance Office

Re: Authorization to Contract with a Former Employee: Samantha Hill-Cruz

Governor's Finance Office,

The Office of Project Management is requesting to begin a new contract with former state of Nevada employee Samantha Hill-Cruz through Manpower, utilizing the statewide contract. Ms. Hill-Cruz retired on January 3, 2026, from the Department of Employment, Training, and Rehabilitation as an ESD Program Manager III. The Office of Project Management seeks to sign a contract with Ms. Hill-Cruz starting April 6, 2026, through June 30, 2027

Ms. Hill-Cruz worked as a Program Manager for DETR. Prior to this she worked for other State Agencies, specializing in financial accounting, budgeting, and grants management. However, for more than her last year of service working for the State, Ms. Hill-Cruz was assigned as a subject matter expert to the CORE.NV Project. This assignment was full time at OPM. Ms. Hill-Cruz demonstrated in-depth knowledge and experience working with cost accounting principles, grant management, budget and other financial aspects that were highly beneficial for both CORE.NV Project work and Production Support work. Ms. Hill-Cruz is being requested as a contractor at OPM due to her knowledge of the Project and her ability to continue assisting the State reach success with CORE.NV. Ms. Hill-Cruz has extensive experience within the State working in the Finance realm

Thank you for your consideration.

Thomas Helms
Purchasing Officer III

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Samantha Hill-Cruz			
Former Employee ID Number:	34906			
Former Job Title:	ESD Program Manager III			
Former Employee Agency:	Department of Employment, Training, and Rehabilitation			
Former Class and Grade:	**Class:**	12.127	**Grade:**	37
Former Employment Dates:	**From:**	12/27/2005	**To:**	01/03/2026
Requesting Agency:	Office of Project Management			
Vendor:	HAT Limited Partnership dba Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	**Summarize scope of contract work.**
	To provide subject matter expertise in the State's legacy finance and human resource systems. To be responsible for providing expert guidance on the optimization and management of these systems towards the implementation of CORE.NV. This includes, but is not limited to, assessing these current systems, recommending improvements, determining correlations between these legacy systems and CORE.NV, and ensuring compliance with state regulations and policies. Collaborate with stakeholders in all processes related to CORE.NV. Assist in the testing of CORE.NV. Assist in training end-users in the CORE.NV system. Additionally, assist in providing incident management and release management support, while offering strategic advice for future system upgrades or integrations to enhance efficiency and effectiveness statewide.
B	**Document former job description.**
	Ms. Hill-Cruz worked as a Program Manager for DETR. Prior to this she worked for other State Agencies, specializing in financial accounting, budgeting, and grants management. However, for more than her last year of service working for the State, Ms. Hill-Cruz was assigned as a subject matter expert to the CORE.NV Project. This assignment was full time at OPM. Ms. Hill-Cruz demonstrated in-depth knowledge and experience working with cost accounting principles, grant management, budget and other financial aspects that were highly beneficial for both CORE.NV Project work and Production Support work.

C	**Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?**
	Ms. Hill-Cruz is being requested as a contractor at OPM due to her knowledge of the Project and her ability to continue assisting the State reach success with CORE.NV. Ms. Hill-Cruz has extensive experience within the State working in the Finance realm.
D	**Explain why existing State employees within your agency cannot perform this function.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful
E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	Not applicable.
F	**List contractors' hourly rate and employee's hourly rate.**
	$67.65 per hour to vendor, $55 per hour to employee
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	Program Manager 3 – Grade 37 - $50.15 per hour
H	**Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?**
	N/A
I	**Document justification for hiring contractor.**
	OPM is understaffed with FTEs to conduct all necessary activities for the CORE.NV Project within the proposed timelines. OPM is reliant upon contractors and vendors, along with subject matter experts from other State agencies to be successful. Ms. Hill-Cruz is requested to join OPM as a contractor due to her ability to continue actively assisting with the Project based upon her prior experience within the State working in finance realm. Ms. Hill-Cruz is knowledgeable about the CORE.NV Project and required workload due to her time assigned at OPM and her current experience as a contractor. She will be able to continue to provide positive assistance to the OPM Team, assisting with the realization of OPM's goal of successful CORE.NV go-live events in the future.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes.
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	14 months. April 6, 2026 – June 30, 2027
L	**Will the former employee be working full-time or part-time? If part time, how many hours?**
	Hours worked will be based upon workload required at any given time. Workload is anticipated to be up to full time, with some weeks being part-time.
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	No.

Comments – Provide any additional comments:

No additional comments.

Approval for Authorization to Contract with a Former Employee:

Brady Phillips — 1/22/26

Signature of Agency Head Authorizing Request — Date

Budget Analyst Signature — 1/29/2026

Date

Clerk of the Board of Examiners Signature — Date

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 26, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Budd Milazzo, Executive Branch Budget Officer II
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Christopher Mykkanen
Claim No: TC21225
Settlement Amount: $200,000
Date of Loss: September 9, 2022

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of $200,000 for claimants. A total of $200,000 will be paid from the Tort Claim Fund.

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

Clear Counsel Law Group
1671 W Horizon Ridge Pkwy Ste 200
Henderson NV 89012

Statutory Authority:

NRS 41.036

REVIEWED: _____

ACTION ITEM: _____

AARON D. FORD
Attorney General

CRAIG A. NEWBY
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

TERESA BENITEZ-THOMPSON
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer

From: Nancy Katafias, Tort Claims Manager

Date: January 26, 2026

Subject: BOE Agenda Submittal for Mykkanen, Christopher

Please place the following item on the March 10, 2026, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff:	Christopher Mykkanen
Claim No.:	TC 21225
Payment:	$200,000
Payable to:	Clear Counsel Law Group 1671 W Horizon Ridge Pkwy Ste 200 Henderson NV 89012

TORT CLAIM RECOMMENDATION

DATE:	January 9, 2026
CLAIMANT:	Christopher Mykkanen
CLAIM NUMBER:	TC21225
DATE OF LOSS:	September 9, 2022
AGENCY:	NSHE/UNLV

DISCUSSION

In the administrative claim and then lawsuit filed against the NSHE/UNLV, the plaintiff, through counsel, alleges he was at swim practice with the UNLV swim team. He was attending mandatory dryland exercises for swim practice when the head coach had him lay on his back with a belt placed under the back. He alleges the coach forcefully pulled him up by the belt and caused significant injuries to his back.

The administrative claim file was denied and a lawsuit was filed. After some limited discovery, it was opined that the exercise that was performed may not have been an appropriate exercise.

To avoid continued discovery and to avoid a possible adverse judgment, the case was settled. Settlement is pending BOE approval and once approved, will be payable from the Statutory Contingency Fund. After further discussion, this payment will be paid from 1348/15. (NLK 1/26/26)

RECOMMENDATION

It is recommended that the claim be paid in the amount of $200,000.00

RECOMMENDATION: PAY
G/L **7352**

Clear Counsel Law Group
1671 W Horizon Ridge Pkwy Ste 200
Henderson NV 89012

Approved:

Nancy Katafias

January 9, 2026

NANCY KATAFIAS, CLAIMS MANAGER — DATE

Sophia G. Long for Leslie Nino Piro — 1/23/2026

LESLIE NINO PIRO, GENERAL COUNSEL — DATE

Vinesign Document ID: 7F48D171-0758-478C-83A6-97F6C48D5555

SETTLEMENT AGREEMENT AND RELEASE OF ALL CLAIMS

This Settlement Agreement and Release of All Claims (this "**Agreement**") is made and entered by and between Christopher J. Mykkanen, individually, ("**Mykkanen**" or "**Plaintiff**"); 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**"); and Benjamin "Ben" Loorz, individually ("**Loorz**"). University and Loorz may be collectively referred to as the "**Defendants**." Mykkanen, University and Loorz are collectively referred to 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 primary location in Clark County, Nevada.

B. Benjamin Loorz was, at all relevant times, an employee of University, and the Head Coach of University's intercollegiate swimming and diving team.

C. Christopher J. Mykkanen was, at all relevant times, an undergraduate student at the University and a member of the University's intercollegiate swimming and diving team.

D. Mykkanen brought this action, Case No. A-24-900164-C, to recover damages for injuries he claims to have suffered while participating in a University swim team practice on or about September 9, 2022 (the "**Subject Incident**"). The Amended Complaint names the following defendants: (1) the State of Nevada ex. rel. the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, and (2) Loorz. This lawsuit may be referred to herein as the "**Action**."

E. Plaintiff's Complaint, as amended, states causes of action for (1) negligence, and (2) negligent hiring, training and retention.

F. Mykkanen, the University and Loorz desire to settle their legal disputes and the Action. They therefore, without the University or Loorz 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 by reference, as though set out in full herein. Defendants seek to discharge and extinguish any liability and/or obligations

The signed document can be validated at https://app.vinesign.com/Verify

whatsoever they may have to Plaintiff, including and based upon, or arising out of, or relating to the Subject Incident and the Action.

2.0 Payment

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 Defendants shall pay Mykkanen the sum of Two Hundred Thousand Dollars and 00/100 ($200,000.00) ("**Settlement Funds**"), as full and final settlement of all their claims contained within the Action against the Defendants and/or arising from the Subject Incident. The Parties agree this amount includes all attorneys' fees, costs, interest, and any and all expenses of any nature incurred in the Action. The University and/or the State of Nevada Tort Claim Manager will transfer the Settlement Funds to Plaintiff and/or his attorney of record after this Agreement is fully executed and within thirty (30) days of the State of Nevada Tort Fund and the Board of Examiners approval.

2.3 Mykkanen is represented in this matter by counsel Scott Flinders of Clear Counsel Law Group. Mykkanen and his counsel have separately negotiated and agreed upon an apportionment of the settlement amount. The State of Nevada will disburse the settlement amount as instructed by Mykkanen and his counsel. The following apportionment of the settlement amount of $200,000.00 is reported to fulfill the parties' obligations under NRS 41.0375(1)(b):

a. Two Hundred Thousand Dollars ($200,000.00) disbursed to Mykkanen and paid to Mykkanen's counsel of record, CLEAR COUNSEL LAW GROUP, inclusive of attorney's fees and costs of suit.

b. From the disbursement set forth above, Mykkanen has agreed to pay his counsel attorney's fees in the form of a contingency fee of 40%, or $80,000.

c. From the disbursement set forth above, Mykkanen will reimburse his counsel for costs in the amount of $13,950.00.

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 agreeing to dismiss Mykkanen's claims with prejudice, with each Party to bear its own attorneys' fees and costs.

4.0 Release

4.1 In consideration of this Agreement, including but not limited to, the payment and other consideration described in this Agreement, Mykkanen, on behalf of his 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, Loorz, and their 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 Plaintiff agrees 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 Plaintiff specifically agrees to release the University and Loorz 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. Plaintiff further agrees to release the University and Loorz 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 Plaintiff agrees that if he hereafter commences, joins in, or in any manner seeks 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 or Loorz any of the claims released hereunder, then he will pay, in addition to any other damages caused to the University and Loorz thereby, all attorneys' fees and costs incurred by the University and Loorz in defending or otherwise responding to said suit or claim.

4.5 The Parties understand and agree that the Settlement Funds will be paid by the State of Nevada Tort Claims Fund, consistent with Nevada state law. The Parties also understand and agree that the Tort Claims Fund and its Board of Examiners will independently review this Settlement Agreement. The Parties agree that while this Agreement is final and binding, it remains subject to approval by the Tort Claims Fund and its Board of Examiners. The Parties will cooperate in submitting all necessary paperwork to the Tort Claims Fund and in taking additional steps that may be required to secure approval from the Tort Claims Fund and Board of Examiners.

4.6 The Parties have each entered into this Agreement solely for the purpose of settling and compromising the Action and nothing contained in this Agreement & Release or its performance shall be deemed to be an admission or acknowledgement of liability, the existence of damages, or the amount of any damages relating to the Action.

5.0 Confidentiality and Non-Disparagement

5.1 The Parties expressly agree that they will not reveal, either directly or indirectly, the details of negotiations leading up to the formation of this Agreement to the news media, websites, chat rooms, blogs, consumer protection organizations, newsletters and any other media.

5.2 While the Parties do not intend to publicize this Agreement, they understand that UNLV is prohibited from entering into a confidential settlement agreement by Nev. Rev. Stat. (NRS) 41.0375. UNLV will be required to produce a copy of this document in response to a valid subpoena or public records request. The Parties may disclose the terms of this Agreement as is necessary to advise any auditors, accountants, tax preparers, or tax authority of income received or money paid as a result of this Agreement and the amount received or paid.

5.3 Neither the Parties, nor their counsel, shall make any statement to any other person(s) disparaging any other Party in connection with the facts underlying the dispute leading to this Agreement, the Subject Incident, the making of this Agreement, or the terms of this Agreement.

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 Subject Incident and/or 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.

13.4 Any Party may execute this Agreement via DocuSign, which the Parties agree is the legal equivalent of a handwritten signature.

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: 01/07/2026

CHRISTOPHER MYKKANEN

By: _____
Christopher Mykkanen

Approved as to Legal Form:

_____
Scott A. Flinders
Attorney of record for Mykkanen

DATED: _____

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

Approved by:

_____
Christopher L. Heavey
President

Approved as to Legal Form:

_____
Elda Luna Sidhu
Vice President and General Counsel

DATED: _____

BENJAMIN LOORZ

By: _____
Benjamin Loorz

[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: _____

CHRISTOPHER MYKKANEN

By: _____
Christopher Mykkanen

Approved as to Legal Form:

_____
Scott A. Flinders
Attorney of record for Mykkanen

DATED: _____

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

Approved by:

01/15/2026
Christopher L. Heavey
President

Approved as to Legal Form:

Elda Luna Sidhu / so
Elda Luna Sidhu
Vice President and General Counsel

DATED: Jan. 8, 2026

BENJAMIN LOORZ

By: _____
Benjamin Loorz

Vinesign

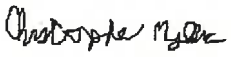
Verification Complete
The document has been officially verified.

Document Status	✔ Signed & Verified
Document Name	Settlement Agreement and Release of All Claims
Sender Name	Amelia Durnez
Document Key	7F48D171-0758-478C-83A6-97F6C48D5555

Recipient 1
Christopher Mykkanen
christophermykk@yahoo.com
(714) 594-8085
Order 1

IP Address
32.132.214.234

Signature



Recipient 2
Scott Flinders
sflinders@clearcounsel.com
(702) 353-7396
Order 2

IP Address
2600:1011:b036:9fe3:c0a6:dd1a:4637:7ce6

Signature

Document History

Activity	Date & Time	Recipient	Activity Details
Document Completed	01/07/2026 20:58 UTC	Scott Flinders	Signed by Scott Flinders
Document Viewed	01/07/2026 20:58 UTC	Scott Flinders	Viewed by Scott Flinders ((702) 353-7396)
Document Sent	01/07/2026 20:47 UTC	Scott Flinders	Sent out via sms to Scott Flinders ((702) 353-7396)
Document Sent	01/07/2026 20:47 UTC	Scott Flinders	Sent out via email to Scott Flinders (sflinders@clearcounsel.com)
Document Signed	01/07/2026 20:47 UTC	Christopher Mykkanen	Signed by Christopher Mykkanen
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Activity	Date & Time	Recipient	Activity Details
Document Created	01/05/2026 22:32 UTC		Created by Amelia Durnez (amelia@clearcounsel.com)

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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: January 27, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Budd Milazzo, Executive Branch Budget Officer II
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Alisia Torrey
Claim No: TC21937
Settlement Amount: $100,000
Date of Loss: November 3, 2018

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of $100,000 for claimants. A total of $100,000 will be paid from the Tort Claim Fund.

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

Ladah Law Firm
517 S Third Street
Las Vegas NV 89101

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: January 27, 2026

Subject: BOE Agenda Submittal for Torrey Alisia

Please place the following item on the March 10, 2026, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff: Alisia Torrey

Claim No.: TC 21937

Payment: $100,000

Payable to: T27045263 Ladah Law Firm
517 S Third Street
Las Vegas NV 89101

TORT CLAIM RECOMMENDATION

DATE:	January 6, 2026
CLAIMANT:	Alisia Torrey
CLAIM NUMBER:	TC21937
DATE OF LOSS:	November 3, 2018
AGENCY:	NSHE/UNLV

DISCUSSION

In the lawsuit filed against the University Nevada, Las Vegas, through counsel, the plaintiff alleged that she was attending a wine tasting event at the Thomas & Mack Center on the UNLV campus. She alleged that due to a negligent failure to provide adequate security, she was attacked and injured by 4 unidentified attendees. The lawsuit originally included Lee's Liquor and the security company contracted by UNLV. Lee's Liquor was dismissed and just UNLV and the security company were left.

Due to the date of loss of this incident, pursuant to NRS 41.035, damages payable by the tort fund are capped at $100,000.

A settlement conference was held in December 2025, and the case was set for a jury trial in February 2026. While there were defenses for the UNLV, the cost to conduct the trial would have included the testimony of expert witnesses. Had a jury found liability against UNLV, the verdict could have exceeded the settlement amount. A jury verdict against UNLV could have allowed for the payment of opposing counsel's attorney fees.

RECOMMENDATION

It is recommended that the claim be paid in the amount of $100,000.00

RECOMMENDATION: PAY

G/L 7357 T27045263

Ladah Law Firm
517 S Third Street
Las Vegas NV 89101

Approved:

Nancy Katafias January 6, 2026

NANCY KATAFIAS, CLAIMS MANAGER DATE

Sophia G. Long for Leslie Nino Piro 1/23/2026

LESLIE NINO PIRO, GENERAL COUNSEL DATE

Docusign Envelope ID: 4440FC29-03C6-46FD-BE80-9CFCB1562AC5

SETTLEMENT AGREEMENT AND RELEASE OF ALL CLAIMS

This Settlement Agreement and Release of All Claims (this "**Agreement**") is made and entered by and between Alisia Torrey, individually, ("**Torrey**" or "**Plaintiff**"); and the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, a constitutionally-created subdivision of the State of Nevada ("**University**" or "**Defendant**") Torrey and the University are collectively referred to 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 primary location in Clark County, Nevada.

B. Alisia Torrey was, at all relevant times, a resident of Clark County, Nevada.

C. Torrey brought this action, Case No. A-20-814325-C, to recover damages for injuries she claims to have suffered after unidentified people battered her at a wine tasting event held on November 3, 2018 at UNLV's Thomas & Mack Center (the "**Subject Incident**"). This lawsuit may be referred to herein as the "**Action.**"

D. Plaintiff's Complaint, as amended, states causes of action for (1) negligence, (2) respondeat superior, and (3) negligent hiring, training and retention.

E. Torrey and the University 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 by reference, as though set out in full herein. Defendant seeks to discharge and extinguish any liability and/or obligations whatsoever it may have to Plaintiff, including and based upon, or arising out of, or relating to the Subject Incident and the Action.

2.0 Payment

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 Defendant shall pay Plaintiff the sum of One Hundred Thousand Dollars and 00/100 ($100,000.00) ("**Settlement Funds**"), as full and final settlement of all their claims contained within the Action against the Defendant and/or arising from the Subject Incident. The Parties agree this amount includes all attorneys' fees, costs, interest, and any and all expenses of any nature incurred in the Action. The University and/or the State of Nevada Tort Claim Manager will transfer the Settlement Funds to Plaintiff and/or her attorney of record after this Agreement is fully executed and within thirty (30) days of approval of this Agreement by the Nevada Board of Examiners.

2.3 Plaintiff is represented in this matter by attorneys Ramzy Ladah and Andrew Guzik of the Ladah Law Firm. None of the settlement sum from University to Plaintiff has been itemized as payment of fees and costs. Plaintiff and her counsel have separately negotiated and agreed upon an apportionment of the settlement amount to pay any fees and costs which may be due pursuant to the retainer agreement between them. Furthermore, Plaintiff is entering into a contemporaneous settlement with co-defendant Century Security Management of Las Vegas Corporation, and has instructed University that any and all fees and costs due pursuant to her retainer agreement will be taken from proceeds of that other settlement. The State of Nevada will disburse the settlement amount as instructed by Torrey and her counsel. The following apportionment of the settlement amount of $100,000.00 is reported to fulfill the parties' obligations under NRS 41.0375(1)(b):

a. $100,000.00 to Torrey and paid to the Ladah Law Firm, her counsel of record;

b. $0.00 in attorney fees to be disbursed to counsel; and

c. $0.00 in costs to be disbursed to counsel.

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 agreeing to dismiss Torrey's claims with prejudice, with each Party to bear its own attorneys' fees and costs.

4.0 Release

4.1 In consideration of this Agreement, including but not limited to, the payment and other consideration described in this Agreement, Torrey, on behalf of her 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 Plaintiff agrees 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 Plaintiff specifically agrees to release the University and the State of Nevada from any past, current or future lien asserted on their behalf for any Medicare benefits that may be payable relating to the Subject Incident and Action and will be responsible for fulfilling any lien imposed by Medicare regarding this claim. Plaintiff further agrees to release the University and the State of Nevada from any past, current or future lien asserted on their behalf for any other insurance benefits, including but not limited to medical providers or private health insurance that may be payable relating to Subject Incident and the Action and will be responsible for fulfilling any lien imposed by any other medical provider or insurer regarding such claim.

4.4 Plaintiff agrees that if she hereafter commences, joins in, or in any manner seeks 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 she 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 understand and agree that the Settlement Funds will be paid by the State of Nevada Tort Claims Fund, consistent with Nevada state law. The Parties also understand and agree that the Tort Claims Fund and the Nevada Board of Examiners will independently review this Settlement Agreement. The Parties agree that while this Agreement is final and binding, it remains subject to approval by the Tort Claims Fund and the Board of Examiners. The Parties will cooperate in submitting all necessary paperwork to the Tort Claims Fund and in taking additional steps that may be required to secure approval from the Tort Claims Fund and Board of Examiners.

4.6 The Parties have each entered into this Agreement solely for the purpose of settling and compromising the Action and nothing contained in this Agreement and Release or its performance shall be deemed to be an admission or acknowledgement of liability, the existence of damages, or the amount of any damages relating to the Subject Incident or Action.

5.0 Confidentiality and Non-Disparagement

5.1 The Parties expressly agree that they will not reveal, either directly or indirectly, the details of negotiations leading up to the formation of this Agreement to the news media, websites, chat rooms, blogs, consumer protection organizations, newsletters and any other media.

5.2 University is prohibited from entering into a confidential settlement agreement by Nev. Rev. Stat. (NRS) 41.0375. University will be required to produce a copy of this document in response to a valid subpoena or public records request. The Parties may disclose the terms of this Agreement as is necessary to advise any auditors, accountants, tax preparers, or tax authority of income received or money paid as a result of this Agreement and the amount received or paid.

5.3 Neither the Parties, nor their counsel, shall make any statement to any other person(s) disparaging any other Party in connection with the facts underlying the dispute leading to this Agreement, the Subject Incident, the making of this Agreement, or the terms of this Agreement.

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 Subject Incident and/or 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.

13.4 Any Party may execute this Agreement via DocuSign, which the Parties agree is the legal equivalent of a handwritten signature.

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]

Docusign Envelope ID: 4440FC29-03C6-46FD-BE80-9CFCB1562AC5

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.

1/13/2026 | 11:05 AM PST

DATED: ____ Day of January, 2026

ALISIA TORREY

DocuSigned by:
ALISIA TORREY
B498EE075B724B0...

By: _____
Alisia Torrey

Approved as to Legal Form:

_____
Andrew Guzik
Attorney of record for Torrey

DATED: ____ Day of January, 2026

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

Approved by:

_____ 01/15/2026
Christopher L. Heavey
President

Approved as to Legal Form:

Elda Luna Sidhu / so

Elda Luna Sidhu
Vice President and General Counsel

docusign

Certificate Of Completion

Envelope Id: 4440FC29-03C6-46FD-BE80-9CFCB1562AC5
Subject: Complete with Docusign: Settlement and Release - Torrey v UNLV.pdf
Source Envelope:
Document Pages: 6
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 1
Initials: 0

Status: Completed

Envelope Originator:
Ramzy Ladah
517 S 3RD ST
LAS VEGAS, NV 89101
ladah@ladahlaw.com
IP Address: 199.180.198.250

Record Tracking

Status: Original
1/13/2026 10:38:37 AM

Holder: Ramzy Ladah
ladah@ladahlaw.com

Location: DocuSign

Signer Events	Signature	Timestamp
ALISIA TORREY alisia999@gmail.com Security Level: Email, Account Authentication (None)	DocuSigned by: ALISIA TORREY B498EE0756724B0...	Sent: 1/13/2026 10:39:42 AM Viewed: 1/13/2026 11:01:18 AM Signed: 1/13/2026 11:05:30 AM

Signature Adoption: Pre-selected Style
Using IP Address: 169.241.65.228

Electronic Record and Signature Disclosure:
Accepted: 1/13/2026 11:01:18 AM
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In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Maria Ramirez mariar@ladahlaw.com Security Level: Email, Account Authentication (None)	COPIED	Sent: 1/13/2026 10:39:43 AM Viewed: 1/13/2026 11:11:41 AM

Electronic Record and Signature Disclosure:
Accepted: 12/16/2025 10:10:50 AM
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Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
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Signing Complete	Security Checked	1/13/2026 11:05:30 AM
Completed	Security Checked	1/13/2026 11:05:30 AM

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: February 4, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Budd Milazzo, Executive Branch Budget Officer II
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.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS 353.040, the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 3000 Federal Grant Procedures

Additional Information:

Section 3026 - Federal Compliance, Debt Prevention, and Mandatory Notification Requirements is being added to chapter 3000 - Federal Grant Procedures

This section will establish statewide requirements for early identification, reporting, and coordinated resolution of federal grant compliance issues and potential federal debts. These requirements align with:

- NRS 223.460–486 (Governor's Office of Federal Assistance duties, statewide coordination, and reporting)
- 2 CFR 200 (Uniform Guidance compliance and financial management)
- SAM 3000–3024 (grant administration, reporting, oversight, and closeout)

The recommended change creates a consistent, statewide framework for early identification and coordinated resolution of federal grant compliance issues, reducing the risk of disallowances and Treasury Offset Program impacts.

Statutory Authority:

NRS 353.040

REVIEWED: KL

ACTION ITEM:_____

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code:010
Department:1341 – Office of Federal Assistance
Division (if applicable):
Appointing authority: A'Keia Sanders, Director
Agency contact (name, phone and e-mail): A'Keia Sanders, a.sanders@ofa.nv.gov
Budget Division Analyst (name, phone and e-mail): Budd Milazzo, bmilazzo@finance.nv.gov
Proposed BOE date: March 18, 2026
Proposed effective date: Upon approval

1. Reason/purpose for requested change:

To establish statewide requirements for early identification, reporting, and coordinated resolution of federal grant compliance issues and potential federal debts.

2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

The recommended changes create a consistent, statewide framework for early identification and coordinated resolution of federal grant compliance issues, reducing the risk of disallowances and Treasury Offset Program impacts. By requiring timely notification and coordination with the Governor's Office of Federal Assistance, the State Controller's Office, and the Governor's Finance Office, agencies benefit from early intervention, unified communication with federal partners, and clearer accountability, preventing issues from escalating into statewide fiscal liabilities. These updates improve efficiency by standardizing responses, strengthening internal controls, and clarifying agency responsibility, while intentionally supplementing—rather than duplicating—existing SAM requirements, resulting in stronger fiscal protection and more effective grant administration across the state.

3. Will recommended change have a fiscal impact (if yes, explain):

No. The recommended change is not expected to have a direct fiscal impact, as it does not create new programs, require additional appropriations, or impose new fees. Instead, it relies on existing agency roles and oversight functions to strengthen coordination, compliance, and early risk identification. If enacted, the change has the potential to save the State thousands of dollars by preventing or minimizing accrued interest, penalties, audit findings, and Treasury Offset Program impacts that can arise when federal debt situations occur.

4. Existing and recommended language in SAM (***blue bold italics*** is new language being proposed and ~~red-strikethrough~~ is deleted language being proposed). **(please provide requested change as an attachment):**

See attached.

Appointing Authority

BOARD OF EXAMINERS APPROVAL DATE: _____
(for BOE use only)

3026 Federal Compliance, Debt Prevention, and Mandatory Notification Requirements

A. This section establishes statewide requirements for early identification, reporting, and coordinated resolution of federal grant compliance issues and potential federal debts. These requirements align with:

- *NRS 223.460–486 (Governor's Office of Federal Assistance duties, statewide coordination, and reporting)*
- *2 CFR 200 (Uniform Guidance compliance and financial management)*
- *SAM 3000–3024 (grant administration, reporting, oversight, and closeout)*

1. This section supplements pre-award requirements (SAM 3018), post-award requirements (SAM 3022), and closeout requirements (SAM 3024).

B. To ensure statewide fiscal protection and compliance with Nevada law, all agencies administering federal awards must notify the Governor's Office of Federal Assistance (OFA), Governors Finance Office (GFO), and the State Controller's Office (SCO) within five business days of identifying any potential or confirmed issue that may result in:

- *Federal noncompliance*
- *Unallowable or overspent expenditures*
- *Untimely or missing federal programmatic or financial reports*
- *Questionable costs*
- *Delayed or incomplete grant closeout*
- *Any risk of federal debt, disallowance, or recovery action*

1. *This requirement is distinct from the reporting obligations in SAM 3022 (Post-Award Processes) and supplements those processes by addressing federal debt escalation risk.*

C. Agencies must coordinate with OFA, SCO, and GFO prior to taking any of the following actions:

- *Responding to federal inquiries related to compliance or potential disallowances*
- *Communicating directly with federal awarding agencies about corrective actions*
- *Negotiating repayment schedules or federal debt determinations*
- *Initiating any internal corrective action related to a federal award*

1. *This coordination requirement supplements existing oversight functions in SAM 3003 (Centralized Coordination) and SAM 3006 (Interagency Coordination).*

D. The U.S. Department of the Treasury may recover federal debts by offsetting funds from any State of Nevada account, regardless of which agency incurred the debt. To prevent Treasury Offset Program escalation, agencies must:

- *Respond promptly to federal notices of potential debt*
- *Immediately notify OFA, SCO, and GFO as required in SAM 3026(B)*
- *Provide all requested documentation for reconciliation or audit purposes*
- *Implement corrective actions within federal deadlines*
- *Monitor subrecipients to identify potential issues proactively (consistent with SAM 3022(D)) and SAM 3026(B). Issues with a subrecipient are also subject to reporting within five business days.*

E. Agencies administering federal awards remain responsible for:

- *Maintaining internal controls compliant with 2 CFR 200.303*
- *Ensuring accurate federal reporting*
- *Preventing conditions that could result in federal debt*
- *Documenting all corrective actions*

1. If the agency administering the federal award is deemed responsible for causing an offset (Responsible Agency) to another state agency's funding (Impacted Agency), the Responsible Agency will be required to take one of the following actions:

- *Reimburse the Impacted Agency by transferring the full offset amount from the Responsible Agency's budget; or*
- *If sufficient funds are not available, the Responsible Agency must coordinate with the GFO, to submit a request for Interim Finance Committee (IFC) Contingency Funds at the next IFC meeting to repay the Impacted Agency.*

F. In accordance with recordkeeping requirements established in 2 CFR 200.334 and SAM 3024(D), agencies must retain:

- *Federal communication regarding compliance or potential debt*
- *Corrective action plans*
- *Audit responses*
- *Financial reconciliations*

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	ATTORNEY GENERAL'S OFFICE	JAMES TERRY GUST	$49,415
	This is an extension of an existing lease.		
	Term of Lease: **06/01/2026 – 05/31/2031**	**Located in Ely**	
2.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	NFC, L.L.C.	$1,045,406
	This is a new location.		
	Term of Lease: **03/01/2026 – 02/29/2036**	**Located in Las Vegas**	
3.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	NFC, L.L.C.	$659,189
	This is a new location.		
	Term of Lease: **03/01/2026 – 02/29/2036**	**Located in Las Vegas**	
4.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	SILVER SPRINGS /STAGECOACH HOSPITAL DISTRICT	$277,840
	This is an extension of an existing lease.		
	Term of Lease: **02/01/2026 – 01/31/2031**	**Located in Silver Springs**	
5.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL DIVISION – DIVISION OF INVESTIGATIONS	CITY OF ELY	$236,257
	This is an extension of an existing lease.		
	Term of Lease: **05/01/2026 – 04/30/2031**	**Located in Ely**	
6.	GOVERNOR'S TECHNOLOGY OFFICE	CHA-CHET II, LLC	$266,035
	This is a new location.		
	Term of Lease: **03/01/2026 – 02/28/2031**	**Located in Elko**	
7.	STATE OF NEVADA COMMISSION ON MINERAL RESOURCES – DIVISION OF MINERALS	HALEY BOGART AND AMY CONNELLY DBA KING STREET, LLC	$126,968
	This is an amendment to modify the lessor.		
	Term of Lease: **01/01/2026 – 02/29/2028**	**Located in Carson City**	

LEASES SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
8.	STATE TREASURER'S OFFICE			HALEY BOGART AND AMY CONNELLY DBA KING STREET, LLC	$173,429
		This is an amendment to modify the lessor.			
		Term of Lease:	**01/01/2026 – 05/31/2029**	**Located in Carson City**	
9.	THE SECRETARY OF STATE			HALEY BOGART AND AMY CONNELLY DBA KING STREET, LLC	$193,181
		This is an amendment to modify the lessor.			
		Term of Lease:	**01/01/2026 – 04/30/2027**	**Located in Carson City**	

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Attorney General's Office
100 North Carson Street
Carson City, Nevada 89701
Jessica Hoban
T: 775.684.1116 E: jhoban@ag.nv.gov

Remarks: Five (5) year lease renewal, with no tenant improvements. Lease approved by Director Joy Grimmer.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: James Terry Gust
4. Address of Lessor: 1123 Great Basin Boulevard
Ely, Nevada 89301
5. Property contact: Terry Gust
T: 775.289.6272 E: terrygust@sbcglobal.net E: gustelectric@sbcglobal.net
6. Address of Lease property: 1539 Avenue F, Suite 2
Ely, Nevada 89301

a. Square Footage: ☐ Rentable ☑ Usable 369 Office Space

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
	$ 500.59	12	$ 6,007.08	June 1, 2026 - May 31, 2027	$0.00	$0.00	$1.36
2%	$ 510.60	12	$ 6,127.20	June 1, 2027 - May 31, 2028	$0.00	$0.00	$1.38
2%	$ 520.81	12	$ 6,249.72	June 1, 2028 - May 31, 2029	$0.00	$0.00	$1.41
2%	$ 531.23	12	$ 6,374.76	June 1, 2029 - May 31, 2030	$0.00	$0.00	$1.44
2%	$ 541.85	12	$ 6,502.20	June 1, 2030 - May 31, 2031	$0.00	$0.00	$1.47
c. Total Office Consideration:		60	$ 31,260.96				
		380	Storage Space				
	$ 290.70	12	$ 3,488.40	June 1, 2026 - May 31, 2027	$0.00	$0.00	$0.77
2%	$ 296.51	12	$ 3,558.12	June 1, 2027 - May 31, 2028	$0.00	$0.00	$0.78
2%	$ 302.44	12	$ 3,629.28	June 1, 2028 - May 31, 2029	$0.00	$0.00	$0.80
2%	$ 308.49	12	$ 3,701.88	June 1, 2029 - May 31, 2030	$0.00	$0.00	$0.81
2%	$ 314.66	12	$ 3,775.92	June 1, 2030 - May 31, 2031	$0.00	$0.00	$0.83
d. Total Storage Consideration:		60	$ 18,153.60		$0.00	$0.00	
e. Total Lease Consideration:			$ 49,414.56				
f. Total Improvement Cost:					$0.00		

g. Option to renew: ☑ Yes ☐ No 365 Renewal terms: One (1) Identical Term
h. Holdover notice: # of Days required 30 Holdover terms: 5%/90
i. Term: Five (5) Years
j. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
k. Utilities: ☑ Landlord ☐ Tenant
l. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☑ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
m. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
n. Comparable Area Market Rate Average: N/A Rural
o. Specific termination clause in lease: Breach/Default lack of funding
p. Lease will be paid for by Agency Budget Account Number: 1030

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

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

STATEWIDE LEASE INFORMATION

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

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes_____ No _____ Dec Unit _____

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

_____

Authorized Agency Signature — Date: 1/28/26

2

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☑ YES	☐ NO	☐ N/A
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..):	NT7 Business License Sole Proprietor		
f.	Nevada Business ID Number:	NV20101518102	Exp: 7/31/2026	
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 Office?	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	PUR0002583		
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

Authorized Signature — Date: 01/29/2026
Public Works Division

jw

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: Department of Business and Industry
Division of Industrial Relations
1830 College Parkway Suite 100
Carson City, Nevada 89706
Victoria Carreon
T: 702.684.7292 E: vcarreon@dir.nv.gov

Remarks: This is a new retroactive lease for the Department of Business and Industry. Lease was negotiated at approximately $2.68 per SF. No tenant improvements are being requested at this time. Existing furniture will remain in the space at no cost to the agency. Lease terms have been negotiated by Jack Robb.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: NFC, L.L.C.
4. Address of Lessor: 2300 West Sahara, Suite 540
Las Vegas, Nevada 89102
5. Property contact: Misty Bowlin
T: 702.920.2816 E: mbowlin@thomas-mack.com
6. Address of Lease property: 2300 West Sahara Avenue, Suite 450
Las Vegas, Nevada 89102

a. Square Footage: ☑ Rentable ☐ Usable 2,834

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
	$ 7,595.12	12	$ 91,141.44	March 1, 2026 - February 28, 2027	$0.00	$0.00	$2.68
3%	$ 7,821.84	12	$ 93,862.08	March 1, 2026 - February 29, 2028	$0.00	$0.00	$2.76
3%	$ 8,048.56	12	$ 96,582.72	March 1, 2026 - February 28, 2029	$0.00	$0.00	$2.84
3%	$ 8,303.62	12	$ 99,643.44	March 1, 2026 - February 28, 2030	$0.00	$0.00	$2.93
3%	$ 8,558.68	12	$ 102,704.16	March 1, 2026 - February 28, 2031	$0.00	$0.00	$3.02
3%	$ 8,813.74	12	$ 105,764.88	March 1, 2026 - February 29, 2032	$0.00	$0.00	$3.11
3%	$ 9,068.80	12	$ 108,825.60	March 1, 2026 - February 28, 2033	$0.00	$0.00	$3.20
3%	$ 9,352.20	12	$ 112,226.40	March 1, 2026 - February 28, 2034	$0.00	$0.00	$3.30
3%	$ 9,635.60	12	$ 115,627.20	March 1, 2026 - February 28, 2035	$0.00	$0.00	$3.40
3%	$ 9,919.00	12	$ 119,028.00	March 1, 2026 - February 29, 2036	$0.00	$0.00	$3.50
		120	$ 1,045,405.92				

c. Total Lease Consideration:
d. Total Improvement Cost: $0.00
e. Option to renew: ☐ Yes ☑ No Renewal terms: None
f. Holdover notice: # of Days required Holdover terms: 5%/90
g. Term: Ten (10) Years
h. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
i. Utilities: ☑ Landlord ☐ Tenant
j. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $2.60
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 4682

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: $18,970

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 _x_ Dec Unit _____

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

78295

1/28/26

Authorized Agency Signature — Date

16

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? *If Yes, explain….	☐ YES	☑ NO
c.	Does the Lessor have a current Nevada State Business License? **If No, explain….	☑ YES	☐ NO
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..):	Domestic	
f.	Nevada Business ID Number:	NV19981027989	Exp: 5/31/2026
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain….	☐ YES Name of Individual - Thomas A. Thomas	☑ NO
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☑ YES	☐ NO
i.	State of Nevada Vendor number:	T29048202	
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain….	☑ YES	☐ 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	☑ YES	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/29/2026

Authorized Signature — Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: January 28, 2026

To: Nicolette Johnson, Executive Branch Budget Officer

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: For placement on March's 2026 BOE agenda

Projected BOE Date: March 18th, 2026 BOE Deadline Date: January 30th, 2026

Lessor: NFC, L.L.C.

Tenant: Department of Business and Industry, Division of Industrial Relations
Property Location: 2300 West Sahara Avenue, Suite 450, Las Vegas, Nevada 89102

This memo is for clarification for a retroactive start date of March 1, 2026, for the lease referenced above for the Department of Business and Industry.

Due to an unanticipated delay with redoing negotiations and receiving the leases back from the lessors legal counsel this created a delay for submittal prior to the March 1, 2026, start date. This is a new 10-year retroactive lease for the Department of Business and Industry, Industrial Relations. The lease was negotiated at $2.68 per SF. No tenant improvements are being requested at this time. Existing furniture will remain in the space at no cost to the agency.

Thank you for your time,
Zuly Terrazas

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Business and Industry
Division of Industrial Relations
2300 West Sahara, Suite 400
Las Vegas, Nevada 89102
C: Victoria Carreon
T: (702)486-9116 E: vcarreon@dir.nv.gov

Remarks: This is a new lease for Department of Business and Industry. Lease was negotiated at $2.68 per SF. Tenant improvements consist new carpet and paint, construct a pass-through door to Suite 420 (existing B&I Suite). Lease terms have been negotiated by Jack Robb.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: NFC, L.L.C.
4. Address of Lessor: 2300 West Sahara, Suite 540
Las Vegas, Nevada 89102
5. Property contact: Misty Bowlin
T: (702) 920-2816 E: mbowlin@thomas-mack.com
6. Address of Lease property: 2300 West Sahara Avenue, Suite 400
Las Vegas, Nevada 89102

a. Square Footage: ☑ Rentable ☐ Usable 1,787

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
	$ 4,789.16	12	$ 57,469.92	March 1, 2026 - February 28, 2027	$0.00	$0.00	$2.68
3%	$ 4,932.12	12	$ 59,185.44	March 1, 2027 - February 29, 2028	$0.00	$0.00	$2.76
3%	$ 5,075.08	12	$ 60,900.96	March 1, 2028 - February 28, 2029	$0.00	$0.00	$2.84
3%	$ 5,235.91	12	$ 62,830.92	March 1, 2029 - February 28, 2030	$0.00	$0.00	$2.93
3%	$ 5,396.74	12	$ 64,760.88	March 1, 2030 - February 28, 2031	$0.00	$0.00	$3.02
3%	$ 5,557.57	12	$ 66,690.84	March 1, 2031 - February 29, 2032	$0.00	$0.00	$3.11
3%	$ 5,718.40	12	$ 68,620.80	March 1, 2032 - February 28, 2033	$0.00	$0.00	$3.20
3%	$ 5,897.10	12	$ 70,765.20	March 1, 2033 - February 28, 2034	$0.00	$0.00	$3.30
3%	$ 6,075.80	12	$ 72,909.60	March 1, 2034 - February 28, 2035	$0.00	$0.00	$3.40
3%	$ 6,254.50	12	$ 75,054.00	March 1, 2035 - February 29, 2036	$0.00	$0.00	$3.50

c. Total Lease Consideration: 120 $ 659,188.56

d. Total Improvement Cost: $0.00

e. Option to renew: ☑ Yes ☐ No 365 Renewal terms: None

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

g. Term: Ten (10) Years

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

i. Utilities: ☑ Landlord ☐ Tenant

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

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

l. Comparable Area Market Rate Average: $2.60

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

n. Lease will be paid for by Agency Budget Account Number: 4682

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 Furnishin $10,522.00 Data/Phones: $1,750

Rev. 08/08/2023

STATEWIDE LEASE INFORMATION

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

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

Yes_____ No x **____ Dec Unit _____**

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

78295

1/28/26

Authorized Agency Signature — Date

3

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☑ YES	☐ NO	☐ N/A
b.	Is the Lessor Exempt from obtaining a Business License? *If Yes, explain….	☐ YES	☑ NO	
c.	Does the Lessor have a current Nevada State Business License? **If No, explain….	☑ YES	☐ NO	
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..):	Domestic		
f.	Nevada Business ID Number:	NV19981027989	Exp: 5/31/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain…. Thomas A. Thomas	☐ YES	☑ NO	
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T29048202		
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain….	☑ YES	☐ 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	☑ YES	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/29/2026

Authorized Signature, Public Works Division — Date

ZT

For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: January 28, 2026

To: Nicolette Johnson, Executive Branch Budget Officer

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: For placement on March's 2026 BOE agenda

Projected BOE Date: March 18th, 2026 BOE Deadline Date: January 30th, 2025

Lessor: NFC, L.L.C.

Tenant: Department of Business and Industry, Division of Industrial Relations
Property Location: 2300 West Sahara Avenue, Suite 400, Las Vegas, Nevada 89102

This memo is for clarification for a retroactive start date of March 1, 2026, for the lease referenced above for the Department of Business and Industry.

Due to an unanticipated delay with negotiations and legal language this created a delay for submittal prior to the March 1, 2026, start date. This is a new 10-year retroactive lease for the Department of Business and Industry. The lease was negotiated at $2.68 per SF. Tenant improvements include new carpet, paint, and constructing a pass-through door to suite 420 (an existing B&I suite).

Thank you for your time,
Zuly Terrazas

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Docusign Envelope ID: 7F7B1636-F5D8-4FEF-B789-75B7E42AF75A

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:	[illegible] 9/3/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

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

Remarks: This is a five (5) year retroactive renewal for the Department of Human Services, Division of Public and Behavioral Health, Rural Clinics. The lease has been negotiated at a rate of $1.52 a SF with 2% increases every other year. Tenant improvements include interior walls being painted a neutral color, fixing door frames and doors throughout the suite, fixing damages on the back exit door, fix and patch holes in the administrative assistants office, repair /replace window in administrative assistants office, replace carpet at no cost to the tenant.

Exceptions/Special notes: 2-day Janitorial

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Silver Springs /Stagecoach Hospital District
4. Address of Lessor: PO Box 567
Silver Springs, Nevada 89429
5. Property contact: Vanessa Stuart
T: 775.577.2700 F: 775.577.2722 E: office@ssshd.org
6. Address of Lease property: Lahontan Medical Center
3595 Highway 50 West
Silver Springs, Nevada 89429

a. Square Footage: ☐ Rentable ☑ Usable 2,976

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
	$ 4,523.52	12	$ 54,282.24	February 1, 2026 - January 31, 2027	$0.00	$0.00	$1.52
2%	$ 4,612.80	12	$ 55,353.60	February 1, 2027 - January 31, 2028	$0.00	$0.00	$1.55
0%	$ 4,612.80	12	$ 55,353.60	February 1, 2028 - January 31, 2029	$0.00	$0.00	$1.55
2%	$ 4,702.08	12	$ 56,424.96	February 1, 2029 - January 31, 2030	$0.00	$0.00	$1.58
0%	$ 4,702.08	12	$ 56,424.96	February 1, 2030 - January 31, 2031	$0.00	$0.00	$1.58
		60	$ 277,839.36				

c. Total Lease Consideration:
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: N/A Rural Area
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3648

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

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

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.

Rev. 08/08/2023

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

_____

Andrea L Rauscher 01/23/2026

Authorized Agency Signature Date

6

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☐ YES	☐ NO	☑ N/A
b.	Is the Lessor Exempt from obtaining a Business License?	☑ YES	☐ NO	
	*If Yes, explain….	Hospital District / County Owned		
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..):	General Improvement District		
f.	Nevada Business ID Number:	MIS3147-1986	Exp: N/A	
g.	Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☑ NO	
	**If No, explain….	Not Required noted on business license due to county owned		
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T40156600A		
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/25/2026

Authorized Signature Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: January 26, 2026

To: Roxana Gifford, Executive Branch Budget Officer

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on February's 2026 BOE agenda

Projected BOE Date: March 18th, 2026

BOE Deadline Date: January 30th, 2026

Lessor: Silver Springs/ Stagecoach Hospital District

Tenant: Department of Human Services, Division of Public and Behavioral Health, Rural Clinics

Property Location: Lahontan Medical Center, 3595 Highway 50 West, Silver Springs, Nevada 89429

This memo is a clarification for a retroactive start date of February 1, 2026, for the lease referenced above, which houses the Department of Human Services, Division of Public and Behavioral Health, Rural Clinics.

Due to an unanticipated delay with the agency changing leadership in the middle of routing for signatures and the lessor this created a delay for submittal to BOE prior to the February 1, 2026, start date.

This lease is for placement on the March 18th Board of Examiners meeting.

Thank you for your time,
Zuly Terrazas

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

For Budget Division Use Only	
Reviewed by:	9/3/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Nevada Highway Patrol Division, Division of Investigations
555 Wright Way
Carson City, Nevada 89711
Kasen Cornmesser
T: 775.684.4869 E: k.cornmesser@dps.state.nv.us

Remarks: Five (5) year lease renewal with a 6% increase year one to include additional costs for after hours utility costs. No tenant improvements requested. Lease approved by Director Grimmer.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: City of Ely
4. Address of Lessor: 501 Mill Avenue
Ely, Nevada 89301
5. Property contact: Jennifer Lee, City Clerk
T: 775.289.2430 E: Cityclerk@cityofelynv.gov
6. Address of Lease property: 545 Mill Avenue
Ely, Nevada 89301

a. Square Footage: ☑ Rentable ☐ Usable 10,200

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%	$ 3,937.61	12	$ 47,251.32	May 1, 2026 - April 30, 2027	$0.00	$0.00	$0.39
0%	$ 3,937.61	12	$ 47,251.32	May 1, 2027 - April 30, 2028	$0.00	$0.00	$0.39
0%	$ 3,937.61	12	$ 47,251.32	May 1, 2028 - April 30, 2029	$0.00	$0.00	$0.39
0%	$ 3,937.61	12	$ 47,251.32	May 1, 2029 - April 30, 2030	$0.00	$0.00	$0.39
0%	$ 3,937.61	12	$ 47,251.32	May 1, 2030 - April 30, 2031	$0.00	$0.00	$0.39
		60	$ 236,256.60				

c. Total Lease Consideration:

d. Total Improvement Cost: $0.00

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

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

g. Term: Five (5) Years

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

i. Utilities: ☑ Landlord ☐ Tenant

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

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

l. Comparable Area Market Rate Average: 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: 4713 74%
3743 26%

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
_____

Michael Edgell Digitally signed by Michael Edgell Date: 2026.01.26 13:34:11 -08'00' 01/26/2026
Authorized Agency Signature Date

12

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☐ YES	☐ NO	☑ N/A
b.	Is the Lessor Exempt from obtaining a Business License?	☑ YES	☐ NO	
	*If Yes, explain.... Government			
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..):			
f.	Nevada Business ID Number:	Exp:		
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: T40337401			
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/28/2026
Authorized Signature Date
Public Works Division

JW
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: Governor's Technology Office
575 East Third Street
Carson City, Nevada 89701
Rachel Peterson
T: 775.531.3042 E: rpeterson@it.nv.gov

Remarks: This is a retoactive new modified gross lease for the Governor's Technology Office. The lease's base rate has been negotiated at an approximate rate of $1.61 per SF with 2% annual increases. Tenant improvements include creating a door to connect the office area to the warehouse, a unit heater, an addition of a roll up door, and a replacement of 2 manual roll up doors into electric doors. Improvement costs will be amortized into the 5 year cost of the lease. There is no state space available at this time. Terms have been approved by Director Grimmer.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Cha-Chet II, LLC
4. Address of Lessor: PO Box 278
Elko, Nevada 89803
5. Property contact: Chris Johnson
T: 775.738.6125 C:775.934.9065 cjohnson@chesterelko.com
6. Address of Lease property: 2952 Mountain City Highway, Suite 14
Elko, Nevada 89801

a. Square Footage: ☐ Rentable ☑ Usable 2,000

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
	$ 4,302.92	12	$ 51,635.04	March 1, 2026 - February 28, 2027	$0.54	$1.61	$2.15
1%	$ 4,366.92	12	$ 52,403.04	March 1, 2027 - February 28, 2028	$0.54	$1.64	$2.18
1%	$ 4,431.91	12	$ 53,182.92	March 1, 2028 - February 29, 2029	$0.54	$1.67	$2.22
2%	$ 4,499.91	12	$ 53,998.92	March 1, 2029 - February 28, 2030	$0.54	$1.70	$2.25
2%	$ 4,567.91	12	$ 54,814.92	March 1, 2030 - February 28, 2031	$0.54	$1.73	$2.28

c. Total Lease Consideration: 60 $ 266,034.84
d. Total Improvement Cost: $65,455.00
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: N/A Rural Area
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 1388

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: $8,295.00 Furnishings: $21,600.00 Data/Phones: $5,000.00

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.

Rev. 08/08/2023

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 X Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET C78609

Timothy Galluzi (Jan 29, 2026 14:40:57 PST) 01/29/2026

Authorized Agency Signature Date

Sign Here

5

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? *If Yes, explain....	☐ YES	☑ NO
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	☑ YES	☐ NO
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..):	Domestic	
f.	Nevada Business ID Number: NV20101381555	Exp: 5/31/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain.... Name of Individual - Wilson Barrows Slayer Jones	☐ YES	☑ NO
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☑ YES	☐ NO
i.	State of Nevada Vendor number: T27029770		
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	☑ YES	☐ 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	☑ YES	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/30/2026

Authorized Signature Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: January 29, 2026

RECEIVED
JAN 30 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

To: Venus B Fajota, Executive Branch Budget Officer

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on March's, 2026 BOE agenda

Projected BOE Date: March 18th, 2026 BOE Deadline Date: January 30th, 2026

Lessor: Cha-Chet II, LLC

Tenant: Governor's Technology Office

Property Location: 2952 Mountain City Highway, Suite 14, Elko, Nevada, 89801

This memo is a clarification for a retroactive start date of March 1, 2026, for the lease referenced above, which houses the Governor's Technology Office. This lease is for a retroactive new modified gross lease. The base rent has been negotiated at $1.61 per SF with 2% annual increases. Tenant improvements include creating a door to connect the office area to the warehouse, a unit heater, an addition of a roll up door, and the replacement of 2 manual roll up doors into electric doors. Improvement costs will be amortized into the 5-year cost of the lease. There is no state space available at this time. Terms have been approved by Director Grimmer.

Due to an unanticipated delay with permits and the completion of the tenant improvements this created a delay for submittal to BOE prior to the March 1, 2026, start date.

This lease is for placement on the March 18th, 2026 Board of Examiners meeting.

Thank you for your time,
Zuly Terrazas

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

For Budget Division Use Only	
Reviewed by:	2/5/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: State of Nevada
Commission on Mineral Resources
Division of Minerals
400 West King Street, Suite 106
Carson City, Nevada 89703
Crystal Cruson
T: 775.684.7042 E: ccruson@minerals.nv.gov

Remarks: This is the First Lease Amendment to reflect the change of ownership from The Trust For Methodist Development of the First United Methodist Church of Carson City, Nevada to Haley Bogart and Amy Connelly dba King Street, LLC on December 16, 2025. This First Lease Amendment will also amend an error in the original lease, that lists State of Nevada, Department of Administration, Public Works Division as the Tenant. This First Lease Amendment retroactively commences January 1, 2026.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Haley Bogart and Amy Connelly dba King Street, LLC
4. Address of Lessor: 930 Tahoe Boulevard, Suite 802 PMB 840
Incline Village, Nevada 89451
5. Property contact: Haley Bogart
T: 650.207.7579 E: 400wking@gmail.com
6. Address of Lease property: 400 West King Street, Suite 106
Carson City, Nevada 89703

a. Square Footage: ☐ Rentable ☑ Usable 3,123

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	$ 4,709.48	2	$ 9,418.96	January 1, 2026 - February 28, 2026	$0.00	$0.00	$1.50
4%	$ 4,897.86	12	$ 58,774.32	March 1, 2026 - February 28, 2027	$0.00	$0.00	$1.56
0%	$ 4,897.86	12	$ 58,774.32	March 1, 2027 - February 29, 2028	$0.00	$0.00	$1.56
c. Total Lease Consideration:		26	$ 126,967.60				
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: Twenty-Six (26) Months (original lease term five years)
h. Pass-thrus/CAM/Taxes: ☑ Landlord ☐ Tenant
i. Utilities: ☑ Landlord ☐ Tenant
j. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $1.72
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 4219

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 THIS IS AN AMENDMENT TO MODIFY THE LESSOR.

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
_____

1/23/26
Authorized Agency Signature Date
g

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☑ YES	☐ NO	☐ N/A
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..):	Domestic Limited Liability Company		
f.	Nevada Business ID Number: NV20253469912		Exp: 11/30/2026	
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: T32018873			
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/26/2026
Authorized Signature Date
Public Works Division
jw
For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: January 27, 2026

To: Roxana Gifford, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on March's, 2026 BOE agenda

Projected BOE Date: March 18, 2026 BOE Deadline Date: January 30, 2026

Lessor: Haley Bogart and Amy Connelly DBA King Street, LLC

Tenant: Commission on Mineral Resources, Division of Minerals

Property Location: 400 West King Street, Suite 106, Carson City, Nevada 89703

This memo is a clarification for a retroactive start date of January 1, 2026 for the lease referenced above, which houses the Commission on Mineral Resources, Division of Minerals.

Due to the extended time required for coordination and communication with the stakeholders for the new Lessor's business and contact information this created a delay for submittal to BOE prior to the January 1, 2026 start date.

This lease is for placement on the March 18th, 2026 Board of Examiners meeting.

Thank you,
Jamie Wiest

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

For Budget Division Use Only	
Reviewed by:	AT 2-9-26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: State Treasurer's Office
101 North Carson Street, Suite 4
Carson City, Nevada 89701
Lori Hoover
T: 775.684.5753 E: l.hoover@nevadatreasurer.gov

Remarks: This is the First Lease Amendment to reflect the change of ownership from The Trust For the Methodist Development of the First United Methodist Church of Carson City, Nevada to Haley Bogart and Amy Connelly dba King Street, LLC on December 16, 2025. This First Lease Amendment retroactively commences January 1, 2026.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Haley Bogart and Amy Connelly dba King Street, LLC
4. Address of Lessor: 930 Tahoe Boulevard, Suite 802 PMB 840
Incline Village, Nevada 89451
5. Property contact: Haley Bogart
T: 650.207.7579 E: 400wking@gmail.com
6. Address of Lease property: 400 West King Street, Suite 305
Carson City, Nevada 89703

a. Square Footage: ☐ Rentable ☑ Usable 2,362

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	$ 4,014.22	5	$ 20,071.10	January 1, 2026 - May 31, 2026	$0.00	$0.00	$1.70
3%	$ 4,134.65	12	$ 49,615.75	June 1, 2026 - May 31, 2027	$0.00	$0.00	$1.75
3%	$ 4,258.68	12	$ 51,104.22	June 1, 2027 - May 31, 2028	$0.00	$0.00	$1.80
3%	$ 4,386.45	12	$ 52,637.35	June 1, 2028 - May 31, 2029	$0.00	$0.00	$1.86
		41	$ 173,428.42				

c. Total Lease Consideration:
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: Forty One (41) Months
h. Pass-thrus/CAM/Taxes: ☑ Landlord ☐ Tenant
i. Utilities: ☑ Landlord ☐ Tenant
j. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $1.72
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number:
1080 - 1,416
1088 - 158 SF
1092 - 315 SF
1102 - 158 SF
4672 - 315 SF

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 THIS IS AN AMENDMENT TO MODIFY THE LESSOR.

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

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes_____ No _____ Dec Unit _____

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

Lori Hoover 1/22/2026
Authorized Agency Signature Date

14

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☑ YES	☐ NO	☐ N/A
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..):	Domestic Limited Liability Company		
f.	Nevada Business ID Number:	NV20253469912	Exp: 11/30/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☐ NO	
	**If No, explain....	reg as King St LLC		
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T32018873		
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

01/27/2026
Authorized Signature Date
Public Works Division

JW
For Board of Examiners ☑ YES ☐ NO

Rev. 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: January 27, 2026

To: Shauna Tilley, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on March's, 2026 BOE agenda

Projected BOE Date: March 18, 2026 BOE Deadline Date: January 30, 2026

Lessor: Haley Bogart and Amy Connelly DBA King Street, LLC
Tenant: State Treasurer's Office
Property Location: 400 West King Street, Suite 305, Carson City, Nevada 89703

This memo is a clarification for a retroactive start date of January 1, 2026, for the lease referenced above, which houses the State Treasurer's Office.

Due to the extended time required for coordination and communication with the stakeholders for the new Lessor's business and contact information this created a delay for submittal to BOE prior to the January 1, 2026 start date.

This lease is for placement on the March 18th, 2026 Board of Examiners meeting.

Thank you,
Jamie Wiest

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

For Budget Division Use Only	
Reviewed by	MK
Reviewed by	
Reviewed by	

STATEWIDE LEASE INFORMATION

1. Agency: The Secretary of State
101 North Carson Street, Suite 3
Carson City, Nevada 89701
Rachel Bennett
T: 775.684.5656 E: rbennett@sos.nv.gov

Remarks: This is the First Lease Amendment to reflect the change of ownership from The Trust For Methodist Development of the First United Methodist Church of Carson City, Nevada to Haley Bogart and Amy Connelly dba King Street, LLC on December 16, 2025. This First Amendment retroactively commences January 1, 2026.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Haley Bogart and Amy Connelly dba King Street, LLC
4. Address of Lessor: 930 Tahoe Boulevard, Suite 802 PMB 840
Incline Village, Nevada 89451
5. Property contact: Haley Bogart
T: 650.207.7579 E: 400wking@gmail.com
6. Address of Lease property: 400 West King Street, Suites 200, 205, and 300
Carson City, Nevada 89703

a. Square Footage: ☐ Rentable ☑ Usable 6,948 Suite 300=5,057 SF Suites 200&205=1,891 SF

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	$ 11,808.13	4	$ 47,232.52	January 1, 2026 - April 30, 2026	$0.00	$0.00	$1.70
3%	$ 12,162.37	12	$ 145,948.44	May 1, 2026 - April 30, 2027	$0.00	$0.00	$1.75
c. Total Lease Consideration:		16	$ 193,180.96				

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: Sixteen (16) Months
h. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
i. Utilities: ☑ Landlord ☐ Tenant
j. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $1.72
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 1050

7. This lease constitutes:
- ☐ An extension of an existing lease
- ☐ An addition to current facilities (requires estimated expenses)
- ☐ A relocation (requires estimated expenses)
- ☐ A new location (requires estimated expenses)
- ☐ Remodeling only
- ☑ Other THIS IS AN AMENDMENT TO MODIFY THE LESSOR.

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

Rev. 08/08/2023

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes_____ No _____ Dec Unit _____

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

Rachel Bennett 1/21/2026

Authorized Agency Signature Date

40

For Public Works Information:

8. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	☑ YES	☐ NO	☐ N/A
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..):	Domestic Limited Liability Company		
f.	Nevada Business ID Number: NV20253469912		Exp: 11/30/2026	
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: T32018873			
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	☐ NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

Kristine Ross (Jan 30, 2026 15:53:19 PST) 01/30/2026

Authorized Signature Date
Public Works Division

JW
For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
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Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
JAN 29 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: January 27, 2026

To: Shauna Tilley, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

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This lease is for placement on the March 18th, 2026 Board of Examiners meeting.

Thank you,
Jamie Wiest

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - CORE.NV	BERRY, DUNN, MCNEIL & PARKER, LLC	GENERAL 81% HIGHWAY 19%	$5,608,176	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-20759 which provides procurement of acquisition support services. This service agreement provides project oversight for the CORE.NV project.				
		Term of Contract:	05/01/2026 - 06/30/2027	Contract # 31748		
2.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	LIBERTY VOTE USA INC.	GENERAL	$310,481	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides support for voting systems used in a mock election. This amendment increases the maximum amount from $301,160 to $611,641 due to additional mock election services.				
		Term of Contract:	05/23/2025 - 12/31/2027	Contract # 30250		
3.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	SHI INTERNATIONAL CORP.	GENERAL	$224,144	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-12271 which provides the purchase of software licensing, support and related services. This service agreement provides an incident response retainer.				
		Term of Contract:	02/12/2026 - 02/11/2027	Contract # 31793		
4.	053	TREASURER'S OFFICE - MILLENNIUM SCHOLARSHIP ADMINISTRATION	ORACLE AMERICA, INC.	OTHER: COLLEGE SAVINGS ENDOWMENT	$602,173	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-10300 which provides cloud services. This service agreement provides services to implement a replacement tracking system.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 31654		
5.	060	CONTROLLERS OFFICE - DEBT RECOVERY ACCOUNT	F.H. CANN & ASSOCIATES, INC.	FEE: DEBT COLLECTION SERVICES	$300,000	
	Contract Description:	This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31752		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	060	CONTROLLERS OFFICE - DEBT RECOVERY ACCOUNT	PIONEER CREDIT RECOVERY	FEE: DEBT COLLECTION SERVICES	$300,000	
	Contract Description:	This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31767		
7.	060	CONTROLLERS OFFICE - DEBT RECOVERY ACCOUNT	TRANSWORLD SYSTEMS INC.	FEE: DEBT COLLECTION SERVICES	$300,000	
	Contract Description:	This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31800		
8.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	HUMAN RESOURCE CAPITAL LLC DBA Q4 SOLUTIONS	GENERAL	$1,415,215	
	Contract Description:	This is a new contract to provide executive leadership and developmental training.				
		Term of Contract:	Upon Approval - 03/31/2027	Contract # 31733		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CAPITAL GLASS, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$75,000	
	Contract Description:	This is the third amendment to the original contract which provides ongoing repairs or replacement of windows to state-owned buildings in northern Nevada. This amendment increases the maximum amount from $99,000 to $174,000 due to increase in workload.				
		Term of Contract:	07/26/2023 - 07/10/2027	Contract # 27944		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$314,500	
	Contract Description:	This is the third amendment to the original contract which provides janitorial services for the Nevada, Washoe, Elko, Esmeralda, White Pine, Eureka, Mineral, Pershing, Humboldt, Douglas, Lyon, Lander, and Churchill buildings at the McCarran Center in Las Vegas. This amendment increases the maximum amount from $10,106,298 to $10,420,798 due to the addition of the newly acquired Supreme Court building located at 408 E. Clark Ave, Las Vegas.				
		Term of Contract:	11/01/2024 - 10/31/2028	Contract # 29667		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$26,681	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Attorney General's Office in Las Vegas. This amendment extends the termination date from May 31, 2026 to June 30, 2027 and increases the maximum amount from $99,776 to $126,457 due to the continued need for these services.				
		Term of Contract:	06/13/2022 - 06/30/2027	Contract # 26439		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	KNIT	GENERAL	$56,250	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Rawson-Neal Psychiatric Hospital - Anti-Ligature Rehabilitation CIP Project: CIP Project No. 23-M02-02; SPWD Contract No. 115607. This amendment increases the maximum amount from $430,017.31 to $486,267.31 due to an extended need for construction administration services.				
		Term of Contract:	09/12/2023 - 06/30/2027	Contract # 28004		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS	PAUL CAVIN ARCHITECT LLC	GENERAL 22% BONDS 78%	$168,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Corrections) Mezzanine Removal, Building 10 (ESP) CIP Project to include schematic design, design development, construction documents, bidding services, and construction administration for the design and demolition of the existing damaged concrete floor: CIP Project No. 25-M04-3; SPWD Contract No. 118501.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31749		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	BURKE CONSTRUCTION GROUP INC	BONDS 20% FEDERAL 80%	$298,866	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at risk pre-construction services for the Advance Planning: General Instruction Building (Floyd Edsall Training Center) CIP Project to include design through construction documents for a general instruction building, barracks, dining facility, and other supporting facilities: CIP Project No. 21-P05; SPWD Contract No. 118388.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31702		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	BURKE CONSTRUCTION GROUP, INC.	BONDS 36% FEDERAL 64%	$144,017	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at risk pre-construction services for the Remodel and Addition (Southern Nevada State Veterans Home) CIP Project to include pre-construction documents for the remodel and expansion: CIP Project No. 23-C06; SPWD Contract No. 118407.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31857		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	NV5 CONSULTANTS, INC.	GENERAL	$160,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the HVAC System Renovation (Measurement Standards Building) and Security Improvements, Interior Lighting and Power Distribution CIP Projects to include mechanical engineering services, plumbing engineering services, electrical engineering services, electronic security systems, and architectural services for the lighting, and heating, ventilation, and air conditioning renovation: CIP Project Nos. 25-M12, 25-M14; SPWD Contract No. 118462.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31682		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CORE WEST, INC. DBA CORE CONSTRUCTION	BONDS	$123,545,998	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at-risk services for the Administration Building (Fifth Street) CIP Project: CIP Project No. 23-C30; SPWD Contract No. 118601.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31830		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	CORE WEST, INC.	OTHER: AGENCY FUNDED CIP	$251,504	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at-risk pre-construction services for the Advance Planning: Business Building (UNLV) CIP Project to include design through construction documents for the 130,702 square feet of additional space to support the UNLV Fine Arts academic and research programs: CIP Project No. 26-A04; SPWD Contract No. 118400.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31731		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	ETCHEMENDY ENGINEERING INC. P.C.	OTHER: AGENCY FUNDED CIP	$151,250	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the HVAC Renovations (Great Basin College, Elko) CIP Project to include site visits, design drawings, schematic design, structural engineering, electrical designs, construction documents, and bidding services for the design and replacement of the existing rooftop heating, ventilation, and air conditioning system units and forced air furnaces at the McMullen Hall and the Lundberg Hall buildings: CIP Project No. 26-A16; SPWD Contract No. 118454.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31732		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WILLDAN ENGINEERING	OTHER: CAPITAL PROJECT FUNDS	$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 118425.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31673		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	180	GOVERNOR'S TECHNOLOGY OFFICE - COMPUTER FACILITY	DELL MARKETING LIMITED PARTNERSHIP	OTHER: INTERNAL SERVICE FUNDS	$5,104,994	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-20046 which provides computer equipment, peripherals, and related services. This service agreement provides support for a secure VMWare enterprise environment.				
		Term of Contract:	Upon Approval - 01/13/2029	Contract # 31554		
22.	180	GOVERNOR'S TECHNOLOGY OFFICE - DATA COMMUNICATIONS AND NETWORK ENGINEERING	CISCO SYSTEMS, INC.	GENERAL 81% OTHER: INTERNAL SERVICE FUND 19%	$1,924,198	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV20-4447 which provides data communications. This service agreement provides implementation of the Cisco Catalyst Center to streamline management of its Cisco-based network infrastructure.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 31721		
23.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	HEALTH DIMENSIONS GROUP	OTHER: COUNTY 35% FEDERAL 65%	$787,380	
	Contract Description:	This is a new contract to provide consulting and process improvement services.				
		Term of Contract:	Upon Approval - 02/28/2028	Contract # 31681		
24.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	GENERAL	$488,706	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation services and technical assistance services. This service agreement provides a framework to guide school districts' performance improvement planning.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31630		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	300	DEPARTMENT OF EDUCATION - EDUCATOR LICENSURE	EDULOKA LIMITED	FEE: EDUCATOR LICENSURE	$197,808	Sole Source
	Contract Description:	This is the fifth amendment to the original contract which provides maintenance, hosting, and support for the educator licensing system. This amendment increases the maximum amount from $946,640 to $1,144,448 due to the increased need for these services.				
		Term of Contract:	07/01/2019 - 12/31/2026	Contract # 22577		
26.	300	DEPARTMENT OF EDUCATION - LITERACY PROGRAMS	REGENTS OF THE UNIVERSITY OF MINNESOTA	GENERAL	$115,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide professional development courses for educators to strengthen literacy instruction.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31416		
27.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	ESTIPONA GROUP	FEE: 988 IMPROVEMENT 39.2% FEDERAL 60.8%	$503,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides marketing support for the 988 Suicide and Crisis Lifeline.				
		Term of Contract:	Upon Approval - 09/30/2026	Contract # 31347		
28.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	SOCIAL ENTREPRENEURS, INC.	GENERAL 18% FEDERAL 82%	$153,009	
	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 project management, conference planning, and conference facilitation services for the 2026 Bureau of Behavioral Health and Wellness Conference.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 31605		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	SOCIAL ENTREPRENEURS, INC.	FEDERAL	$168,260	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV-17884 which provides consulting, marketing, and education services. This service agreement provides project management, data analysis, and training for First Episode Psychosis providers.				
		Term of Contract:	Upon Approval - 09/30/2026	Contract # 31185		
30.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	$607,920	Exempt
	Contract Description:	This is a new interlocal agreement to provide training to licensed, licensed-eligible, or related mental health professionals and interns on evidence-based clinical practices and/or non-clinical training on working with the population of focus.				
		Term of Contract:	Upon Approval - 01/31/2030	Contract # 31533		
31.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES	FEDERAL	$304,694	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing access to the Just in Time training website and learning management system for foster/adoptive parents, relative caregivers, and birth parents of foster children.				
		Term of Contract:	Upon Approval - 05/01/2030	Contract # 31124		
32.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	ONPOINT HEALTH DATA	GENERAL 19% OTHER: HEALTHY NEVADA FUND 4% FEDERAL 77%	$7,625,342	
	Contract Description:	This is the first amendment to the original contract which provides a database to improve healthcare by permitting the examination of costs, quality, and utilization of insurance claims. This amendment extends the termination date from December 31, 2028 to December 31, 2032 and increases the maximum amount from $8,999,120.04 to $16,624,462.04 due to the continued need for these services.				
		Term of Contract:	12/12/2023 - 12/31/2032	Contract # 28460		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	412	NEVADA HEALTH AUTHORITY - DIVISION OF PURCHASING AND COMPLIANCE - HEALTH CARE FACILITY REGULATION	QUALITY HEALTHCARE ASSET MANAGEMENT, LLC	FEE: LICENSING/FINES	$484,936	
	Contract Description:	This is the first amendment to the original contract which provides temporary healthcare facility management services for distressed licensed healthcare facilities. This amendment extends the termination date from September 30, 2026 to September 30, 2027 and increases the maximum amount from $500,000.00 to $984,936.15 due to the continued need for these services.				
		Term of Contract:	09/13/2022 - 09/30/2027	Contract # 25423		
34.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO THE UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE	OTHER: REVENUE	($18,241,042)	Exempt
	Contract Description:	This is the third amendment to the original revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education and Indirect Medical Education (IME) supplemental payment program for non-state government owned or operated teaching hospitals. This amendment reduces the maximum amount from $36,457,401 to $18,216,359 and removes outpatient services from the IME program.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25587		
35.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	CARSON CITY REGIONAL TRANSPORTATION COMMISSION	OTHER: REVENUE	$70,815	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the non-federal share associated with paratransit services for Medicaid eligible recipients. This amendment increases the maximum amount from $51,721.50 to $122,536.10 due to higher ridership and costs.				
		Term of Contract:	07/01/2024 - 06/30/2028	Contract # 28637		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - PRESCRIPTION DRUG REBATE	MERCER US INC DBA MERCER HEALTH & BENEFITS LLC	OTHER: PRESCRIPTION DRUG REBATES 50% FEDERAL 50%	$261,978	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides recommendations to track and project pharmacy rebate collections.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31720		
37.	416	PUBLIC EMPLOYEES' BENEFITS PROGRAM	DIVERSIFIED DENTAL SERVICES, INC. A NEVADA CLOSE CORPORATION	OTHER: EMPLOYER SUBSIDY/ PARTICIPANT PREMIUM	$359,207	
	Contract Description:	This is the first amendment to the original contract which provides a dental Preferred Provider Organization network for participants. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $1,601,613 to $1,960,820 due to the continued need for these services.				
		Term of Contract:	02/09/2021 - 06/30/2027	Contract # 23810		
38.	440	DEPARTMENT OF CORRECTIONS	ARAMARK CORRECTIONAL SERVICES, LLC	GENERAL	$39,000,000	
	Contract Description:	This is the first amendment to the original contract which provides consolidated inmate food services statewide. This amendment extends the termination date from March 31, 2026 to March 31,2028 and increases the maximum amount from $64,000,000 to $103,000,000 due to the continued need for these services.				
		Term of Contract:	05/10/2022 - 03/31/2028	Contract # 25479		
39.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	STATE PARKS CULTURAL ARTS BOARD, INCORPO	OTHER: REVENUE	$255,656	
	Contract Description:	This is a new revenue contract to provide family entertainment, educational, and live productions at the outdoor stage and special event facility located at Spring Mountain Ranch State Park.				
		Term of Contract:	Upon Approval - 12/31/2027	Contract # 31724		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	SUMMIT LAKE PAIUTE TRIBE	GENERAL	$581,328	Exempt
	Contract Description:	This is a new interlocal agreement to provide restoration and fence enhancement projects at the Mahogany Creek Corridor to improve ecological function and connectivity.				
		Term of Contract:	Upon Approval - 05/31/2027	Contract # 31602		
41.	707	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE - NON-EXEC	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	BONDS	$511,750	Exempt
	Contract Description:	This is a new interlocal agreement to provide fire crews assistance to complete forest health projects in the Lake Tahoe Basin.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31737		
42.	709	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION	HIGHLAND ECONOMICS LLC	FEDERAL	$100,000	
	Contract Description:	This is a new contract to provide improved composting practices statewide and assess the economic impact of large-scale programs.				
		Term of Contract:	Upon Approval - 09/30/2026	Contract # 31719		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	709	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT AND CORRECTIVE ACTION	TERRAPHASE ENGINEERING, INC.	OTHER: MITIGATION	$1,000,000	
	Contract Description:	This is a new contract to provide ongoing support services for the Abandoned Mine Land Program at the Anaconda Copper Mine Site by conducting a specific review and assessment of clean-up activities.				
		Term of Contract:	05/09/2026 - 05/08/2030	Contract # 31699		
44.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	INTELLECTUAL TECHNOLOGY, INC.	HIGHWAY 98.7% FEE: MISC PROGRAM 1.3%	$7,735,914	
	Contract Description:	This is the second amendment to the original contract which provides ongoing production and issuance of vehicle registration certificates, decals, and producing and mailing physical documents. This amendment extends the termination date from March 31, 2026 to March 31, 2032 and increases the maximum amount from $6,721,118.51 to $14,457,033.44 due to the expansion of online services and increase in mailing volume.				
		Term of Contract:	04/01/2022 - 03/31/2032	Contract # 25318		
45.	810	DEPARTMENT OF MOTOR VEHICLES - DIRECTOR'S OFFICE	INTELLECTUAL TECHNOLOGY, INC.	FEE: USER	$7,401,519	
	Contract Description:	This is the second amendment to the original contract which provides for the upgrade including installation, maintenance, and operation of the 51 public access kiosks with third-generation kiosks. This amendment extends the termination date from April 1, 2026 to March 31, 2028 and increases the maximum amount from $11,724,924.70 to $19,126,443.70 due to updated cost matrix to align associated costs with the responsibilities of related services.				
		Term of Contract:	04/01/2022 - 03/31/2028	Contract # 25310		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	$279,269	Exempt
	Contract Description:	This is a new interlocal agreement to provide pre-employment transition services, counseling on post-secondary education opportunities, workplace readiness training, and instruction in self-advocacy for students with disabilities.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 31695		
47.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	THE FERRARO GROUP, LTD.	FEE: LICENSURE	$144,000	
	Contract Description:	This is a new contract to provide government relations services.				
		Term of Contract:	Upon Approval - 04/13/2028	Contract # 31781		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31748**

		Legal Entity Name:	BERRY, DUNN, MCNEIL & PARKER, LLC
Agency Name:	**GOVERNOR'S FINANCE OFFICE**	Contractor Name:	**BERRY, DUNN, MCNEIL & PARKER, LLC**
Agency Code:	**015**	Address:	**211 CONGRESS ST**
Appropriation Unit:	**1325-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**PORTLAND, ME 04102**
If "No" please explain:	Not Applicable	Contact/Phone:	CHARLES LEADBETTER 480-482-3002
		Vendor No.:	T29043233
		NV Business ID:	NV20121551586

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

X	General Funds	**81.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
X	Highway Funds	**19.00 %**	Other funding	0.00 %

Agency Reference #: 1325

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 60 days**

4. Type of contract: **Contract**
   Contract description: **PASS Services**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV24-20759 which provides procurement of acquisition support services. This service agreement provides project oversight for the CORE.NV project.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,608,176.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Office of Project Management requires the support of additional resources to ensure successful execution of the CORE.NV phased project.

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

   The CORE.NV project team has critical role deficiency in it's support and program manager roles. Any potential employees within OPM and/or from other outside agencies are already tasked at capacity and/or do not have the skill set desired to fulfill the requirements of this role.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kpacheco	01/26/2026 15:42:06 PM
Division Approval	bphilli1	01/26/2026 16:35:29 PM
Department Approval	bphilli1	01/26/2026 16:35:31 PM
Contract Manager Approval	thelms	01/26/2026 16:41:55 PM
Budget Analyst Approval	mranki1	01/29/2026 14:54:09 PM
BOE Agenda Approval	mranki1	01/29/2026 14:54:11 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: **30250**

Amendment Number: **2**

Legal Entity Name: Liberty Vote USA Inc.

Agency Name: **SECRETARY OF STATE'S OFFICE**

Contractor Name: **Liberty Vote USA Inc.**

Agency Code: **040**

Address: **PO Box 343**

Appropriation Unit: **1051-31**

Is budget authority available?: **Yes**

City/State/Zip **Broomfield, CO 80038**

If "No" please explain: Not Applicable

Contact/Phone: Christy Kurowski 866-654-8683

Vendor No.: T32012735

NV Business ID: NV20101520492

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/23/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2027**

Contract term: **2 years and 222 days**

4. Type of contract: **Contract**

Contract description: **Mock Elec - Dominion**

5. Purpose of contract:

This is the second amendment to the original contract which provides support for voting systems used in a mock election. This amendment increases the maximum amount from $301,160 to $611,641 due to additional mock election services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$301,160.00	$301,160.00	$301,160.00	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#2):	$310,481.00	$310,481.00	$310,481.00	Yes - Action
3.	New maximum contract amount:	$611,641.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state must run a mock election in order to implement the Voter Registration and Elections Management System (VREMS) pursuant to AB422 (2021). The counties are using voting equipment (tabulators, voting machines, voter verifiable paper audit trails, mail ballot readers, etc.) which have been purchased through Dominion Voting Systems. For each election, this vendor is required to develop and modify the election data to appropriately program the voting equipment ensuring all candidates, contests, and voter data is appropriately coded for the equipment.

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

The equipment used by the counties is proprietary and is only able to be coded by Dominion Voting Systems.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

   b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
   Approval #: 250205
   Approval Date: 02/28/2025

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

The equipment used by the counties is proprietary and is only able to be coded by Dominion Voting Systems.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

    Yes If "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 done work for the state and it has been satisfactory.

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

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

Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adale	01/30/2026 15:01:46 PM
Division Approval	adale	01/30/2026 15:01:48 PM
Department Approval	rbennet2	01/30/2026 15:22:49 PM
Contract Manager Approval	jmckeeha	01/30/2026 15:28:39 PM

Budget Analyst Approval	mranki1	02/05/2026 09:10:46 AM
BOE Agenda Approval	mranki1	02/05/2026 09:10:48 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31793**

		Legal Entity Name:	SHI INTERNATIONAL CORP.
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**SHI INTERNATIONAL CORP.**
Agency Code:	**040**	Address:	**1125 17TH ST STE 730**
Appropriation Unit:	**1051-31**		
Is budget authority available?:	**Yes**	City/State/Zip	**DENVER, CO 80202**
If "No" please explain:	Not Applicable	Contact/Phone:	GINA SOTELO 775-505-4161
		Vendor No.:	PUR0001595A
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/12/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

The Secretary of State's Office is committed to ensuring that Nevada has the most secure, accurate, and accessible elections in the country. Given that VREMS Clark County integration went live in November, the VREMS system has doubled in size and the need for these specific security measures is vital to the success of the project moving forward. The next available BOE meeting is March 18, 2026, and the Secretary of State's office cannot wait for the general BOE process.

3. Termination Date: **02/11/2027**
   Contract term: **364 days**

4. Type of contract: **Contract**
   Contract description: **Mandiant - Elections**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-12271 which provides the purchase of software licensing, support and related services. This service agreement provides an incident response retainer.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$224,143.75**

Other basis for payment: As invoiced by the vendor and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

The Secretary of State's Office is committed to ensuring that Nevada has the most secure, accurate, and accessible elections in the country. To achieve those objectives the Secretary's office must contract with an independent company to provide access to incident response retainer and expertise on demand services as part of the Voter Registration Elections Management Systems Project.

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

State employees lack the time, knowledge, and expertise to complete 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. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Work has been done by this vendor and it has been satisfactory.

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

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

Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adale	02/02/2026 11:06:27 AM
Division Approval	adale	02/02/2026 11:06:29 AM
Department Approval	rbennet2	02/02/2026 12:01:23 PM
Contract Manager Approval	jmckeeha	02/02/2026 12:02:28 PM
EITS Approval	ljean	02/02/2026 12:54:50 PM
Budget Analyst Approval	mranki1	02/05/2026 11:50:15 AM
BOE Agenda Approval	mranki1	02/05/2026 11:50:52 AM
BOE Final Approval	Pending	

FRANCISCO V. AGUILAR
NEVADA
SECRETARY of STATE

101 N Carson Street, Suite 3
Carson City, NV
775.684.5708

To: Michael Rankin, Governor's Finance Office

From: Mark Wlaschin, Deputy Secretary for Elections
CC: Ann Standley, Management Analyst

Date: January 29, 2026

Subj: Retroactive Memo – CETS #31793 – SHI – Carahsoft - Mandiant

Enclosed for your consideration is a retroactive request to begin work on the contract between the Nevada Secretary of State and Mandiant on February 12, 2026.

The Secretary of State's Office is committed to ensuring that Nevada has the most secure, accurate, and accessible elections in the country. To achieve those objectives the Secretary's office must contract with an independent company to provide access to incident response retainer and expertise on demand services as part of the Voter Registration Elections Management Systems Project.

Given that VREMS Clark County integration went live in November, the VREMS system has doubled in size and the need for these specific security measures is vital to the success of the project moving forward. The next available BOE meeting is March 18, 2026, and the Secretary of State's office cannot wait for the general BOE process as this contract needs to be a retro to ensure adequate coverage for the entire 2026 Election cycle.

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

101 N Carson Street, Suite 3
Carson City, NV
775.684.5708

101 N Carson Street, Suite 3
Carson City, NV
775.684.5708

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Mark Wlaschin, Deputy Director for Elections, SOS
Ashley Griffitts, Administrative Services Officer, SOS
Josh Gruver, IT Director, SOS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Darla Dodge, Deputy CIO - Chief Operations Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO
Adam Miller, Administrator, OCDC

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – SOS – TIN 347 – *Voter Registration and Elections Management Solution (VREMS)* – Update A – BA 1051, 1050

DATE: June 18, 2025

We have completed our review for the Secretary of State's Office's (SOS) – *Voter Registration and Election Management Solution (VREMS)* – TIN 347, update A.

The submitted TIN, for an estimated value of $13,817,007.64 in the FY24/FY25 biennium and $30,380,458.30 in the FY26/FY27 biennium (20% Federal Grant and 80% Other), is to update cost information for implementing a COTS solution for a centralized, top-down Voter Registration and Elections Management System.

The solution is expected to provide for future integration of the technology with other agencies; minimize the number of provisional ballots cast, duplicate voter registrations, and the amount of effort for constituents who move to be registered in their new locations; reduce operational maintenance costs and

the hours spent on data management and analysis; provide for ad hoc data mining and transparency in voter registration; ensure the security of voter registration data; and provide real-time integration and updates of voter registration data.

VREMS will satisfy 2021 Nevada Legislative Session requirements for automatic voter registration (AB432) and the creation of a centralized database that collects and stores voter registration information (AB422).

Hosting of the solution is likely to involve cloud, on-premises, and standalone elements. Any cloud-based elements will be on a government private cloud with servers located only within the U.S. The agency considers this investment to have an ongoing moderate security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify 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: **31654**

		Legal Entity Name:	ORACLE AMERICA, INC.
Agency Name:	**TREASURER - MILLENNIUM SCHOLARSHIP**	Contractor Name:	**ORACLE AMERICA, INC.**
Agency Code:	**053**	Address:	**500 ORACLE PARKWAY**
Appropriation Unit:	**1088-26**		
Is budget authority available?:	**Yes**	City/State/Zip	**Redwood City, CA 94065**
If "No" please explain:	Not Applicable	Contact/Phone:	Rick Rivera 210.536.9415
		Vendor No.:	PUR0003645
		NV Business ID:	NV19891017721

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**College Savings Endowment**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2026**
   Contract term: **305 days**

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

5. Purpose of contract:
   This is a new service agreement under statewide contract #99SWC-NV22-10300 which provides cloud services. This service agreement provides services to implement a replacement tracking system.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$602,173.44**
   Other basis for payment: as invoiced by the vendor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?
   Per NRS 396.911 1.(a) The Millennium Scholarship program was created "To increase the number of Nevada students who attend and graduate from Nevada institutions of higher education". The current MISL System is antiquated and does not possess adequate security features to ensure privacy of personal information.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The prospective third-party solution was selected after considering both in-house (GTO) and off the shelf options. Both in-house (GTO) and off the shelf solution are not available at this time. Oracle, the vendor selected, demonstrated to the MiSL program leadership team they could provide the necessary 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. Soliciation Waiver: **Not Applicable**

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

Vendor has a Statewide Contract.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlanderf	01/09/2026 09:06:27 AM
Division Approval	jlanderf	01/09/2026 09:06:30 AM
Department Approval	jlanderf	01/09/2026 09:06:33 AM
Contract Manager Approval	jveit	01/29/2026 15:12:09 PM
EITS Approval	ljean	01/30/2026 12:33:18 PM
Budget Analyst Approval	stilley	02/09/2026 16:12:08 PM
BOE Agenda Approval	stilley	02/20/2026 13:52:26 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Lori Hoover, Chief Deputy Treasurer, Treasurer
Jeff Landerfelt, Sr. Deputy Treasurer, Treasurer
Chad Bock, IT Professional III, Treasurer

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD
Jason Benshoof, Chief Data Officer, GTO
Michael D. Smith, Support Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – Treasurer – *Office of the State Treasurer MiSL System* – TIE 860, Revision 2 – BA(s) 1088 and 1094

DATE: January 14, 2026

We have completed our review of the Office of the State Treasurer investment, which has an estimated total value of $1,841,881.44, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	Grand Total
One-Time Cost	**$ 602,173.44**						**$ 602,173.44**
Services - Vendor Implementation	$ 602,173.44						$ 602,173.44
Ongoing Cost		**$ 224,356.00**	**$ 235,574.00**	**$ 247,352.00**	**$ 259,720.00**	**$ 272,706.00**	**$ 1,239,708.00**
Software - Annual Maintenance				$ 247,352.00	$ 259,720.00	$ 272,706.00	$ 779,778.00
Software - Annual Maintenance/Subsc		$ 224,356.00	$ 235,574.00				$ 459,930.00
Grand Total	**$ 602,173.44**	**$ 224,356.00**	**$ 235,574.00**	**$ 247,352.00**	**$ 259,720.00**	**$ 272,706.00**	**$ 1,841,881.44**

Funding source(s): 100% Endowment fund investment returns.

The MiSL system currently serves as the student eligibility and reporting database for the Millennium Scholarship program, with the Office of the State Treasurer responsible for maintaining eligible student records, managing determinations of ineligibility, and supporting audit, reconciliation, legislative, and NSHE reporting. The system has a direct operational function by transmitting ineligibility decisions to NSHE to prevent improper future disbursements. Funding approved during the 2025 legislative session supports replacement of the existing in-house legacy platform with a modern solution, driven primarily by operational risk and security deficiencies. The program itself is grounded in NRS 396.911, which establishes the goal of increasing Nevada student participation and graduation within the state's higher education system. The current MiSL platform is antiquated and unable to meet current security expectations for systems that store and transmit personally identifiable information, and the agency has stated it cannot be sufficiently patched or upgraded to comply with these requirements, resulting in elevated privacy, compliance, and reputational risk. Oracle has been selected as the new vendor based on its demonstrated ability to meet the system's requirements.

This investment will require increased reliance on Governor's Technology Office (GTO)-supported virtual machine hosting, which suggests ongoing infrastructure cost considerations that should be monitored over time. Overall, this investment is necessary to address security gaps, operational fragility, and long-term sustainability of a mission-critical statutory program.

The GTO combined investment and implementation risk and technology risk scores indicates an overall low level of cybersecurity risk for this investment.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the GTO promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31752**

		Legal Entity Name:	F.H. Cann & Associates, Inc.
Agency Name:	**CONTROLLER'S OFFICE**	Contractor Name:	**F.H. Cann & Associates, Inc.**
Agency Code:	**060**	Address:	**1600 Osgood Street, Suite 3058**
Appropriation Unit:	**1140-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**North Andover, MA 01845**
If "No" please explain:	Not Applicable	Contact/Phone:	Sheri A. Cann, President & CEO 877-750-9801
		Vendor No.:	PENDING
		NV Business ID:	NV20061683027

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 %	**X**	Fees	**100.00 %**	**Debt Collection Services**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 06CO-S3440

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2030**
   Contract term: **4 years**

4. Type of contract: **Contract**
   Contract description: **Debt Collection**

5. Purpose of contract:

   This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$300,000.00**
   Other basis for payment: As Invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   The state has approximately one billion dollars in delinquent debt. Chapter 353C of Nevada Revised Statues authorizes the collections of debts that are owed to state agencies. The state may contract with a private debt collector for the assignment of the collection to recover delinquent monies pursuant to NRS 353C.200.

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

   The state has neither the resources or expertise to collect the quantity of debt that this contract is expected to collect.

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):

Transworld Systems Inc
Pioneer Credit Recovery Inc
F.H. Cann & Associates, Inc

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #06CO-S3440, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 09/16/2025 Anticipated re-bid date: 01/01/2030

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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	jsmack	01/30/2026 12:21:04 PM
Division Approval	jsmack	01/30/2026 12:21:07 PM
Department Approval	jsmack	01/30/2026 12:21:11 PM
Contract Manager Approval	hcernigl	01/30/2026 14:15:48 PM
Budget Analyst Approval	nrezaie	02/05/2026 10:10:21 AM
BOE Agenda Approval	nrezaie	02/06/2026 10:02:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31767**

		Legal Entity Name:	Pioneer Credit Recovery
Agency Name:	**CONTROLLER'S OFFICE**	Contractor Name:	**Pioneer Credit Recovery**
Agency Code:	**060**	Address:	**26 Edward Street**
Appropriation Unit:	**1140-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**ARCADE, NY 14009**
If "No" please explain:	Not Applicable	Contact/Phone:	Kerry Trahan 571-305-0782
		Vendor No.:	
		NV Business ID:	NV20051314431

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 %	**X**	Fees	**100.00 %**	**Debt Collection Services**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 06CO-S3440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Debt Collection**

5. Purpose of contract:

This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.

6. NEW CONTRACT

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

Other basis for payment: As Invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The state has approximately one billion dollars in delinquent debt. Chapter 353C of Nevada Revised Statues authorizes the collections of debts that are owed to state agencies. The state may contract with a private debt collector for the assignment of the collection to recover delinquent monies pursuant to NRS 353C.200.

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

The state has neither the resources or expertise to collect the quantity of debt that this contract is expected to collect.

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):

Transworld Systems Inc
F.H. Cann & Associates, Inc
Pioneer Credit Recovery Inc

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #06CO-S3440, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 09/16/2025 Anticipated re-bid date: 01/01/2030

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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	jsmack	01/30/2026 12:21:22 PM
Division Approval	jsmack	01/30/2026 12:21:27 PM
Department Approval	jsmack	01/30/2026 12:21:31 PM
Contract Manager Approval	hcernigl	01/30/2026 14:16:03 PM
Budget Analyst Approval	nrezaie	02/05/2026 10:10:07 AM
BOE Agenda Approval	nrezaie	02/06/2026 10:02:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31800**

Agency Name: **CONTROLLER'S OFFICE**
Agency Code: **060**
Appropriation Unit: **1140-10**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Transworld Systems Inc.
Contractor Name: **Transworld Systems Inc.**
Address: **500 Virgina Drive, Suite 514**
City/State/Zip **Fort Washington, PA 19034**
Contact/Phone: Barbara Lucas, VP, Strategic Accounts 540-848-1556
Vendor No.: T32006776A
NV Business ID: NV19821002445

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 %	**X**	Fees	**100.00 %**	**Debt Collection Services**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 06CO-S3440

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**
   Anticipated BOE meeting date 04/2026

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

Not Applicable

3. Termination Date: **06/30/2030**
   Contract term: **4 years**

4. Type of contract: **Contract**
   Contract description: **Debt Collection**

5. Purpose of contract:

This is a new contract to provide debt collection services to recover monies from delinquent receivables from individuals and businesses located in-state and out-of-state.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$300,000.00**
   Other basis for payment: As Invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The state has approximately one billion dollars in delinquent debt. Chapter 353C of Nevada Revised Statues authorizes the collections of debts that are owed to state agencies. The state may contract with a private debt collector for the assignment of the collection to recover delinquent monies pursuant to NRS 353C.200.

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

The state has neither the resources or expertise to collect the quantity of debt that this contract is expected to collect.

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):

Pioneer Credit Recovery Inc
F.H. Cann & Associates, Inc.
Transworld Systems Inc.

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #06CO-S3440, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee

d. Last bid date: 09/16/2025 Anticipated re-bid date: 01/01/2030

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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	jsmack	02/02/2026 16:54:30 PM
Division Approval	jsmack	02/02/2026 16:54:38 PM
Department Approval	jsmack	02/02/2026 16:54:41 PM
Contract Manager Approval	hcernigl	02/02/2026 16:55:23 PM
Budget Analyst Approval	nrezaie	02/05/2026 10:09:54 AM
BOE Agenda Approval	nrezaie	02/06/2026 10:01:59 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: **31733**

		Legal Entity Name:	Human Resource Captial LLC
Agency Name:	**ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT**	Contractor Name:	**Human Resource Capital LLC DBA Q4 Solutions**
Agency Code:	**070**	Address:	**1500 W 3rd Street**
Appropriation Unit:	**1363-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**Manning, IA 51455**
If "No" please explain:	Not Applicable	Contact/Phone:	Steve Reitan 7122106105
		Vendor No.:	
		NV Business ID:	NV20263511212

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

Agency Reference #: 08DOA-S3479 CA

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2027**

Contract term: **1 year and 29 days**

4. Type of contract: **Contract**

Contract description: **Executive Developmen**

5. Purpose of contract:

This is a new contract to provide executive leadership and developmental training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,415,215.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division has current experience with the programmatic delivery of competency-based learning in the form of classroom-based, instructor-led classes for hundreds of mid-level managers. However, the population of executive level, enterprise leader professionals, has not had consistent training support because the state requires external expertise to identify talent gaps within this population and to identify suitable learning solutions for them

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

No qualified personnel to develop this level of training.

9. Were quotes or proposals solicited? Yes

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

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

Deloitte Consulting LLP
BerryDunn
EnCompass LLC

b. Soliciation Waiver: **Not Applicable**

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

Highest scoring vendor, graded by an appointed evaluation committee.

d. Last bid date: 10/24/2025 Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC

IN PROCESS

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

No b. If "No", please explain:

Doing business As

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

IN PROCESS

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

No b. If "NO", please explain.

IN PROCESS

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	calizag1	02/03/2026 16:17:08 PM
Division Approval	rmill30	02/04/2026 10:31:22 AM
Department Approval	rmill30	02/04/2026 10:31:25 AM
Contract Manager Approval	ssands	02/05/2026 11:18:34 AM

Budget Analyst Approval	lramire7	02/06/2026 13:50:24 PM
BOE Agenda Approval	pokeefe	02/12/2026 08:54:02 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27944**

Amendment Number: **3**

Legal Entity Name: CAPITAL GLASS, LLC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **CAPITAL GLASS, LLC**

Agency Code: **082**

Address: **2951 N. DEER RUN RD., STE. 1**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

City/State/Zip **CARSON CITY, NV 89701-1467**

If "No" please explain: Not Applicable

Contact/Phone: Justin Krische 775/883-6401

Vendor No.: T29051367

NV Business ID: NV20253321049

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings and Grounds Rental Income**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/26/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/10/2027**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **Glass Repair**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing repairs or replacement of windows to state-owned buildings in northern Nevada. This amendment increases the maximum amount from $99,000 to $174,000 due to increase in workload.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$40,000.00	$40,000.00	$40,000.00	Yes - Info
	a. Amendment 1:	$35,000.00	$35,000.00	$75,000.00	Yes - Info
	b. Amendment 2:	$24,000.00	$24,000.00	$99,000.00	Yes - Info
2.	Amount of current amendment (#3):	$75,000.00	$75,000.00	$174,000.00	Yes - Action
3.	New maximum contract amount:	$174,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds has various state-owned properties that require repairs and/or replacement of glass doors and windows on an as needed basis. Agency purchasing additional buildings with a large amount of glass windows and doors.

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

Buildings and Grounds does not have the tools, materials, or manpower needed to facilitate this need.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

This is one of many glass, windows, and door repair companies and per SAM 0338.0 each vendor will be contacted to submit bids on upcoming projects.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Yes If "Yes", please explain

since 1999 various Agency are using and all are satisfied with the vendors performance.

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	01/21/2026 16:35:55 PM
Division Approval	rmill30	01/26/2026 07:51:15 AM
Department Approval	rmill30	01/26/2026 07:51:18 AM
Contract Manager Approval	ssands	02/03/2026 13:33:56 PM
Budget Analyst Approval	bmacke1	02/13/2026 15:27:14 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: **29667**

Amendment Number: **3**

Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**

Agency Code: **082**

Address: **7260 W. Azure Drive # 140**

Appropriation Unit: **1349-12**

PMB 108

Is budget authority available?: **Yes**

City/State/Zip **Las Vegas, NV 89130-7999**

If "No" please explain: Not Applicable

Contact/Phone: Kathia Winchell 702-341-9235

Vendor No.: T81103343

NV Business ID: NV20021426879

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

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings and Grounds Rental Income**

Agency Reference #: 08DOA-S2842 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2024**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is the third amendment to the original contract which provides janitorial services for the Nevada, Washoe, Elko, Esmeralda, White Pine, Eureka, Mineral, Pershing, Humboldt, Douglas, Lyon, Lander, and Churchill buildings at the McCarran Center in Las Vegas. This amendment increases the maximum amount from $10,106,298 to $10,420,798 due to the addition of the newly acquired Supreme Court building located at 408 E. Clark Ave, Las Vegas.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$8,553,816.00	$8,553,816.00	$8,553,816.00	Yes - Action
	a. Amendment 1:	$1,169,700.00	$1,169,700.00	$1,169,700.00	Yes - Action
	b. Amendment 2:	$382,782.00	$382,782.00	$382,782.00	Yes - Action
2.	Amount of current amendment (#3):	$314,500.00	$314,500.00	$314,500.00	Yes - Action
3.	New maximum contract amount:	$10,420,798.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environments as well as maintain the integrity of properties.

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

Lack of manpower

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2842, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/24/2024 Anticipated re-bid date: 05/01/2028

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	01/06/2026 12:05:59 PM
Division Approval	rmill30	02/01/2026 09:18:20 AM
Department Approval	rmill30	02/01/2026 09:18:22 AM
Contract Manager Approval	ssands	02/09/2026 15:18:21 PM

Budget Analyst Approval	bmacke1	02/13/2026 15:35:59 PM
BOE Agenda Approval	bmacke1	02/13/2026 15:36:01 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26439**

Amendment Number: **1**

Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**

Agency Code: **082**

Address: **7260 W. Azure Drive #108**

Appropriation Unit: **1349-12**

PMB 108

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89130-7999**

If "No" please explain: Not Applicable

Contact/Phone: 702-341-9235

Vendor No.: T81103343

NV Business ID: NV20021426879

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.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings And Grounds Rental Income**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2022**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2026**

Contract term: **5 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial services for the Attorney General's Office in Las Vegas. This amendment extends the termination date from May 31, 2026 to June 30, 2027 and increases the maximum amount from $99,776 to $126,457 due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$99,776.00	$99,776.00	$99,776.00	Yes - Info
2.	Amount of current amendment (#1):	$26,681.00	$26,681.00	$126,457.00	Yes - Action
3.	New maximum contract amount:	$126,457.00			
	and/or the termination date of the original contract has changed to:	06/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

See contract extension approval #6820 signed 1-13-2026

d. Last bid date: 05/15/2022 Anticipated re-bid date: 07/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	01/22/2026 08:03:37 AM
Division Approval	rmill30	01/26/2026 07:48:44 AM
Department Approval	rmill30	01/26/2026 07:48:46 AM
Contract Manager Approval	ssands	01/27/2026 08:49:02 AM
Budget Analyst Approval	bmacke1	02/12/2026 10:56:34 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

Purchasing Use Only:	
Approval #:	6826

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	**Agency Contact Information:** Note: Approved copy will be sent to only to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	*SPWD Buildings and Grounds*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Shiyann Living, Program Officer I	*702-348-6113*	*sliving@admin.nv.gov*
	Sue Sands, Program Officer II	*775-531-3173*	*sasands@admin.nv.gov*
	Stephanie Kerry, MAIV	*775-684-4135*	*skerry@admin.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Xcel Maintenance*
	Contact Name:	*Kathia Winchell*
	Complete Address: City, State and Zip Code	*7260 W. Azure Drive #140 PMB 108, Las Vegas, NV 89130*
	Phone Number:	*702-341-9235*
	Email Address:	*Xcelmaintenance.nevada@gmail.com*

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	*N/A*		#:	
	Enter CETS Number:	#			
	Contract Amount:	$			
	Contract Term:	Start Date:		End Date:	

Rec'd 01/06/26

Purchasing Use Only:	
Approval #:	6820

4	**Current Contract Information:**				
	Solicitation Type, if applicable:			#:	
	Enter CETS Number:	*#26439*			
	Initial Contract Amount:	*$99,776.00*			
	Contract Term:	Start Date:	*6/13/2022*	End Date:	*5/31/2026*

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Extend expiration date and increase contract authority.***	***$26,681.00***	***6/30/2027***

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	Request to extend contract 26439 for an additional 13 months. Buildings and Grounds currently maintain the janitorial contract for this building. Due to this building being leased, B&G would prefer the agency to retain their own contract. We are assisting the Attorney General office with their budget build for this property for the next biennium. This extension will give the AG office time to prepare a new RFP contract.

8	**What are the potential consequences to the State if the contract extension request is denied?**
	If this is denied it will cause more work to solicit a new contract to cover the 13 months. Extending the current contract will give the AG office the time needed to work on their own RFP solicitation. Also, Buildings and Grounds does not have the manpower to facilitate this service.

Purchasing Use Only:	
Approval #:	6820

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 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.*

Shiyann Living (Dec 24, 2025 15:42:38 PST)

Signature of Agency Representative Initiating Request

Shiyann Living — 12/24/2025

Print Name of Agency Representative Initiating Request — Date

Kent Choma (Dec 24, 2025 15:43:59 PST)

Signature of Agency Head Authorizing Request

Kent Choma — 12/24/2025

Print Name of Agency Head Authorizing Request — Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 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).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	

Signed:

Administrator, Purchasing Division or Designee — 1.13.2026

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: **28004**

Amendment Number: **3**

Legal Entity Name: KNIT

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **KNIT**

Agency Code: **082**

Address: **7250 PEAK DR., STE. 216**

Appropriation Unit: **1535-55**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89128-9029**

If "No" please explain: Not Applicable

Contact/Phone: 702-363-2222

Vendor No.: T29033716

NV Business ID: NV19851015692

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

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

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

Agency Reference #: 115607

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the third amendment to the original contract which provides professional architectural/engineering services for the Rawson-Neal Psychiatric Hospital - Anti-Ligature Rehabilitation CIP Project: CIP Project No. 23-M02-02; SPWD Contract No. 115607. This amendment increases the maximum amount from $430,017.31 to $486,267.31 due to an extended need for construction administration services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$375,000.00	$375,000.00	$375,000.00	Yes - Action
	a. Amendment 1:	$14,925.00	$14,925.00	$14,925.00	Yes - Info
	b. Amendment 2:	$40,092.31	$40,092.31	$55,017.31	Yes - Info
2.	Amount of current amendment (#3):	$56,250.00	$56,250.00	$111,267.31	Yes - Action
3.	New maximum contract amount:	$486,267.31			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

   b. Soliciation 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	01/21/2026 17:58:11 PM
Division Approval	nmann	01/21/2026 17:58:13 PM
Department Approval	nmann	01/21/2026 17:58:16 PM
Contract Manager Approval	lwildes	01/22/2026 08:10:10 AM

Budget Analyst Approval	bmacke1	02/12/2026 10:09:37 AM
BOE Agenda Approval	bmacke1	02/12/2026 10:09:41 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: **31749**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**575 DOUBLE EAGLE CT STE 220**
Appropriation Unit:	**1551-11**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-284-7083
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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

X	General Funds	**22.00 %**		Fees	0.00 %
	Federal Funds	0.00 %	**X**	Bonds	**78.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118501

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 121 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 Facility Maintenance (Department of Corrections) Mezzanine Removal, Building 10 (ESP) CIP Project to include schematic design, design development, construction documents, bidding services, and construction administration for the design and demolition of the existing damaged concrete floor: CIP Project No. 25-M04-3; SPWD Contract No. 118501.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$168,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 with satisfactory results.

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Philip DeLaMare, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/28/2026 18:52:20 PM
Division Approval	nmann	01/28/2026 18:52:23 PM
Department Approval	nmann	01/28/2026 18:52:26 PM
Contract Manager Approval	ssands	01/30/2026 09:37:56 AM
Budget Analyst Approval	bmacke1	02/13/2026 09:54:41 AM
BOE Agenda Approval	bmacke1	02/13/2026 09:54:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31702**

		Legal Entity Name:	BURKE CONSTRUCTION GROUP INC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**BURKE CONSTRUCTION GROUP INC**
Agency Code:	**082**	Address:	**385 PILOT RD.**
Appropriation Unit:	**1558-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89119-3526**
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-1040
		Vendor No.:	T32007101
		NV Business ID:	NV19841005880

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**80.00 %**	**X**	Bonds	**20.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118388

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR PRE CON**

5. Purpose of contract:

   This is a new contract to provide owner-construction manager at risk pre-construction services for the Advance Planning: General Instruction Building (Floyd Edsall Training Center) CIP Project to include design through construction documents for a general instruction building, barracks, dining facility, and other supporting facilities: CIP Project No. 21-P05; SPWD Contract No. 118388.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$298,866.10**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2021 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. Soliciation 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 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:

    Kirsten Nalley, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/21/2026 17:48:54 PM
Division Approval	nmann	01/21/2026 17:48:56 PM
Department Approval	nmann	01/21/2026 17:48:58 PM
Contract Manager Approval	lwildes	01/22/2026 08:23:28 AM
Budget Analyst Approval	bmacke1	02/12/2026 11:18:45 AM
BOE Agenda Approval	bmacke1	02/12/2026 11:18:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31857**

		Legal Entity Name:	BURKE CONSTRUCTION GROUP, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**BURKE CONSTRUCTION GROUP, INC.**
Agency Code:	**082**	Address:	**385 PILOT RD., STE. D**
Appropriation Unit:	**1567-32**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89119-3526**
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-1040
		Vendor No.:	T32007101
		NV Business ID:	NV19841005880

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**64.00 %**	**X**	Bonds	**36.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118407

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 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 pre-construction services for the Remodel and Addition (Southern Nevada State Veterans Home) CIP Project to include pre-construction documents for the remodel and expansion: CIP Project No. 23-C06; SPWD Contract No. 118407.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$144,016.80**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 Legislative approved CIP Projects.

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

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

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

b. Soliciation 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 with satisfactory results.

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Javier Barrera, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/12/2026 15:04:13 PM
Division Approval	nmann	02/12/2026 15:04:15 PM
Department Approval	nmann	02/12/2026 15:04:18 PM
Contract Manager Approval	lwildes	02/12/2026 15:06:47 PM
Budget Analyst Approval	bmacke1	02/13/2026 08:45:01 AM
BOE Agenda Approval	bmacke1	02/13/2026 08:45:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31682**

		Legal Entity Name:	NV5 CONSULTANTS, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**NV5 CONSULTANTS, INC.**
Agency Code:	**082**	Address:	**5155 W. PATRICK LN., STE. 100**
Appropriation Unit:	**1591-55**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118-2828**
If "No" please explain:	Not Applicable	Contact/Phone:	702-362-9200
		Vendor No.:	T80928382A
		NV Business ID:	NV20021511473

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.

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

Agency Reference #: 118462

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 121 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 HVAC System Renovation (Measurement Standards Building) and Security Improvements, Interior Lighting and Power Distribution CIP Projects to include mechanical engineering services, plumbing engineering services, electrical engineering services, electronic security systems, and architectural services for the lighting, and heating, ventilation, and air conditioning renovation: CIP Project Nos. 25-M12, 25-M14; SPWD Contract No. 118462.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$160,500.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 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:

    Ian Kono, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/21/2026 17:22:03 PM
Division Approval	nmann	01/21/2026 17:22:06 PM
Department Approval	nmann	01/21/2026 17:22:07 PM
Contract Manager Approval	lwildes	01/22/2026 08:45:10 AM
Budget Analyst Approval	bmacke1	02/12/2026 13:30:46 PM
BOE Agenda Approval	bmacke1	02/12/2026 13:30:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31830**

		Legal Entity Name:	CORE WEST, INC. dba Core Construction
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CORE WEST, INC. dba Core Construction**
Agency Code:	**082**	Address:	**7150 CASCADE VALLEY CT.**
Appropriation Unit:	**1594-33**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128-0455**
If "No" please explain:	Not Applicable	Contact/Phone:	Travis Coombs 702-794-0550
		Vendor No.:	T81092744
		NV Business ID:	NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

Agency Reference #: 118601

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 days**

4. Type of contract: **Contract**
   Contract description: **CMAR**

5. Purpose of contract:

   This is a new contract to provide owner construction manager at-risk services for the Administration Building (Fifth Street) CIP Project: CIP Project No. 23-C30; SPWD Contract No. 118601.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$123,545,998.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 Legislative approved CIP Projects.

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

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

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation 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 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:

    Kyle Fischer, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/06/2026 12:46:27 PM
Division Approval	nmann	03/06/2026 12:46:29 PM
Department Approval	nmann	03/06/2026 12:46:32 PM
Contract Manager Approval	lwildes	03/06/2026 13:58:37 PM
Budget Analyst Approval	dlenzner	03/06/2026 15:35:02 PM
BOE Agenda Approval	dlenzner	03/06/2026 15:35:04 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: **31731**

		Legal Entity Name:	CORE WEST, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CORE WEST, INC.**
Agency Code:	**082**	Address:	**7150 CASCADE VALLEY CT.**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128-0455**
If "No" please explain:	Not Applicable	Contact/Phone:	702-794-0550
		Vendor No.:	T81092744
		NV Business ID:	NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency Funded CIP**

Agency Reference #: 118400

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR Pre-Con**

5. Purpose of contract:

   This is a new contract to provide owner construction manager at-risk pre-construction services for the Advance Planning: Business Building (UNLV) CIP Project to include design through construction documents for the 130,702 square feet of additional space to support the UNLV Fine Arts academic and research programs: CIP Project No. 26-A04; SPWD Contract No. 118400.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$251,504.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   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 an agency budget account PJ02207, category SC0355.

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. Soliciation 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 with satisfactory results.

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Javier Barrera, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/28/2026 18:09:04 PM
Division Approval	nmann	01/28/2026 18:09:06 PM
Department Approval	nmann	01/28/2026 18:09:09 PM
Contract Manager Approval	ssands	01/30/2026 09:37:27 AM
Budget Analyst Approval	bmacke1	02/13/2026 15:22:01 PM
BOE Agenda Approval	bmacke1	02/13/2026 15:22:04 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: **31732**

		Legal Entity Name:	ETCHEMENDY ENGINEERING INC. P.C.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**ETCHEMENDY ENGINEERING INC. P.C.**
Agency Code:	**082**	Address:	**10597 DOUBLE R BLVD.**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521-8937**
If "No" please explain:	Not Applicable	Contact/Phone:	775-853-1131
		Vendor No.:	T27040132
		NV Business ID:	NV20111683017

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 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency Funded CIP**

Agency Reference #: 118454

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 121 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 HVAC Renovations (Great Basin College, Elko) CIP Project to include site visits, design drawings, schematic design, structural engineering, electrical designs, construction documents, and bidding services for the design and replacement of the existing rooftop heating, ventilation, and air conditioning system units and forced air furnaces at the McMullen Hall and the Lundberg Hall buildings: CIP Project No. 26-A16; SPWD Contract No. 118454.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$151,250.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   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 PJ2179, expenditure category SC0424.

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. Soliciation 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 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:

    Kyle Fischer, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/28/2026 18:34:36 PM
Division Approval	nmann	01/28/2026 18:34:38 PM
Department Approval	nmann	01/28/2026 18:34:40 PM
Contract Manager Approval	ssands	01/30/2026 09:37:41 AM
Budget Analyst Approval	bmacke1	02/13/2026 11:27:06 AM
BOE Agenda Approval	bmacke1	02/13/2026 11:27:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31673**

		Legal Entity Name:	WILLDAN ENGINEERING
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**WILLDAN ENGINEERING**
Agency Code:	**082**	Address:	**9017 S. PECOS RD., STE. 4310**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**HENDERSON, NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	702-534-3476
		Vendor No.:	T29044303
		NV Business ID:	NV19901017345

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

Agency Reference #: 118425

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 days**

4. Type of contract: **Contract**
   Contract description: **Code Plan Check**

5. Purpose of contract:

   This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 118425.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$250,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Code plan checking services are required to ensure building safety and code compliance.

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

   Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and 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. Soliciation 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 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:

    Craig Peterson, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/20/2026 17:05:40 PM
Division Approval	nmann	01/20/2026 17:05:42 PM
Department Approval	nmann	01/20/2026 17:05:44 PM
Contract Manager Approval	lwildes	01/21/2026 08:33:52 AM
Budget Analyst Approval	bmacke1	02/12/2026 11:04:50 AM
BOE Agenda Approval	bmacke1	02/12/2026 11:04:53 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31554**

		Legal Entity Name:	DELL MARKETING LIMITED PARTNERSHIP
Agency Name:	**GOVERNOR'S TECHNOLOGY OFFICE**	Contractor Name:	**DELL MARKETING LIMITED PARTNERSHIP**
Agency Code:	**180**	Address:	**1 Dell Way**
Appropriation Unit:	**1385-26**		
Is budget authority available?:	**Yes**	City/State/Zip	**Round Rock, TX 78682**
If "No" please explain:	Not Applicable	Contact/Phone:	Jaime Camp 424-207-1600
		Vendor No.:	PUR0000038
		NV Business ID:	NV19991113026

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 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Internal Service Funds**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **01/13/2029**
   Contract term: **2 years and 319 days**

4. Type of contract: **Contract**
   Contract description: **VMware Hrdw Refresh**

5. Purpose of contract:
   This is a new service agreement under statewide contract #99SWC-NV24-20046 which provides computer equipment, peripherals, and related services. This service agreement provides support for a secure VMWare enterprise environment.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,104,993.92**
   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?
   VMware hardware requires a fresh of the F5 infrastructure refresh, Cisco top of rack switches and Dell infrastructure refresh. All include 4 years of pro-support.

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.

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. Soliciation Waiver: **Not Applicable**

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

Statewide contract 99SWC-NV24-20046.

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?

    No b. If "No", please explain:

The legal entity name is Drala Project aka The ReDesign Group in DAWN.

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    David Colborne, IT Manager 3 Ph: 775-531-3019

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thudder	12/31/2025 15:26:37 PM
Division Approval	smontie1	01/05/2026 15:19:17 PM
Department Approval	ddodge	01/06/2026 13:42:58 PM
Contract Manager Approval	thudder	01/07/2026 07:44:58 AM
EITS Approval	ljean	01/07/2026 08:03:28 AM
Budget Analyst Approval	lramire7	01/16/2026 08:50:57 AM
BOE Agenda Approval	mranki1	01/29/2026 09:56:33 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

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Sean Montierth, Chief IT Manager, Computing Services Division, GTO
David Colbourne, ITM-3, Computing Services Division, GTO
Darla Dodge, Deputy Director - Chief Operations Officer, GTO
Tiffany Morelli, CFO, GTO
Joanna Bryan, MA-3, GTO

CC: Tim Galluzi, State Chief Information Officer, GTO
David Axtell, Deputy Director/State CTO, GTO
Adam Miller, Deputy Director, OISCD, GTO

FROM: David Axtell, Deputy Director/State CTO, GTO

SUBJECT: TIE Completion Memo – GTO – FY26 Server Hosting – Virtual hardware Refresh – TIE 1484, Revision 1 – BA 1385

DATE: December 24, 2025

We have completed our review of the Governor's Technology Office's (GTO), Computing Services Division investment.

This update is an investment to replace the hardware used to provide Server Hosting - Virtual service offered by GTO, as well as the F5 load balancers used by public-facing systems hosted by GTO, such as OnBase.

The hardware currently used to host the Server Hosting - Virtual service was originally purchased over

four years ago and is consequently approaching EOL. Disk storage and RAM usage on the existing hardware is approaching capacity, so additional hardware needs to be purchased as well. Furthermore, the current F5 load balancers will be EOL within the next two years and must be replaced to remain in a supported state.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

David Axtell

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31721**

		Legal Entity Name:	CISCO SYSTEMS, INC.
Agency Name:	**GOVERNOR'S TECHNOLOGY OFFICE**	Contractor Name:	**CISCO SYSTEMS, INC.**
Agency Code:	**180**	Address:	**112 NORTH CURRY STREET**
Appropriation Unit:	**1386-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Nelson 801-209-1691
		Vendor No.:	PUR0000241
		NV Business ID:	NV20212019997

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

X	General Funds	**81.00 %**		Fees	0.00 %	
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**19.00 %**	**Internal Service Fund**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **06/30/2028**
   Contract term: **2 years and 121 days**

4. Type of contract: **Contract**
   Contract description: **Catalyst Center**

5. Purpose of contract:
   This is a new service agreement under statewide contract #99SWC-NV20-4447 which provides data communications. This service agreement provides implementation of the Cisco Catalyst Center to streamline management of its Cisco-based network infrastructure.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,924,198.33**

II. JUSTIFICATION

7. What conditions require that this work be done?
   The work is required because the State&#65533;s current network management is manual and decentralized, leading to inconsistent security policies, delayed software patching, and increased vulnerability to threats. These inefficiencies hinder the ability to enforce a zero-trust security model and create operational risks such as configuration errors and downtime. Implementing Cisco Catalyst Center will address these conditions by centralizing management, automating patching, improving threat detection, and ensuring consistent policy enforcement across the enterprise network.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   State employees within our agency and other state agencies are not able to perform this work because Cisco Catalyst Center is a new technology that has not yet been implemented or supported within the State&#65533;s existing infrastructure. Current staff lack the specialized training and expertise required to design, deploy, and configure this platform at an enterprise scale. The complexity of integrating centralized automation, policy enforcement, and advanced security features necessitates experienced professionals with specific knowledge of Cisco Catalyst Center and related technologies, which is beyond the scope of current in-house capabilities.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    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	rbro28	01/29/2026 14:29:10 PM
Division Approval	wkennedy	01/29/2026 16:00:49 PM
Department Approval	ddodge	01/29/2026 16:05:19 PM
Contract Manager Approval	ddodge	01/30/2026 11:46:15 AM
EITS Approval	ljean	01/30/2026 12:32:51 PM
Budget Analyst Approval	lramire7	02/03/2026 11:13:55 AM
BOE Agenda Approval	mranki1	02/05/2026 16:07:34 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Fred Springer, IT Manager II, GTO
Jason Hunt, Master IT Professional II, GTO
Rachel Peterson, Management Analyst III, GTO

CC: Tim Galluzi, State Chief Information Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD
William Kennedy, Network Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – GTO – *Cisco Catalyst Center – Enterprise Network Policy Automation and Security Enhancement* – TIE 1492, Revision 1 – BA(s) 1386

DATE: January 23, 2026

We have completed our review of the Governor's Technology Office (GTO) investment, which has an estimated total value of $1,924,198.33, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	Grand Total
One-Time Cost	**$ 237,630.52**	**$ 338,695.00**		**$ 576,325.52**
DNA Hardware	$ 187,028.92			$ 187,028.92
Pro Services		$ 338,695.00		$ 338,695.00
SMARTnet	$ 50,601.60			$ 50,601.60
Ongoing Cost	**$ 542,263.33**	**$ 440,326.12**	**$ 365,283.36**	**$ 1,347,872.81**
Catalyst SMARTnet	$ 176,979.95	$ 75,042.76		$ 252,022.71
EA Bundle	$ 365,283.38	$ 365,283.36	$ 365,283.36	$ 1,095,850.10
Grand Total	**$ 779,893.85**	**$ 779,021.12**	**$ 365,283.36**	**$ 1,924,198.33**

Funding source(s): 100% General Fund.

This investment is to deploy Cisco Catalyst Center as a centralized management, automation, and security platform across the State's core network switching environments. It reflects a practical response to operational and security limitations created by the current decentralized and largely manual network management model. By introducing a single enterprise platform for visibility and control, the State would gain more consistent policy enforcement, improved operational discipline around configuration and change management, and greater ability to detect and respond to threats at scale.

Inconsistent patching practices and fragmented administration increase exposure to vulnerabilities and slow incident response. Centralizing these functions creates a more defensible security posture and aligns with a gradual transition toward zero-trust principles, though the effectiveness of the investment will ultimately depend on disciplined governance, proper configuration, and sustained operational maturity.

The combined TIE investment and implementation risk and technology risk scores indicates a low level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31681**

		Legal Entity Name:	Health Dimensions Consulting, Inc.
Agency Name:	**DEPARTMENT OF VETERANS SERVICES**	Contractor Name:	**Health Dimensions Group**
Agency Code:	**240**	Address:	**12900 Whitewater Drive**
Appropriation Unit:	**2561-04**		**Suite 201**
Is budget authority available?:	**Yes**	City/State/Zip	**Minneapolis, MN 55343**
If "No" please explain:	Not Applicable	Contact/Phone:	Amber Rogotzke 952-715-1769
		Vendor No.:	T29049047
		NV Business ID:	NV20243138200

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

	General Funds	0.00 %		Fees	0.00 %	
X	Federal Funds	**65.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**35.00 %**	**County**

Agency Reference #: RFP 24VS-S3472 - HM

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **02/28/2028**
   Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
   Contract description: **Consult/Process Imp.**

5. Purpose of contract:

   This is a new contract to provide consulting and process improvement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$787,380.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Nevada Department of Veterans Services is in the process of pursuing quality awards, and ensuring industry best practices ahead of Decatur Home opening.

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 expertise to perform this work.

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

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

   Russell and Company Ltd
   Data Civic
   Tr33 LLC

   b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #24VS-S3472, 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: 09/24/2025 Anticipated re-bid date: 09/01/2028

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Foreign Corporation

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

    No b. If "No", please explain:

Health Dimensions Group is the dba to Health Dimensions Consulting

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

    Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	01/14/2026 07:54:34 AM
Division Approval	jtheil1	01/14/2026 07:54:38 AM
Department Approval	jtheil1	01/14/2026 07:54:42 AM
Contract Manager Approval	jclodfel	01/14/2026 08:00:07 AM
Budget Analyst Approval	tday2	01/28/2026 11:02:31 AM
BOE Agenda Approval	vmilazz1	01/29/2026 11:51:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31630**

		Legal Entity Name:	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES**
Agency Code:	**300**	Address:	**PO BOX 28126**
Appropriation Unit:	**2673-25**		
Is budget authority available?:	**Yes**	City/State/Zip	**New York, NY 10087**
If "No" please explain:	Not Applicable	Contact/Phone:	202-403-5000
		Vendor No.:	T81077847A
		NV Business ID:	NV20121141774

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 148 days**

4. Type of contract: **Contract**
   Contract description: **Literacy Initiatives**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation services and technical assistance services. This service agreement provides a framework to guide school districts' performance improvement planning.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$488,706.00**

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 proposed contract with the American Institutes for Research (AIR) supports the Nevada Department of Education's implementation of Senate Bill 460 by strengthening statewide literacy efforts and advancing a coherent, differentiated system of district support. AIR will provide research-based analysis, stakeholder engagement, and practical tools aligned to Nevada's statutory requirements and emerging accountability frameworks. The scope of work includes four integrated areas: support for the K-3 STEM Literacy Pilot; an early literacy coherence and progress analysis; development and piloting of a District Strategic Planning Framework aligned to the District Performance Framework; and creation of a Differentiated Supports and Interventions Framework required under SB 460. Together, these efforts will deliver actionable analyses, clear frameworks, and implementation-ready tools to strengthen coherence and continuous improvement across districts.

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 resources or staff to complete this work.

9. Were quotes or proposals solicited? No

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

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

   b. Soliciation Waiver: **Not Applicable**

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

   Statewide Contract 99SWC-NV22-10132

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    current contracts with the Department of Education, Satisfactory

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

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

    Not Applicable

15. The contractor is 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	psmorr1	01/23/2026 16:33:17 PM
Division Approval	psmorr1	01/23/2026 16:33:19 PM
Department Approval	psmorr1	01/23/2026 16:34:33 PM
Contract Manager Approval	khoy1	01/26/2026 09:03:04 AM
Budget Analyst Approval	mranki1	02/03/2026 09:21:21 AM
BOE Agenda Approval	mranki1	02/03/2026 09:21:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22577**

Amendment Number: **5**

Legal Entity Name: EDULOKA LIMITED

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **EDULOKA LIMITED**

Agency Code: **300**

Address: **701 S Carson St STE 200**

Appropriation Unit: **2705-08**

Is budget authority available?: **Yes**

City/State/Zip **Carson City , NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: KAVITHARAJ BASAVARAJ 775-240-6318

Vendor No.: T29034911

NV Business ID: NV20101126878

To what State Fiscal Year(s) will the contract be charged? **2020-2027**

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

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

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **7 years and 185 days**

4. Type of contract: **Contract**

Contract description: **System maintenance**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides maintenance, hosting, and support for the educator licensing system. This amendment increases the maximum amount from $946,640 to $1,144,448 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:	$576,000.00	$576,000.00	$576,000.00	Yes - Action
	a. Amendment 1:	$74,160.00	$74,160.00	$74,160.00	Yes - Info
	b. Amendment 2:	$147,320.00	$147,320.00	$221,480.00	Yes - Action
	c. Amendment 3:	$149,160.00	$149,160.00	$149,160.00	Yes - Action
	d. Amendment 4:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#5):	$197,808.00	$197,808.00	$197,808.00	Yes - Action
3.	New maximum contract amount:	$1,144,448.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Existing educator licensure system must be maintained and supported/updated in order to continue functioning properly over life of system.

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. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 190904
Approval Date: 09/13/2019

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

Vendor built and implemented the system currently in use and is uniquely qualified to support and maintain product.

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:

5/1/17-04/30/19 NV Department of Education; work has been satisfactory.

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

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

Not Applicable

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

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	psmorr1	01/27/2026 16:58:29 PM

Division Approval	psmorr1	01/27/2026 16:58:32 PM
Department Approval	psmorr1	01/27/2026 16:58:35 PM
Contract Manager Approval	khoy1	02/05/2026 10:49:54 AM
EITS Approval	ljean	02/05/2026 11:51:03 AM
Budget Analyst Approval	mranki1	02/11/2026 08:16:45 AM
BOE Agenda Approval	mranki1	02/11/2026 08:16:47 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Jeff Briske, Director, NDE
Celeste Arnold, Administrative Services Officer, NDE
Cameron Carey, IT Manager, NDE
Sonali Bandyopadhyay, IT Professional IV, NDE
Kaylene Hoyt, Contract Manager, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *OPAL Credential System* – TIE 699, Revision 3 – BA(s) 2705

DATE: December 5, 2025

We have completed our review of the Nevada Department of Education (NDE) investment, which has an estimated total value of $3,346,128.00 allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	**$ 74,160.00**	**$ 197,808.00**	**$ 271,968.00**
Services - Contracts	$ 74,160.00	$ 197,808.00	$ 271,968.00
Grand Total	**$ 74,160.00**	**$ 197,808.00**	**$ 271,968.00**

Funding source(s): 100% State Fees.

The Office of Educator Development, Licensure, and Family Engagement is transitioning to a new

licensing system and has secured a contract with a new vendor, with system launch planned for August 31, 2026. Until that transition is complete, the agency intends to maintain continuity by extending its contract with the current vendor for the existing Online Portal for Applications and Licensure (OPAL). OPAL was originally developed in 2017 and continues to provide educators with a web-based platform to apply for state credentials, submit documentation, track application status, and process required fees. The current maintenance agreement expires on December 31, 2025, and extending it through December 31, 2026 is necessary to provide stability should any delays affect deployment of the new system.

The extension introduces a cost increase of $49,568 in FY27 due to the updated scope of work. Maintaining reliable licensing services is critical because educator credentialing data supports research, analytics, and policymaking across multiple branches of government. This information enables the state to meet legislatively mandated reporting requirements, improve educator effectiveness, promote family engagement, strengthen the pipeline of qualified teachers and administrators, and contribute to safe and supportive learning environments.

A fully electronic licensing system is essential for efficient data collection and reporting, as it links licensing and qualification records, including assessment results and fingerprint background checks. Additionally, it provides a streamlined, vendor-hosted one-stop interface tailored for Nevada's statewide educator licensing needs. Over time, the system's data will feed into broader research and policy initiatives. It will also integrate with key Department of Education applications such as Infinite Campus, the Student Accountability Information Network, background check systems, online payment services, and external educator assessment and professional development platforms. As the state's sole credentialing authority under NRS 391 statutes, the Nevada Department of Education requires a dependable licensing infrastructure to support its mission and ensure accurate, timely, and secure educator data.

The combined TIE investment implementation and technology risk scores indicate an overall moderate level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31416**

		Legal Entity Name:	REGENTS OF THE UNIVERSITY OF MINNESOTA
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**REGENTS OF THE UNIVERSITY OF MINNESOTA**
Agency Code:	**300**	Address:	**NW 5960 PO BOX 1450**
Appropriation Unit:	**2713-11**		
Is budget authority available?:	**Yes**	City/State/Zip	**Minneapolis , MN 55485-596**
If "No" please explain:	Not Applicable	Contact/Phone:	205-394-1872
		Vendor No.:	T32001153
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 120 days**

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

Contract description: **CAREIALL RBG3**

5. Purpose of contract:

This is a new interlocal agreement to provide professional development courses for educators to strengthen literacy instruction.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$115,000.00**

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?

CAREI will support the Nevada Department of Education by delivering high-quality, Science of Reading-aligned professional development during fiscal years 2026 and 2027 school years. This includes the CAREIALL 60-hour professional learning course, a Trainer of Trainers (TOT) program to build statewide capacity, and a focused Deep Dive into Morphology course for grades 2-12 educators. These offerings align with RBG3 priorities and are designed to strengthen literacy instruction across Nevada.

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 to facilitate 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. Soliciation Waiver: **Exempt (Per statute)**

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

In Accordance with NRS 277.180 the agency has contracted with the University of Minnesota

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

    Yes If "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 previous contracts with the Department of Education, Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dboyter	12/10/2025 16:11:10 PM
Division Approval	psmorr1	12/12/2025 16:40:19 PM
Department Approval	carnol1	12/15/2025 09:50:44 AM
Contract Manager Approval	khoy1	01/23/2026 13:13:33 PM
Budget Analyst Approval	mranki1	01/29/2026 13:52:55 PM
BOE Agenda Approval	mranki1	01/29/2026 13:52:56 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: **31347**

		Legal Entity Name:	ESTIPONA GROUP
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**ESTIPONA GROUP**
Agency Code:	**406**	Address:	**PO BOX 10606**
Appropriation Unit:	**3170-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89510-0606**
If "No" please explain:	Not Applicable	Contact/Phone:	NICOLE DION 707/328-6896
		Vendor No.:	T29035435
		NV Business ID:	NV19951042070

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

	General Funds	0.00 %	X	Fees	**39.20 %**	**988 IMPROVEMENT**
X	Federal Funds	**60.80 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: SA 18662

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **09/30/2026**
   Contract term: **212 days**

4. Type of contract: **Contract**
   Contract description: **Marketing Services**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides marketing support for the 988 Suicide and Crisis Lifeline.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$503,000.00**
   Other basis for payment: As invoiced by the vendor and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

   Awareness of the 988 Lifeline in Nevada is extremely low relative to national standards.

   Failure to provide outreach materials and marketing services will mean that awareness is projected to remain low, and state services will not properly be utilized

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

   Services required in this contract, including the purchasing of media placements and developments of professional advertisements, cannot be completed by state employees

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

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

b. Soliciation Waiver: **Not Applicable**

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

Vendor completed initial planning on 988 marketing and was awarded an MSA under Statewide Contract 99SWC-NV23-17892

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:

Statewide Contract 99SWC-NV23-17893. Vendor has current executed contracts with this Division 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?

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lstidha1	01/21/2026 14:13:32 PM
Division Approval	lstidha1	01/21/2026 14:13:51 PM
Department Approval	dcastro	01/28/2026 14:04:59 PM
Contract Manager Approval	dcastro	01/28/2026 14:05:02 PM
Budget Analyst Approval	pokeefe	01/30/2026 15:42:42 PM
BOE Agenda Approval	pokeefe	01/30/2026 15:42:45 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31605**

		Legal Entity Name:	SOCIAL ENTREPRENEURS, INC.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**SOCIAL ENTREPRENEURS, INC.**
Agency Code:	**406**	Address:	**6548 S MCCARRAN BLVD STE B**
Appropriation Unit:	**3170-28**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89509-6150**
If "No" please explain:	Not Applicable	Contact/Phone:	775/324-4567
		Vendor No.:	T27004599
		NV Business ID:	NV19961250456

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

X	General Funds	**18.00 %**	Fees	0.00 %
X	Federal Funds	**82.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18656

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2026**
   Contract term: **305 days**

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

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides project management, conference planning, and conference facilitation services for the 2026 Bureau of Behavioral Health and Wellness Conference.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$153,008.86**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Bureau of Behavioral Health Wellness and Prevention Conference will be offered to community partners currently funded by the bureau. The goal is for participants to leave with a stronger understanding of Behavioral Health Wellness and Prevention work and the wide range of programs it provides.

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

   Staff lack qualifications to provide the required service.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

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

The vendor was selected based on their inclusion in the Nevada Statewide Contract 99SWC-NV23-17884, which ensures that they meet all required qualifications and provide the best value for the services outlined.

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:

Bureau of Behavioral Health Wellness and Prevention has previously contracted with SEI, and they have consistently delivered high-quality services and successfully met all contractual deliverables.

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	01/21/2026 09:35:01 AM
Division Approval	msilzell	01/21/2026 09:35:04 AM
Department Approval	msilzell	01/21/2026 09:35:06 AM
Contract Manager Approval	lstidha1	01/28/2026 10:35:02 AM
Budget Analyst Approval	pokeefe	01/30/2026 15:49:13 PM
BOE Agenda Approval	pokeefe	01/30/2026 15:50:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31185**

		Legal Entity Name:	Social Entrepreneurs, Inc.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**Social Entrepreneurs, Inc.**
Agency Code:	**406**	Address:	**6548 S MCCARRAN BLVD STE B**
Appropriation Unit:	**3170-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89509-6150**
If "No" please explain:	Not Applicable	Contact/Phone:	KIMBERLY . HOPKINSON 775-324-4567
		Vendor No.:	T27004599
		NV Business ID:	NV19961250456

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

Agency Reference #: C 18646

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **212 days**

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

Contract description: **Consulting/Education**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV-17884 which provides consulting, marketing, and education services. This service agreement provides project management, data analysis, and training for First Episode Psychosis providers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$168,260.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Behavioral Health Wellness and Prevention is seeking to increase technical assistance for First Episode Psychosis providers.

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

State staff lack qualifications to provide the required service.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation 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: 06/13/2023 Anticipated re-bid date: 06/30/2027

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?

    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	msilzell	01/08/2026 13:09:03 PM
Division Approval	msilzell	01/08/2026 13:09:06 PM
Department Approval	msilzell	01/08/2026 13:09:08 PM
Contract Manager Approval	lstidha1	01/28/2026 10:25:15 AM
Budget Analyst Approval	pokeefe	01/30/2026 15:35:38 PM
BOE Agenda Approval	pokeefe	01/30/2026 15:35:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31533**

		Legal Entity Name:	UNR Controller's Office
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Board of Regents, Nevada System of Higher Education - obo University of Nevada, Reno**
Agency Code:	**409**	Address:	**1664 N. Virginia Street MS**
Appropriation Unit:	**3146-19**		**#124**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89557**
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Bonk 775-784-4040
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 40DHHS-S3320 - JT

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

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

   Not Applicable

3. Termination Date: **01/31/2030**
   Contract term: **3 years and 337 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **SOC-Training**

5. Purpose of contract:

   This is a new interlocal agreement to provide training to licensed, licensed-eligible, or related mental health professionals and interns on evidence-based clinical practices and/or non-clinical training on working with the population of focus.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$607,920.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This is a new contract to provide training and certification on evidence-based practices to community providers. This work is being completed to fulfill the obligations of the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Expansion and Sustainability Grants.

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 train on evidence-based practices

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

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

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

Pursuant to NRS 277.180 Interlocal.

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    Yes If "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 contracted with DCFS since 2016 for a variety of services. Services have been satisfactory.

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dfrohlic	12/22/2025 14:09:14 PM
Division Approval	dfrohlic	12/22/2025 14:09:16 PM
Department Approval	dfrohlic	12/22/2025 14:09:18 PM
Contract Manager Approval	dfrohlic	01/12/2026 13:07:08 PM
Budget Analyst Approval	mgassawa	01/14/2026 15:36:12 PM
BOE Agenda Approval	pokeefe	01/20/2026 13:12:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31124**

		Legal Entity Name:	University of South Florida Board of Trustees
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**University of South Florida Board of Trustees**
Agency Code:	**409**	Address:	**3702 Spectrum Blvd**
Appropriation Unit:	**3146-17**		**Suite 165**
Is budget authority available?:	**Yes**	City/State/Zip	**Tampa, FL 33612-9445**
If "No" please explain:	Not Applicable	Contact/Phone:	Pamela Mendez 813-974-6116
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/01/2030**

Contract term: **4 years and 61 days**

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

Contract description: **Parent Training**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing access to the Just in Time training website and learning management system for foster/adoptive parents, relative caregivers, and birth parents of foster children.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$304,694.00**

Other basis for payment: $214,538 (personnel) + $12,000 (WebEx) + $78,156 (indirect)

II. JUSTIFICATION

7. What conditions require that this work be done?

Foster caregivers need on-demand training on topics such as trauma-informed parenting, strategies to support successful reunification, and related areas.

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

Cost prohibitive for state employees to provide training during the needed hours.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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

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

    b. Is the contract part of 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

34.5%

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:

The vendor has contracted with DCFS since 2018. 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:
    Thomas Milazzo, Fiscal Monitor Ph: null
    Anita Kelly, Program Monitor Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kmccann	01/26/2026 10:20:38 AM
Division Approval	dfrohlic	01/26/2026 10:58:32 AM
Department Approval	dfrohlic	01/26/2026 10:58:34 AM
Contract Manager Approval	dfrohlic	02/06/2026 16:48:07 PM
Budget Analyst Approval	mgassawa	02/12/2026 08:49:25 AM
BOE Agenda Approval	pokeefe	02/12/2026 08:50:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28460**

Amendment Number: **1**

Legal Entity Name: Onpoint Health Data

Agency Name: **NVHA - NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE**

Contractor Name: **Onpoint Health Data**

Agency Code: **410**

Address: **12 Mountfort Street, Suite 201**

Appropriation Unit: **3158-12**

Is budget authority available?: **Yes**

City/State/Zip **Portland, ME 04101**

If "No" please explain: Not Applicable

Contact/Phone: James Harrison 207/623-2555

Vendor No.: T32015016

NV Business ID: NV20232938671

To what State Fiscal Year(s) will the contract be charged? **2024-2033**

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

X	General Funds	**19.00 %**	Fees	0.00 %	
X	Federal Funds	**77.00 %**	Bonds	0.00 %	
	Highway Funds	0.00 %	**X** Other funding	**4.00 %**	**Healthy Nevada Fund**

Agency Reference #: 40DHHS-S1835 RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2028**

Contract term: **9 years and 22 days**

4. Type of contract: **Contract**

Contract description: **APCD**

5. Purpose of contract:

This is the first amendment to the original contract which provides a database to improve healthcare by permitting the examination of costs, quality, and utilization of insurance claims. This amendment extends the termination date from December 31, 2028 to December 31, 2032 and increases the maximum amount from $8,999,120.04 to $16,624,462.04 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:	$8,999,120.04	$8,999,120.04	$8,999,120.04	Yes - Action
2.	Amount of current amendment (#1):	$7,625,342.00	$7,625,342.00	$7,625,342.00	Yes - Action
3.	New maximum contract amount:	$16,624,462.04			
	and/or the termination date of the original contract has changed to:	12/31/2032			

II. JUSTIFICATION

7. What conditions require that this work be done?

As required by NRS 439B.800-875, which calls for the establishment of an APCD and mandated submission of health insurance claims resulting from medical, dental, or pharmacy benefits provided in Nevada from various public and private health insurers.

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

The State lacks resources, and State employees do not possess expertise and specialized knowledge required to establish and operate an APCD system.

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. Soliciation Waiver: **Not Applicable**

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

   This vendor was the highest scoring vendor for RFP 40DHHS-S1835

   d. Last bid date: 02/21/2023 Anticipated re-bid date: 02/01/2027

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    Yes If "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 now NVHA as of 2023 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:

    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	abar1	01/23/2026 10:39:13 AM
Division Approval	ttilto1	01/23/2026 11:46:57 AM
Department Approval	cleech	01/27/2026 15:25:45 PM

Contract Manager Approval	ltuttl1	01/28/2026 10:51:31 AM
EITS Approval	ljean	01/28/2026 12:32:07 PM
Budget Analyst Approval	khawkin1	02/02/2026 13:28:45 PM
BOE Agenda Approval	khawkin1	02/04/2026 08:02:21 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Stacie Weeks, Director, NVHA
Lynnette Aaron, Deputy Director of Financing, NVHA
Ann Jensen, Administrator, NVHA
April Caughron, IT Manager II, NVHA
Rona Padilla, Management Analyst II, NVHA
Robin Ochsenschlager, Business Process and IS Contracts Manager, NVHA
Abigail Bailey, Management Analyst III, NVHA

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NVHA – *All Payers Claims Database* – TIE 92, Revision 3 – BA(s) 3158

DATE: January 13, 2026

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of $16,624,462.04, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	Grand Total
One-Time Cost	$ 1,698,048.75	$ 1,744,346.25	$ 1,789,531.27	$ 1,546,182.35	$ 1,873,123.00	$ 1,921,747.00	$ 1,971,828.00	$ 999,690.00	$ 13,544,496.62

Funding source(s): 75% Federal Grant and 25% General Fund.

This TIE revision is for a cost update to match the cost schedule for Nevada's cloud-based, statewide All Payer Claims Database, which aggregates health insurance claims data from both public and private insurers across the state. This contract extension ensures continuity of a mature, statewide data capability.

The APCD supports the State's objective of improving the quality, transparency, and effectiveness of health care services by providing a comprehensive, standardized view of claims activity. Data is submitted by providers using a common file layout defined by the APCD Council, enabling consistent ingestion and analysis while allowing state agencies to interface with the system through standardized data feeds as needed. The solution includes a vendor-hosted VoIP telephony component to support stakeholder inquiries, which supplements but does not replace existing agency telephony systems.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall moderate level of cybersecurity risk for this investment. The GTO is available to perform security reviews upon request.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall moderate level of cybersecurity risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

Purchasing Use Only:	
Approval #:	6850

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	**Agency Contact Information: Note: Approved copy will be sent to only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*Nevada Health Authority*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Madison Lopey	*775-494-9302*	*madisonlopey@nvha.nv.gov*
	Alexia Benshoof	*775 687-9013*	*abenshoof@nvha.nv.gov*
	Tom Tilton / Lisa Tuttle (Contract Unit)	*775-684-3676*	*nvhapcu@nvha.nv.gov* *ttilton@nvha.nv.gov* *ltuttle@nvha.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Onpoint Health Data*
	Contact Name:	*James Harrison*
	Complete Address: City, State and Zip Code	*55 Washington Avenue Portland, ME 04101*
	Phone Number:	*207-623-2555*
	Email Address:	*jharrison@onpointhealthdata.org*

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	*N/A*		#:	
	Enter CETS Number:	#			
	Contract Amount:	*$*			
	Contract Term:	Start Date:		End Date:	

Purchasing Use Only:	
Approval #:	6850

4	**Current Contract Information:**					
	Solicitation Type, if applicable:	***RFP***			#:	***40DHHS-S1835***
	Enter CETS Number:	***28460***				
	Initial Contract Amount:	***$8,999,120.04***				
	Contract Term:	Start Date:	12/12/2023 ~~***Upon BOE Approval***~~	End Date:	***12/31/2028***	

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
		N/A		

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***This is the first amendment to the original contract which (1) extends the termination date from December 31, 2028 to December 31, 2032; (2) updates Attachment CC – Business Associate Addendum for NVHA transition; (3) incorporates Attachment CC-1 – NVHA Business Continuity Agreement; (4) increases the maximum amount from $8,999,120.04 to $16,624,462.04; (5) changes the Agency name from Department of Health and Human Services, Division of Health Care Financing and Policy to Nevada Health Authority.***	***$7,625,342.00***	***12/31/2032***

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	The extension of this contract would ensure the use of the proprietary data analytic environment is optimized and would support advanced data analytics surrounding healthcare cost and utilization for Nevadans. Additionally, an extension of this contract would provide stability and allow the state to prepare for the future and amended contracts that will be utilizing the APCD within their respective

#6850

	projects. NVHA was mandated by SB40/NRS 439.916 and the Patient Protection Commission to develop a database that could extract data from all payer claims data. This contract establishes the creation of the statewide database which collects data from providers throughout the State of Nevada into an all-inclusive health care insurance claims database which may evolve to allow for analytics for various state and federal agencies, related to health care for benefits provided in the state of Nevada. The implementation of this project began in January 2024 but was delayed due to work associated with State Regulation R104-23, filed November 2024. Due to delay in NRS creation/approval, contract is not yet in M&O phase, which was at no fault of Vendor or Agency.

	What are the potential consequences to the State if the contract extension request is denied?
8	*If the contract extension request is denied, the State risks a significant gap in data collection and reporting to the All Payers Claims Database (APCD). Per SB40/NRS 439.916 and the Patient Protection Commission, NVHA is required to collect and report on this data. If the contract is not extended a gap in data collection would jeopardize compliance with these statutory requirements. Failure to extend this contract places the State at risk of non-compliance not only with CMS and federal funding requirements, but also with state regulations adopted in November 2024, if a transition were to take place too early due to the delay associated with R104-23. Maintaining continuity through this extension is essential to avoid compliance issues, protect data integrity, and ensure uninterrupted progress toward the APCD's goals.*

Purchasing Use Only:	
Approval #:	685 @

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 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.*

Madison Lopey
Madison Lopey (Jan 6, 2026 10:34 55 PST)

Signature of Agency Representative Initiating Request

Madison Lopey, Chief Biostatistician — 01/06/2026

Print Name of Agency Representative Initiating Request — Date

Thomas Tilton
Thomas Tilton (Jan 8, 2026 11:01 55 PST)

Signature of Agency Head Authorizing Request

Stacie Weeks, JD, MPH — 01/08/2026

Print Name of Agency Head Authorizing Request — Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 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).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	*X*

Signed:

Administrator, Purchasing Division or Designee — 1.20.2026

Date

#6850

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Stacie Weeks, Director, NVHA
Lynnette Aaron, Deputy Director of Financing, NVHA
Ann Jensen, Administrator, NVHA
April Caughron, IT Manager II, NVHA
Rona Padilla, Management Analyst II, NVHA
Robin Ochsenschlager, Business Process and IS Contracts Manager, NVHA
Abigail Bailey, Management Analyst III, NVHA

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NVHA – *All Payers Claims Database* – TIE 92, Revision 3 – BA(s) 3158

DATE: January 13, 2026

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of $16,624,462.04, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	Grand Total
⊟ One-Time Cost	$1,698,048.75	$1,744,346.25	$1,789,531.27	$1,546,182.35	$1,873,123.00	$1,921,747.00	$1,971,828.00	$999,690.00	$13,544,496.62

Funding source(s): 75% Federal Grant and 25% General Fund.

#6850

This TIE revision is for a cost update to match the cost schedule for Nevada's cloud-based, statewide All Payer Claims Database, which aggregates health insurance claims data from both public and private insurers across the state. This contract extension ensures continuity of a mature, statewide data capability.

The APCD supports the State's objective of improving the quality, transparency, and effectiveness of health care services by providing a comprehensive, standardized view of claims activity. Data is submitted by providers using a common file layout defined by the APCD Council, enabling consistent ingestion and analysis while allowing state agencies to interface with the system through standardized data feeds as needed. The solution includes a vendor-hosted VoIP telephony component to support stakeholder inquiries, which supplements but does not replace existing agency telephony systems.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall moderate level of cybersecurity risk for this investment. The GTO is available to perform security reviews upon request.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall moderate level of cybersecurity risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25423**

Amendment Number: **1**

Legal Entity Name: QUALITY HEALTHCARE ASSET MANAGEMENT, LLC

Agency Name: **NVHA - HEALTH CARE FACILITY REG**

Contractor Name: **QUALITY HEALTHCARE ASSET MANAGEMENT, LLC**

Agency Code: **412**

Address: **8175 LIMONITE AVE**

Appropriation Unit: **3216-04**

Is budget authority available?: **No**

City/State/Zip **RIVERSIDE, CA 92509-6120**

If "No" please explain: WP C80746 April IFC

Contact/Phone: Tracy Brown 951/727-4311

Vendor No.: T27045255

NV Business ID: NV20161519542

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.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licensing/Fines**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: C 17957

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2022**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2026**

Contract term: **5 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Temp Facility Mgmt**

5. Purpose of contract:

This is the first amendment to the original contract which provides temporary healthcare facility management services for distressed licensed healthcare facilities. This amendment extends the termination date from September 30, 2026 to September 30, 2027 and increases the maximum amount from $500,000.00 to $984,936.15 due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$500,000.00	$500,000.00	$500,000.00	Yes - Action
2.	Amount of current amendment (#1):	$484,936.15	$484,936.15	$484,936.15	Yes - Action
3.	New maximum contract amount:	$984,936.15			
	and/or the termination date of the original contract has changed to:	09/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Immediate threat to the health and safety of the individuals living in a facility.

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 expertise; this vendor specializes in this unique service.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 11/09/2021 Anticipated re-bid date: 11/09/2025

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:

DPBH and NVHA/HCQC as of 2022. 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	bvezina	01/23/2026 14:51:48 PM
Division Approval	ttilto1	01/23/2026 14:53:44 PM
Department Approval	cleech	01/23/2026 17:23:09 PM
Contract Manager Approval	ltuttl1	01/26/2026 07:33:07 AM

Budget Analyst Approval	spowel3	02/04/2026 17:15:36 PM
BOE Agenda Approval	khawkin1	02/09/2026 08:10:55 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

Purchasing Use Only:	
Approval #:	6605

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	**Agency Contact Information: Note: Approved copy will be sent to only to the contact(s) listed below:**		
	STATE AGENCY NAME:	***Nevada Health Authority, Division of Purchasing and Compliance, Bureau of Health Care Quality and Compliance***	
	Contact Name and Title	***Phone Number***	***Email Address***
	Alexandria Zanini	***775-684-1033***	***A.zanini@nvha.nv.gov***
	Thomas Tilton, CCM	***775-684-3717***	***Ttilton@nvha.nv.gov***
	Irma Janssen, CCM	***775-684-3706***	***i.janssen@nvha.nv.gov***

2	**Contractor Information:**	
	Contractor Name:	***Quality Healthcare Asset Management, LLC***
	Contact Name:	***Tracy Brown***
	Complete Address: City, State and Zip Code	***8175 Limonite Avenue, Riverside, CA 92509-6120***
	Phone Number:	***951-727-4311***
	Email Address:	***Tracy@qualityhealthcareassetmanagement.com***

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	*N/A*		#:	
	Enter CETS Number:	#			
	Contract Amount:				
	Contract Term:	Start Date:		End Date:	

Rec'd 12/18/25

Purchasing Use Only:	
Approval #:	6650

4	**Current Contract Information:**				
	Solicitation Type, if applicable:	*RFQ*		#:	*40DHHS-S1808*
	Enter CETS Number:	*#25423*			
	Initial Contract Amount:	*$500,000.00*			
	Contract Term:	Start Date:	*09/13/2022*	End Date:	*09/30/2026*

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
		N/A		

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Temporary Facility management occurs on an as-needed basis as mandated by NAC 449.99915. The division must provide these services as emergency need arises. In the past 2 weeks, there have been 4 facilities identified as needing this type of management.***	*$484,936.15*	*09/30/2027*

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	The Nevada Health Authority is requesting a one-year extension to this contract to ensure that the future RFP will be done timely and appropriately. This particular contract allows the Bureau of Health Care Quality and Compliance (HCQC) to bring temporary facility management into licensed HCQC facilities when there are challenges with the facility or when the facility loses its license to operate. HCQC is currently utilizing these services in regard to a suspended license. Prior to this event, the agency has only needed the services two other times over the last five years. We want to ensure that these critical services are available if needed moving forward. These services include clinical support, so this is a critical safety issue for residents in licensed facilities. ***HCQC came to the Nevada Health Authority (NVHA) as of July 1,2025 and the NVHA Purchasing and Contracting is still in the transitional process in the management of existing and future contracts***

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	and interlocal agreements. This has been a heavy lift, and there is limited staff to complete all of the required functions in respect to this transition to a new department. Approving the contract extension would allow for the mandated work to be completed and provide enough time for the Division of Health Care Purchasing and Compliance to develop the RFP documentation when our capacity is not stretched beyond our ability to process the documentation for the competitive bid process. We appreciate your review of this request.

	What are the potential consequences to the State if the contract extension request is denied?
8	*These services are mandated by NAC 449.99915 "Appointment of temporary manager when there is immediate and serious threat: Notice; effect of failure to accept manager and to remove threat. (NRS 449.0302, 449.165, 449.170)". As such the inability to extend this contract would place residents in harms way and force the division to perform these services contrary to NRS and perform the work off-contract.*

Purchasing Use Only:	
Approval #:	0650

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 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.*

Thomas Tilton
Thomas Tilton (Dec 17, 2025 11:04:21 PST)
Signature of Agency Representative Initiating Request

Thomas Tilton, ASO3 — Date
Print Name of Agency Representative Initiating Request

Todd Rich
Todd Rich (Dec 17, 2025 11:05:52 PST)
Signature of Agency Head Authorizing Request

Todd Rich, Administrator — 12/17/2025
Print Name of Agency Head Authorizing Request — Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 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).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	

Signed:

Administrator, Purchasing Division or Designee — 12.23.2025
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: **25587**

Amendment Number: **3**

Legal Entity Name: Board of Regents, Nevada System of Higher Education OBO the University of Nevada, Reno, School of Medicine

Agency Name: **NEVADA MEDICAID**

Contractor Name: **Board of Regents, Nevada System of Higher Education OBO the University of Nevada, Reno, School of Medicine**

Agency Code: **414**

Address: **Pennington Medical Education**

Appropriation Unit: **3157-00**

Building 332

Is budget authority available?: **Yes**

City/State/Zip **Reno, NV 89557**

If "No" please explain: Not Applicable

Contact/Phone: Jeffrey Felsted 775-682-8178

Vendor No.:

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 %	**X**	Other funding	**100.00 % Revenue**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 03/2026

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 third amendment to the original revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education and Indirect Medical Education (IME) supplemental payment program for non-state government owned or operated teaching hospitals. This amendment reduces the maximum amount from $36,457,401 to $18,216,359 and removes outpatient services from the IME 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
	a. Amendment 1:	$31,882,367.00	$31,882,367.00	$31,882,367.00	Yes - Action
	b. Amendment 2:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#3):	-$18,241,042.00	-$18,241,042.00	-$18,241,042.00	Yes - Action
3.	New maximum contract amount:	$18,216,359.00			

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. Soliciation 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	abar1	12/17/2025 11:54:46 AM
Division Approval	ttilto1	12/18/2025 08:24:59 AM
Department Approval	trich	12/19/2025 10:43:02 AM
Contract Manager Approval	trya4	01/26/2026 16:33:12 PM
Budget Analyst Approval	khawkin1	02/02/2026 11:04:25 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28637**

Amendment Number: **1**

Legal Entity Name: Carson City Regional Transportation Commission

Agency Name: **NEVADA MEDICAID**

Contractor Name: **Carson City Regional Transportation Commission**

Agency Code: **414**

Address: **3505 Butti Way**

Appropriation Unit: **3157-00**

Is budget authority available?: **Yes**

City/State/Zip **Carson City, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: Rebecca Bustos 775-283-7045

Vendor No.: T80990941D

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2028**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Paratransit Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the non-federal share associated with paratransit services for Medicaid eligible recipients. This amendment increases the maximum amount from $51,721.50 to $122,536.10 due to higher ridership and costs.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$51,721.50	$51,721.50	$51,721.50	Yes - Info
2.	Amount of current amendment (#1):	$70,814.60	$70,814.60	$122,536.10	Yes - Action
3.	New maximum contract amount:	$122,536.10			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

   b. Soliciation 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:

NVHA 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	abar1	10/29/2025 10:16:39 AM
Division Approval	ttilto1	10/30/2025 13:19:31 PM
Department Approval	trich	10/30/2025 13:45:24 PM
Contract Manager Approval	trya4	01/16/2026 11:06:05 AM
Budget Analyst Approval	khawkin1	01/22/2026 09:39:40 AM
BOE Agenda Approval	khawkin1	01/22/2026 09:40:20 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31720**

		Legal Entity Name:	MERCER US INC DBA MERCER HEALTH & BENEFITS LLC
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**MERCER US INC DBA MERCER HEALTH & BENEFITS LLC**
Agency Code:	**414**	Address:	**2325 East Camelback Road**
Appropriation Unit:	**3245-11**		**Suite 600**
Is budget authority available?:	**Yes**	City/State/Zip	**Phoenix, AZ 85016**
If "No" please explain:	Not Applicable	Contact/Phone:	Fred Gibison 602/522-6526
		Vendor No.:	T32007146A
		NV Business ID:	NV20041250294

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

	General Funds	0.00 %		Fees	0.00 %	
X	Federal Funds	**50.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**50.00 %**	**Prescription Drug Rebates**

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 120 days**

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

Contract description: **Pharmacy Rebate Eval**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides recommendations to track and project pharmacy rebate collections.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$261,977.70**

Other basis for payment: As invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

We require the contractor to evaluate current drug rebate program to maximize rebates and establish efficiency processes and methodology for implementation by NVHA staff.

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

NVHA does not have the staff with this 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. Soliciation Waiver: **Not Applicable**

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

This vendor was chosen from SWC 99SWC-S2340 as delineated in NRS 333.

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:

Various contracts through NVHA 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:

    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	abar1	02/05/2026 10:32:19 AM
Division Approval	ttilto1	02/05/2026 10:36:43 AM
Department Approval	cleech	02/05/2026 17:57:16 PM
Contract Manager Approval	ijanssen	02/06/2026 08:40:30 AM
Budget Analyst Approval	khawkin1	02/09/2026 10:49:48 AM
BOE Agenda Approval	khawkin1	02/09/2026 10:50:13 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: **23810**

Amendment Number: **1**

Legal Entity Name: DIVERSIFIED DENTAL SERVICES, INC. A NEVADA CLOSE CORPORATION

Agency Name: **NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM**

Contractor Name: **DIVERSIFIED DENTAL SERVICES, INC. A NEVADA CLOSE CORPORATION**

Agency Code: **416**

Address: **9445 FARNHAM ST. SUITE 100**

Appropriation Unit: **1338 - All Categories**

Is budget authority available?: **Yes**

City/State/Zip **SAN DIEGO, CA 92123**

If "No" please explain: Not Applicable

Contact/Phone: Linzie Klein 515/878-1774

Vendor No.: T81085278

NV Business ID: NV19951129590

To what State Fiscal Year(s) will the contract be charged? **2021-2027**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Employer Subsidy/Participant Premium**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2021**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **6 years and 141 days**

4. Type of contract: **Contract**

Contract description: **Dental Network**

5. Purpose of contract:

This is the first amendment to the original contract which provides a dental Preferred Provider Organization network for participants. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $1,601,613 to $1,960,820 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:	$1,601,613.00	$1,601,613.00	$1,601,613.00	Yes - Action
2.	Amount of current amendment (#1):	$359,207.00	$359,207.00	$359,207.00	Yes - Action
3.	New maximum contract amount:	$1,960,820.00			
	and/or the termination date of the original contract has changed to:	06/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program offers dental benefits in the form of a dental PPO as a part of its standard benefits package.

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

The State of Nevada does not maintain a dental network

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. Soliciation Waiver: **Not Applicable**

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

RFP 95PEBP-S1299

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Diversified Dental has been the contracted Dental PPO Network for PEBP. PEBP and its participants are satisfied with the services provided by Diversified Dental.

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

    No If "Yes", please provide details of the litigation 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	rrussum	01/14/2026 10:14:43 AM
Division Approval	mmcjoy1	01/14/2026 15:34:39 PM
Department Approval	cleech	01/15/2026 14:59:04 PM

Contract Manager Approval	egonzal4	01/15/2026 15:43:58 PM
Budget Analyst Approval	klay0	02/06/2026 11:33:45 AM
BOE Agenda Approval	klay0	02/06/2026 11:33:48 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

Purchasing Use Only:	
Approval #:	6030

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	**Agency Contact Information: Note: Approved copy will be sent to only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	PEBP	
	Contact Name and Title	*Phone Number*	*Email Address*
	Theresa Carsten, Executive Officer	*(775) 684-7024*	*tcarsten@peb.nv.gov*
	Monica McJoy, Chief Financial Officer	*(775) 684-7006*	*mmcjoy@peb.nv.gov*
	Erika Sencion, Contract Manager	*(775) 684-7058*	*esencion@peb.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Diversified Dental Services, Inc.*
	Contact Name:	*Linzie Klein*
	Complete Address: City, State and Zip Code	*9445 Farnham Street, Suite 100* *San Diego, CA 92123*
	Phone Number:	*(515) 878-1774*
	Email Address:	*Klein.Linzie@principal.com*

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	*Request for Proposal*		#:	
	Enter CETS Number:	*CONV2126*			
	Contract Amount:	*$1,100,000.00*			
	Contract Term:	Start Date:	*07/01/2005*	End Date:	*06/30/2009*

Rec'd 12/18/25 via State mail

#663 @

4	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	***Request for Proposal***	#:		
	Enter CETS Number:	***CONV5746***			
	Contract Amount:	***$1,100,000.00***			
	Contract Term:	Start Date:	***07/01/2005***	End Date:	***06/30/2009***

5	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	***Request for Proposal***	#:		
	Enter CETS Number:	***CONV7160***			
	Contract Amount:	***$1,520,000.00***			
	Contract Term:	Start Date:	***07/01/2009***	End Date:	***06/30/2013***

6	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	***Request for Proposal***	#:	***3010***	
	Enter CETS Number:	***#14563***			
	Contract Amount:	***$1,397,000.00***			
	Contract Term:	Start Date:	***07/09/2013***	End Date:	***06/30/2017***

7	**Current Contract Information:**				
	Solicitation Type, if applicable:	***Request for Proposal***	#:	***95PEBP-S1299***	
	Enter CETS Number:	***# 23810***			
	Initial Contract Amount:	***$ 1,601,613.00***			
	Contract Term:	Start Date:	***02/09/2021***	End Date:	***06/30/2026***

#6630

8	Amendment Information – List *all previously* approved amendments:			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
	1-CONV7160	*To include penalty language for the use of undisclosed subcontractors.*	*$1,520,000.00*	*07/08/2013*
	2-CONV7160	*To reduce the contact maximum by $19,000.00.*	*-$19,000.00*	*06/30/2013*
	3-CONV7160	*To extend the contract from June 30, 2013 to July 08, 2013 to avoid a gap in service.*	*N/A*	*06/30/2013*
	1-14563	*To extend the contract from June 30, 2017 to June 30, 2021 and increase the maximum amount from $1,397,000.00 to $3,081,984.00 due to a continued need for these service.*	*$1,684,984.00*	*06/30/2021*
	2-14563	*To incorporates attachments and no changes to previous contract's.*	*N/A*	*06/30/2021*

9	*Proposed* Amendment Information:			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	*Extend the contract expiration date to June 30, 2027, and increase contract authority correspondingly; update vendor's contact information.*	*$359,207.00*	*June 30, 2027*

10	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	Pursuant to Senate Bill (SB) 494 (2025), effective July 1, 2025, the Public Employees' Benefits Program (PEBP) is part of the newly created Nevada Health Authority (NVHA). The NVHA is tasked with developing effective and efficient systems for delivering health care and value-based strategies for procuring health insurance coverage in the most sustainable and responsive manner possible, §18; similarly, PEBP's Executive Officer must assist in developing innovative purchasing and contracting strategies in fulfilling its statutory responsibilities, §69. SB 494 requires NVHA to develop its own procurement services, §24, which it is in the process of creating; and allows PEBP to use the services of the NVHA or the Purchasing Division, §71. As entering a new four-year contract may be incompatible with NVHA's and PEBP's responsibilities under SB 494, the PEBP Board approved seeking a one-year extension to allow NVHA to finalize its procurement services and to allow the agencies to coordinate in providing dental coverage to PEBP's members in the most effective and efficient manner in the future.

11	What are the potential consequences to the State if the contract extension request is denied?
	Disruption to the dental coverage for PEBP's approximately 70,000 members or entering a contract that may conflict with the provisions of SB 494.

Purchasing Use Only:	
Approval #:	6630

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 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.*

, MA II, PEBP
Signature of Agency Representative Initiating Request

Erika Sencion
Print Name of Agency Representative Initiating Request

12/18/25
Date

, Executive Officer, PEBP
Signature of Agency Head Authorizing Request

Theresa Carsten
Print Name of Agency Head Authorizing Request

12/18/25
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), SAM 0305 and SAM 0310 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).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	

Signed:

Administrator, Purchasing Division or Designee

12.23.2025
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: **25479**

Amendment Number: **1**

Legal Entity Name: Aramark Correctional Services, LLC

Agency Name: **DEPARTMENT OF CORRECTIONS**

Contractor Name: **Aramark Correctional Services, LLC**

Agency Code: **440**

Address: **2400 Market Street**

Appropriation Unit: **All Budget Accounts - Category 50**

Is budget authority available?: **Yes**

City/State/Zip **Philadelphia , PA 19103**

If "No" please explain: Not Applicable

Contact/Phone: Todd Steibly 850-251-3935

Vendor No.: T32011971

NV Business ID: NV19941107958

To what State Fiscal Year(s) will the contract be charged? **2022-2028**

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

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

Agency Reference #: RFP# 44DOC-S1773

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2022**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 327 days**

4. Type of contract: **Contract**

Contract description: **Inmate Food Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides consolidated inmate food services statewide. This amendment extends the termination date from March 31, 2026 to March 31,2028 and increases the maximum amount from $64,000,000 to $103,000,000 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:	$64,000,000.00	$64,000,000.00	$64,000,000.00	Yes - Action
2.	Amount of current amendment (#1):	$39,000,000.00	$39,000,000.00	$39,000,000.00	Yes - Action
3.	New maximum contract amount:	$103,000,000.00			
	and/or the termination date of the original contract has changed to:	03/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

All food products procured and delivered by the awarded vendor must meet the nutritional standards set by the State Chief Medical Officer pursuant to Nevada Revised Statutes 209.382. All products will be in compliance with the Nevada Department of Corrrections' (NDOC) Food Specifications/Annual Usage, included as Attachment MM to the Request for Proposal. In addition, NDOC food services policies and procedures require all inmates be provided three (3) nutritionally mandated meals per day at a reasonable cost.

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

The State of Nevada is not in the business of wholesaling food.

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. Soliciation Waiver: **Not Applicable**

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

All vendors were scored independently by a committee. Aramark scored the highest.

   d. Last bid date: 10/14/2021 Anticipated re-bid date: 10/01/2025

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

    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	mschobe2	01/30/2026 09:24:06 AM

Division Approval	vfajota	02/03/2026 09:27:47 AM
Department Approval	vfajota	02/03/2026 09:27:51 AM
Contract Manager Approval	blewalle	02/03/2026 09:38:26 AM
EITS Approval	ljean	02/03/2026 12:21:35 PM
Budget Analyst Approval	vyoungb	02/05/2026 09:22:53 AM
BOE Agenda Approval	nrezaie	02/09/2026 07:51:33 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31724**

		Legal Entity Name:	STATE PARKS CULTURAL ARTS BOARD, INCORPO
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**STATE PARKS CULTURAL ARTS BOARD, INCORPO**
Agency Code:	**704**	Address:	**Super Summer Theatre**
Appropriation Unit:	**4162-00**		**4340 Valley View Blvd. #208**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89103**
If "No" please explain:	Not Applicable	Contact/Phone:	Connie Baldridge 702-579-7529
		Vendor No.:	T27043703
		NV Business ID:	NV19801002537

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: 70CNR-S3565

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 305 days**

4. Type of contract: **Revenue Contract**
   Contract description: **Live Entertainment**

5. Purpose of contract:

   This is a new revenue contract to provide family entertainment, educational, and live productions at the outdoor stage and special event facility located at Spring Mountain Ranch State Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$255,656.00**
   Other basis for payment: $405.17 per peerfomance; $10.00 per vehicle

II. JUSTIFICATION

7. What conditions require that this work be done?

   Nevada State Parks seeks a Cultural Arts and Events Concessionaire for Spring Mountain Ranch State Park to support its mission of protecting resources, providing education, and offering cultural and recreational opportunities that benefit local communities. The park's outdoor stage and Cultural Event Pavilion serve as unique venues for evening entertainment, and a qualified concessionaire will enhance public programming, contribute to Nevada's cultural and economic vitality, and maximize both revenue and visibility for the park system. The concessionaire will be responsible for program development, financial obligations including rent and staffing costs, maintenance of the venue, and cooperative promotion with Parks, ensuring high-quality cultural experiences while safeguarding park resources.

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

   State employees cannot provide this service because Parks does not have the specialized staff, resources, or budget necessary to plan, fund, and operate large-scale cultural programs and events. A concessionaire brings the required expertise, financial capacity, and industry partnerships to deliver high-quality entertainment, manage operations and maintenance, and assume financial risk - functions that fall outside the scope of State employee 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. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S3565, 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: 12/18/2025 Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

5/1/22-9/30/2024 - State Parks - Satisfactory

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	01/20/2026 13:00:30 PM
Division Approval	ethick1	01/20/2026 13:00:32 PM
Department Approval	ethick1	01/20/2026 13:00:34 PM
Contract Manager Approval	ethick1	01/20/2026 13:00:35 PM
Budget Analyst Approval	rmayhall	01/26/2026 10:35:51 AM
BOE Agenda Approval	bmacke1	02/13/2026 08:14:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31602**

		Legal Entity Name:	SUMMIT LAKE PAIUTE TRIBE
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**SUMMIT LAKE PAIUTE TRIBE**
Agency Code:	**706**	Address:	**2255 Green Vista Dr. Ste 402**
Appropriation Unit:	**4195-51**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431-7599**
If "No" please explain:	Not Applicable	Contact/Phone:	James Simmons 775/827-9670
		Vendor No.:	T29023826
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2027**

Contract term: **1 year and 90 days**

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

Contract description: **AB 578 Summit Lake**

5. Purpose of contract:

This is a new interlocal agreement to provide restoration and fence enhancement projects at the Mahogany Creek Corridor to improve ecological function and connectivity.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$581,327.72**

II. JUSTIFICATION

7. What conditions require that this work be done?

This project is IAW Shared Stewardship AB 578 (2025).

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 resources to perform 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. Soliciation Waiver: **Exempt (Per statute)**

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

NRS 277.180 - Interlocal Agreement

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    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:
    Tony Parenti, Partnership Coordinator Ph: 775-684-2515

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swesto3	01/26/2026 15:21:22 PM
Division Approval	swesto3	01/26/2026 15:21:39 PM
Department Approval	pmisch	01/28/2026 06:31:37 AM
Contract Manager Approval	mmcdani5	01/28/2026 10:07:00 AM
Budget Analyst Approval	rmayhall	01/28/2026 13:43:33 PM
BOE Agenda Approval	bmacke1	02/12/2026 17:03:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31737**

		Legal Entity Name:	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT
Agency Name:	**DCNR - STATE LANDS**	Contractor Name:	**NORTH LAKE TAHOE FIRE PROTECTION DISTRICT**
Agency Code:	**707**	Address:	**866 ORIOLE WAY**
Appropriation Unit:	**4206-34**		
Is budget authority available?:	**Yes**	City/State/Zip	**INCLINE VILLAGE, NV 89451-9439**
If "No" please explain:	Not Applicable	Contact/Phone:	ISAAC POWNING 775-831-0351
		Vendor No.:	PUR0000998
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 120 days**
4. Type of contract: **Interlocal Agreement**
   Contract description: **Fuels Reduction**
5. Purpose of contract:

This is a new interlocal agreement to provide fire crews assistance to complete forest health projects in the Lake Tahoe Basin.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$511,750.00**
   Payment for services will be made at the rate of $0.00 per Invoice
   Other basis for payment: Per Crew Fee Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

The focus of the work will be fuels reduction and forest health restoration activities by crews on both state-owned urban lots and within the state park system in the Tahoe Basin. The Division of State Lands is responsible for the management of these urban parcels and is the lead agency for the implementation of the Tahoe Environmental Improvement Program (EIP).

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

The contractor, North Lake Tahoe Fire Protection District, is a local fire agency that has trained hand crews with the skills and physical abilities to perform the work required. The crews are also qualified to perform the prescribed burning. State Lands does not have the resources to do this work.

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

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

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

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

North Lake Tahoe Fire Protection District has hand crews with the experience, physical ability, and resources to complete required tasks. The Division has had a relationship with the vendor since 1996.

Solicitation waiver per NRS 277.180

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    Yes If "Yes", please explain

    The contractor is a fire protection district within the State of Nevada.

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

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

    State Lands has had an ongoing relationship with this contractor since 1996. Quality of service is satisfactory.

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    HIGGINS, ANNA, FORESTER 3 Ph: 775-684-2741

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	01/27/2026 09:07:43 AM
Division Approval	avance	01/27/2026 09:07:44 AM
Department Approval	mweyland	01/29/2026 09:53:17 AM
Contract Manager Approval	avance	01/29/2026 11:10:42 AM
Budget Analyst Approval	rmayhall	01/30/2026 14:42:06 PM
BOE Agenda Approval	bmacke1	02/13/2026 08:10:11 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31719**

		Legal Entity Name:	HIGHLAND ECONOMICS LLC
Agency Name:	**DCNR - ENVIRONMENTAL PROTECTION**	Contractor Name:	**HIGHLAND ECONOMICS LLC**
Agency Code:	**709**	Address:	**10851 La Famille Lane**
Appropriation Unit:	**3187-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**Missoula, MT 59808**
If "No" please explain:	Not Applicable	Contact/Phone:	Travis Greenwalt 406-396-1420
		Vendor No.:	
		NV Business ID:	NV20263510403

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **212 days**

4. Type of contract: **Contract**

Contract description: **Economic ImpactStudy**

5. Purpose of contract:

This is a new contract to provide improved composting practices statewide and assess the economic impact of large-scale programs.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

This project aligns with BSMMs Sustainable Materials Management Plan (SMMP) Objective 5, Strategy 4: Promote opportunities and programs that compost yard waste in areas of Nevada where it is practical to do so.

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

This work should not be performed by state employees, as the bureau currently lacks the necessary level of technical expertise to deliver the desired quality of performance and product outcomes.

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. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dherrin1	01/22/2026 14:55:04 PM
Division Approval	asettel1	01/22/2026 15:20:01 PM
Department Approval	asettel1	01/22/2026 15:20:20 PM
Contract Manager Approval	mgowe2	01/22/2026 15:20:56 PM
Budget Analyst Approval	rmayhall	01/30/2026 10:14:18 AM
BOE Agenda Approval	bmacke1	02/12/2026 13:39:33 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31699**

		Legal Entity Name:	Terraphase Engineering, Inc.
Agency Name:	**DCNR - ENVIRONMENTAL PROTECTION**	Contractor Name:	**Terraphase Engineering, Inc.**
Agency Code:	**709**	Address:	**6774 S. McCarran Blvd.**
Appropriation Unit:	**3187-75**		**Suite 101**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89509**
If "No" please explain:	Not Applicable	Contact/Phone:	Mark Gookin 775-234-2459
		Vendor No.:	T27042197
		NV Business ID:	NV20181232189

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Other funding	**100.00 %**	**Mitigation**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/08/2030**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Land**

5. Purpose of contract:

This is a new contract to provide ongoing support services for the Abandoned Mine Land Program at the Anaconda Copper Mine Site by conducting a specific review and assessment of clean-up activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews, content verification and comments to the State on required reports generated by the company responsible for the environmental cleanup.

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

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes

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

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

Geo-Logic
Parsons
The Fehling Group
UES Professional Solutions 30, LLC

b. Soliciation 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: 12/17/2025 Anticipated re-bid date: 12/17/2029

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

The contractor provides ongoing satisfactory contract services for the Nevada Division of Environmental Protection, Bureau of Corrective Actions under two current 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:

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mfrien1	01/26/2026 07:02:07 AM
Division Approval	jcollin5	01/26/2026 08:08:20 AM
Department Approval	jcollin5	01/26/2026 08:08:23 AM
Contract Manager Approval	kvalde1	01/26/2026 09:27:35 AM
Budget Analyst Approval	rmayhall	02/10/2026 08:22:56 AM
BOE Agenda Approval	bmacke1	02/13/2026 17:24:23 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25318**

Amendment Number: **2**

Legal Entity Name: INTELLECTUAL TECHNOLOGY, INC.

Agency Name: **DEPARTMENT OF MOTOR VEHICLES**

Contractor Name: **INTELLECTUAL TECHNOLOGY, INC.**

Agency Code: **810**

Address: **2980 E. Coliseum Blvd.**

Appropriation Unit: **4735-24**

Is budget authority available?: **Yes**

City/State/Zip **Fort Wayne, IN 46805**

If "No" please explain: Not Applicable

Contact/Phone: 260-459-8800

Vendor No.: T27006453

NV Business ID: NV20101412115

To what State Fiscal Year(s) will the contract be charged? **2022-2032**

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

	General Funds	0.00 %	**X**	Fees	**1.30 %**	**MISC PROGRAM**
	Federal Funds	0.00 %		Bonds	0.00 %	
X	Highway Funds	**98.70 %**		Other funding	0.00 %	

Agency Reference #: RFP # 81DMV-S1725 HM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **10 years and 2 days**

4. Type of contract: **Contract**

Contract description: **POD DECALS**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing production and issuance of vehicle registration certificates, decals, and producing and mailing physical documents. This amendment extends the termination date from March 31, 2026 to March 31, 2032 and increases the maximum amount from $6,721,118.51 to $14,457,033.44 due to the expansion of online services and increase in mailing volume.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$6,721,118.51	$6,721,118.51	$6,721,118.51	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#2):	$7,735,913.93	$7,735,913.93	$7,735,913.93	Yes - Action
3.	New maximum contract amount:	$14,457,032.44			
	and/or the termination date of the original contract has changed to:	03/31/2032			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department is required by statute to furnish vehicle registration decals, certificates for all vehicles, golf cart permits, handicap motorcycle decals, Motor Carrier IFTA decals.

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

There are no State employees to provide this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S1725, 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: 09/07/2021 Anticipated re-bid date: 03/31/2031

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:

DMV engaged in a contract with ITI for knowledge testing services from 7/1/2020-current.
DMV engaged in a contract with ITI for OHV services from 9/1/2016-current
DMV engaged in a contract with ITI for kiosk services from August 2011-current

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date

Budget Account Approval	jpeat	01/23/2026 10:06:09 AM
Division Approval	agalperi	01/23/2026 13:11:35 PM
Department Approval	bmusselm	01/23/2026 13:15:01 PM
Contract Manager Approval	ebergen2	01/29/2026 16:37:47 PM
EITS Approval	ljean	01/30/2026 12:33:37 PM
Budget Analyst Approval	rmayhall	02/10/2026 12:21:49 PM
BOE Agenda Approval	bmacke1	02/13/2026 17:14:17 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Tonya Laney, Director, DMV
Michele Lynn, Director of Administration, DMV
Bethany Musselman, Administrator, ASD, DMV
Suzie Pollard, Administrator, MVIT, DMV
Kim Steele, Management Analyst II, DMV

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DMV – *Registration and Decal Manufacturing Services – Request for Proposal* – TIE 1502, Revision 0 – BA(s) 4717, 4735

DATE: December 31, 2025

We have completed our review of the Department of Motor Vehicles (DMV) investment, which has an estimated total value of $9,072,093.59 allocated to the current and future biennia, as follows:

Cost Details	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	Grand Total
One-Time Cost	**$ 949,130.83**	**$ 998,171.67**	**$ 1,048,080.15**	**$ 1,100,069.87**	**$ 1,155,073.97**	**$ 1,212,384.27**	**$ 1,273,003.28**	**$ 1,336,179.55**	**$ 9,072,093.59**
4717-State Fees	$ 12,846.83	$ 13,129.67	$ 13,786.15	$ 14,061.87	$ 14,764.97	$ 15,060.27	$ 15,813.28	$ 16,129.55	$ 115,592.59
4735-Highway Funds	$ 936,284.00	$ 985,042.00	$ 1,034,294.00	$ 1,086,008.00	$ 1,140,309.00	$ 1,197,324.00	$ 1,257,190.00	$ 1,320,050.00	$ 8,956,501.00
Grand Total	**$ 949,130.83**	**$ 998,171.67**	**$ 1,048,080.15**	**$ 1,100,069.87**	**$ 1,155,073.97**	**$ 1,212,384.27**	**$ 1,273,003.28**	**$ 1,336,179.55**	**$ 9,072,093.59**

Funding source(s): 98.7% Highway Fund and 1.3% State Fees.

The DMV is seeking proposals for an outsourced service capable of producing, printing, and potentially mailing vehicle registration forms and decals for the Registration and Decal Manufacturing initiative. The intent is to modernize or supplement the current solution in a way that improves reliability, scalability, and service delivery while continuing to meet statutory and operational requirements.

This investment addresses core transactional functions that are high volume, time sensitive, and directly visible to the public. Outsourcing production and distribution introduces opportunities for improved throughput, predictable service levels, and access to specialized printing and fulfillment capabilities that may be difficult or costly to maintain internally. At the same time, the approach shifts operational and security risk to a third party, particularly where personally identifiable information, vehicle data, and payment-related workflows are involved. The success of the investment will depend on the vendor's ability to integrate securely with existing agency systems, meet data protection and privacy requirements, and demonstrate continuity and resilience during peak demand periods. If properly structured and governed, the investment represents a pragmatic modernization of a mature function with potential benefits in cost control, service consistency, and operational focus for agency staff.

The GTO TIE investment and implementation risk score indicates a low risk for this investment.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

Purchasing Use Only:	
Approval #:	6830

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	**Agency Contact Information:** Note: Approved copy will be sent to only to the contact(s) listed below:		
	ENTER STATE AGENCY NAME: Department of Motor Vehicles		
	Contact Name and Title	*Phone Number*	*Email Address*
	Elaine Bergenheier	775-684-4988	EABergenheier@dmv.nv.gov
	Michele Lynn	775-684-4561	mlynn@dmv.nv.gov

2	**Contractor Information:**	
	Contractor Name:	*Intellectual Technology, Inc.*
	Contact Name:	*Kyle Rehder*
	Complete Address: City, State and Zip Code	*2980 E. Collseum Blvd. Fort Wayne, IN 46805*
	Phone Number:	*260.459.8800 x1512*
	Email Address:	*krehder@neumo.com*

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**			
	Solicitation Type, if applicable:	*9 Purchasing Lead RFPs*	#:	*81DMV-S1920; 81DMV-S1466; 81DMV-S1573; 3468;*
	Enter CETS Number:	*12445; 13298; 17896; 19567; 23654; 25286; 25310; 26324;*		
	Contract Amount:	*Regarding the above CETS numbers in order:* *#12445 – $27,591,949* *#13298 - $1,300,052.27* *#17896 - $652,710.32* *#19567 - $4,887,043* *#23654 - $25,779.66*		

Rec'd 01/06/26

#1830

		#25286 - $1,506,240 *#25310 - $39,497,846* *#26324 - $667,794.45*			
	Contract Term:	Start Date:	*#12445 – 8/15/2011* *#13298 – 6/05/2012* *#17896 – 9/01/2016* *#19567 – 4/01/2018* *#23654 – 7/01/2020* *#25286 – 6/30/2022* *#25310 – 4/01/2022* *#26324 – 7/12/2022*	End Date:	*3/31/2022* *8/31/2016* *8/31/2022* *4/01/2022* *6/30/2022* *6/29/2026* *3/31/2032* *8/31/2026*

Purchasing Use Only:	
Approval #:	6830

4	**Current Contract Information:**				
	Solicitation Type, if applicable:	***RFP- Purchasing Lead***		#:	***#81DMV-S1725***
	Enter CETS Number:	***#25318***			
	Initial Contract Amount:	***$6,721,118.51; Amend#1 $0***			
	Contract Term:	Start Date:	***04/01/2022***	End Date:	***03/21/2026***

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Scope change and revised mail room address and location***	***$0***	***None***

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	2	***Extend contract term and add funding to align with extended term***	***$9,072,093.10***	***3/31/2032***

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	Overall, ITI delivers comprehensive, modern solutions supporting critical Nevada DMV services by providing four integrated services to Nevada residents: the Kiosk program, Vehicle Registration and Decals, Knowledge Written Testing, and OHV Registration Decals. These services enhance access, streamline processes, and support the DMV's modernization efforts, which includes the end-to-end process of producing and mailing physical documents ensuring Nevada residents can efficiently and securely complete essential transactions. Together, these four ITI services significantly enhance access to DMV services and streamline operations for Nevada residents. Without ITI's solutions, the Nevada DMV would be unable to provide these critical services efficiently, securely, and in a manner that meets the needs of the public *The Department of Motor Vehicles is requesting approval to extend the existing contract with **Intellectual Technology, Inc. (ITI)** for an additional six (6) years, resulting in a total contract term of ten (10) years. While **SAM Section 0305** generally limits contract terms to four (4) years to encourage competition, it also allows flexibility when re-solicitation would create undue risk, compromise service quality, or result in unreasonable cost or operational disruption. This request will align with DMV / ITIT Kiosks contract which is scheduled through 2032.*

#6830

The requested extension is justified based on the following critical business and operational factors:

- ***System Compatibility and Integration*** - ITI's proprietary hardware, software, and operational workflows are fully integrated with DMV's registration, decal issuance, kiosk, and testing systems, which support print-on-demand registration and decal production within DMV offices as well as with self-service kiosks

- ***Operational Expertise and Institutional Knowledge*** - ITI provides secure registration and decal materials with built-in security features. The company has extensive knowledge of DMV systems, operations which enable them to quickly resolve issues and provide reliable support and expertise that a new vendor could not match without a long and complex transition

- ***Security and Compliance Alignment***- *ITI's processes already meet DMV's stringent security, compliance, and document control standards. Introducing a new vendor would require extensive security reviews, certifications, and oversight, increasing risk to sensitive data and secure credential issuance*

- ***Unique Proprietary Capabilities*** -*ITI provides a complete solution—equipment, software, and services—that is already built into DMV systems. No other vendor offers the same mix of features, reliability, and security. Choosing a new vendor now would likely result in a system that can't meet DMV's specialized needs, putting essential services at risk*

- ***Support for DMV Modernization and Public Access*** - *ITI's services supports DMV's modernization initiatives across multiple platforms which improve customer service making it easier for Nevada residents to access DMV services.*

- ***Enhanced Mail Fulfillment Services*** – *ITI's service will manage end-to-end mail fulfillment operations, including data intake from DMV systems, secure printing and quality control, credentials, envelope insertion, postage optimization, tracking and delivery coordination to ensure accurate, compliant, and timely delivery.*

	What are the potential consequences to the State if the contract extension request is denied?
8	• **Service Disruption:** Transitioning to a new vendor would require redevelopment, testing, certification, and validation of critical DMV systems. This transition could result in delays or interruptions to essential services, including vehicle registration, decal issuance, kiosk operations, and knowledge testing. • **Loss of Specialized Expertise:** The level of specialized expertise that ITI provides cannot be rapidly replaced, increasing the likelihood of system errors, slower issue resolution, and operational instability. • **Reduced Operational Efficiency:** A new vendor may lack ITI's fully integrated platform and proven workflows, which could lead to longer processing times, reduced system reliability, and diminished service quality for Nevada residents. • **Increased Costs and Implementation Risk:** Re-soliciting and onboarding a new provider would require significant State investment in new hardware, software development, system integration, staff training, and parallel operations. These activities introduce substantial financial cost and operational risk with no guarantee of improved outcomes. • **Negative Impact on Public Access and Customer Service:** Delays to DMV modernization initiatives—such as self-service kiosks and print-on-demand registration—would reduce convenience, limit service availability, and negatively affect customer service and access for Nevada residents.

Purchasing Use Only:	
Approval #:	6830

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 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.*

Michele Lynn

Signature of Agency Representative Initiating Request

Michele Lynn, Management Analyst IV — 1/5/2026

Print Name of Agency Representative Initiating Request — Date

Bethany Musselman

Bethany Musselman (Jan 6, 2026 10:40:33 PST)

Signature of Agency Head Authorizing Request

Bethany Musselman, Fiscal Operations Division Administrator — 06/01/2026

Print Name of Agency Head Authorizing Request — Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 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).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	✓

Signed:

[signature]

Administrator, Purchasing Division or Designee — 1.13.2026

Date

#1683

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office

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

MEMORANDUM

TO: Tonya Laney, Director, DMV
Michele Lynn, Director of Administration, DMV
Bethany Musselman, Administrator, ASD, DMV
Suzie Pollard, Administrator, MVIT, DMV
Kim Steele, Management Analyst II, DMV

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DMV – *Registration and Decal Manufacturing Services – Request for Proposal* – TIE 1502, Revision 0 – BA(s) 4717, 4735

DATE: December 31, 2025

We have completed our review of the Department of Motor Vehicles (DMV) investment, which has an estimated total value of $9,072,093.59 allocated to the current and future biennia, as follows:

Cost Details	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	Grand Total
⊟One-Time Cost	$949,130.83	$998,171.67	$1,048,080.15	$1,100,069.87	$1,155,073.97	$1,212,384.27	$1,273,003.28	$1,336,179.55	$9,072,093.59
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Funding source(s): 98.7% Highway Fund and 1.3% State Fees.

#6830

The DMV is seeking proposals for an outsourced service capable of producing, printing, and potentially mailing vehicle registration forms and decals for the Registration and Decal Manufacturing initiative. The intent is to modernize or supplement the current solution in a way that improves reliability, scalability, and service delivery while continuing to meet statutory and operational requirements.

This investment addresses core transactional functions that are high volume, time sensitive, and directly visible to the public. Outsourcing production and distribution introduces opportunities for improved throughput, predictable service levels, and access to specialized printing and fulfillment capabilities that may be difficult or costly to maintain internally. At the same time, the approach shifts operational and security risk to a third party, particularly where personally identifiable information, vehicle data, and payment-related workflows are involved. The success of the investment will depend on the vendor's ability to integrate securely with existing agency systems, meet data protection and privacy requirements, and demonstrate continuity and resilience during peak demand periods. If properly structured and governed, the investment represents a pragmatic modernization of a mature function with potential benefits in cost control, service consistency, and operational focus for agency staff.

The GTO TIE investment and implementation risk score indicates a low risk for this investment.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25310**

Amendment Number: **2**

Legal Entity Name: INTELLECTUAL TECHNOLOGY, INC.

Agency Name: **DEPARTMENT OF MOTOR VEHICLES**

Contractor Name: **INTELLECTUAL TECHNOLOGY, INC.**

Agency Code: **810**

Address: **2980 E. Coliseum Blvd**

Appropriation Unit: **4744-14**

Is budget authority available?: **Yes**

City/State/Zip **Fort Wayne, IN 46805**

If "No" please explain: Not Applicable

Contact/Phone: Drew Nicholson 260-459-8800

Vendor No.: T27006453

NV Business ID: NV20101412115

To what State Fiscal Year(s) will the contract be charged? **2022-2028**

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

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

Agency Reference #: RFP # 81DMV-S1573 HM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **DMV Kiosks**

5. Purpose of contract:

This is the second amendment to the original contract which provides for the upgrade including installation, maintenance, and operation of the 51 public access kiosks with third-generation kiosks. This amendment extends the termination date from April 1, 2026 to March 31, 2028 and increases the maximum amount from $11,724,924.70 to $19,126,443.70 due to updated cost matrix to align associated costs with the responsibilities of related services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$11,724,924.70	$11,724,924.70	$11,724,924.70	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#2):	$7,401,519.00	$7,401,519.00	$7,401,519.00	Yes - Action
3.	New maximum contract amount:	$19,126,443.70			
	and/or the termination date of the original contract has changed to:	03/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Senate Bill 441 of the 2001 Legislative Session.

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

State employees do not have the equipment nor expertise to perform this service.

9. Were quotes or proposals solicited? Yes

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

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

Computer Systems West
D2D IT Services LLC
Gear One Enterprise

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S1573, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. The RFP language resulting contract will be for a contract term of four (4) years with the option for three (3) two (2) year renewals for a total contract term of 10 years. DMV is exercising the allowance to amend for the remaining six years for a total contract term of 10 years.

d. Last bid date: 07/13/2021 Anticipated re-bid date: 03/31/2031

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:

DMV engaged in a contract with ITI for knowledge testing services from 7/1/2020-current.
DMV engaged in a contract with ITI for OHV services from 9/1/2016-current
DMV engaged in a contract with ITI for kiosk services from August 2011-current

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmusselm	12/24/2025 10:43:30 AM
Division Approval	bmusselm	12/24/2025 10:43:35 AM
Department Approval	bmusselm	12/24/2025 10:43:40 AM
Contract Manager Approval	ebergen3	02/10/2026 07:36:57 AM
EITS Approval	ljean	02/10/2026 12:00:07 PM
Budget Analyst Approval	rmayhall	02/11/2026 08:06:22 AM
BOE Agenda Approval	bmacke1	02/13/2026 16:54:45 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
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M E M O R A N D U M

TO: Tonya Laney, Director, DMV
Michele Lynn, Director of Administration, DMV
Bethany Musselman, Administrator, ASD, DMV
Albert Ruiz, IT Manager II, DMV
Vickie Coll, Management Analyst, DMV

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DMV – *DMV Self-Service Kiosk* – TIE 1507, Revision 1 – BA(s) 4735

DATE: January 12, 2026

We have completed our review of the Department of Motor Vehicles (DMV) investment, which has an estimated total value of $27,772,921.00, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	FY32	Grand Total
One-Time Cost	$3,209,250.00	$3,433,898.00	$3,674,271.00	$3,931,470.00	$4,206,673.00	$4,501,140.00	$4,816,219.00	$27,772,921.00
	$3,209,250.00	$3,433,898.00	$3,674,271.00	$3,931,470.00	$4,206,673.00	$4,501,140.00	$4,816,219.00	$27,772,921.00
Grand Total	$3,209,250.00	$3,433,898.00	$3,674,271.00	$3,931,470.00	$4,206,673.00	$4,501,140.00	$4,816,219.00	$27,772,921.00

Funding source(s): 100% Highway Fund.

This investment is to extend the existing DMV Self Service Kiosks contract for a total term of ten years.

The DMV has implemented a statewide network of self-service kiosks to improve convenience and

efficiency for residents needing to complete common motor vehicle transactions without waiting in line at DMV offices. These kiosks, located at DMV offices and partner sites such as grocery stores and AAA branches, allow users to renew vehicle registrations, obtain duplicate registrations and decals, print driver history reports, and reinstate insurance-suspended registrations directly at the kiosk. Transactions are processed instantly, and physical registration materials are printed on the spot, with services provided in both English and Spanish and supporting voice assistance. Kiosk use carries a modest processing fee in addition to standard state fees. The kiosks serve as an extension of the DMV's service portfolio by offering a faster alternative to in-person visits and supporting 24/7 availability at select locations, thereby reducing office workloads and improving customer experience.

The GTO technology risk score indicates an overall low level of cybersecurity risk for this investment as it is a proven technology that is currently in place with no known security incidents; however, the self-service kiosk investment introduces a distinct cybersecurity risk profile because it places transaction-processing systems in unattended, publicly accessible environments where both physical and digital attack surfaces increase. These kiosks handle sensitive personal and vehicle data, which elevates the impact of any compromise involving malware infection, credential harvesting, skimming devices, or unauthorized system access. Network connectivity between kiosks and backend DMV systems creates exposure to interception or lateral movement if segmentation, encryption, and endpoint controls are weak. The presence of payment processing functionality also expands risk related to PCI compliance and financial fraud. In addition, supply chain risks must be considered because kiosks rely on vendor-managed hardware, software, and update mechanisms that could introduce vulnerabilities if not tightly governed. Without strong controls such as device hardening, continuous monitoring, tamper detection, strict access controls, and well-defined incident response procedures, the kiosks could become a high-visibility target that threatens both operational continuity and public trust.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31695**

		Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, RENO
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, RENO**
Agency Code:	**901**	Address:	**1664 N. Virginia Street**
Appropriation Unit:	**3265-10**		**MAIL STOP 325**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89557-0325**
If "No" please explain:	Not Applicable	Contact/Phone:	Office of Sponsored Projects 775/784-4040
		Vendor No.:	D35000816
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

X	General Funds	**21.30 %**	Fees	0.00 %
X	Federal Funds	**78.70 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 4008-29-REHAB

2. Contract start date:

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

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **305 days**

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

Contract description: **Transition Services**

5. Purpose of contract:

This is a new interlocal agreement to provide pre-employment transition services, counseling on post-secondary education opportunities, workplace readiness training, and instruction in self-advocacy for students with disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$279,268.92**

Other basis for payment: Total Contract or installments payable at: As Invoiced and Approved by the State. Total Contract Not to Exceed: $279,268.92.

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

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 have the skills 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. Soliciation Waiver: **Exempt (Per statute)**

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

Pursuant to NRS 277.180 Interlocal.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

the vendor has provided satisfactory services under multiple contracts with the Bureau of Vocational Rehabilitation.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Mechelle Merrill, Deputy Administrator Ph: 775-687-6862

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ejohns16	01/27/2026 07:31:50 AM
Division Approval	cjacob	01/27/2026 08:26:35 AM
Department Approval	cjacob	01/27/2026 08:26:37 AM
Contract Manager Approval	wcune1	01/27/2026 08:58:55 AM
Budget Analyst Approval	lramire7	01/29/2026 10:00:14 AM
BOE Agenda Approval	mranki1	01/29/2026 14:36:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31781**

		Legal Entity Name:	The Ferraro Group, Ltd.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**The Ferraro Group, Ltd.**
Agency Code:	**BDC**	Address:	**165 W Liberty St. Ste 210**
Appropriation Unit:	**B011 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Megan de la Torre 775-331-4555
		Vendor No.:	T27023338
		NV Business ID:	NV20041598724

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: BRDCOM-S3612 JW

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/13/2028**
   Contract term: **2 years and 43 days**

4. Type of contract: **Contract**
   Contract description: **Lobbying Services**

5. Purpose of contract:

   This is a new contract to provide government relations services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$144,000.00**
   Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   Monitoring all legislation that may affect the Board directly or indirectly; Representing the Board at meetings with legislators, legislative staff and lobbyists; Providing testimony to various subcommittees, committees, and commissions; Communicating all issues to the Executive Officer; Communicating to elected officials and the public the importance of licensure of contractors for the protection of the public; Providing assistance to the Board in developing legislative strategies; Providing written and verbal reports to the Executive Officer; Providing media training; Coordinating community outreach partnerships; Assisting with media placement and coordinating media opportunities; Aiding in the development of social media, collateral materials, etc., and providing guidance on public relations matters.

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

   Established lobbyists and public relations firms possess specialized expertise and longstanding relationships with key stakeholders, giving them prior knowledge of state policies and the external networks necessary to engage effectively on these issues.

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):

Recovery Monitoring Solutions Corporation
Cassidy & Associates, Inc
Propyrion

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP BRDCOM-S3612, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as
determined by an independently appointed evaluation committee.

d. Last bid date: 01/28/2026 Anticipated re-bid date: 06/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kmccamp1	02/02/2026 12:16:43 PM
Division Approval	kmccamp1	02/02/2026 12:16:50 PM
Department Approval	kmccamp1	02/02/2026 12:16:54 PM
Contract Manager Approval	kmccamp1	02/02/2026 12:16:58 PM
Budget Analyst Approval	pokeefe	02/12/2026 09:19:13 AM
BOE Agenda Approval	pokeefe	02/12/2026 09:19:16 AM

BOE Final Approval	Pending

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ACCURATE TRANSLATIONS, LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31711		
2.		VARIOUS STATE AGENCIES	AD ASTRA NEVADA, INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31665		
3.		VARIOUS STATE AGENCIES	AMERICAN SIGN LANGUAGE COMMUNICATION, LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31647		
4.		VARIOUS STATE AGENCIES	AVANTPAGE INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31643		
5.		VARIOUS STATE AGENCIES	ALCHEMY CONSULTING L.L.C	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide wildfire incident support, prescribed burn monitoring, and natural resource management services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31738		
6.		VARIOUS STATE AGENCIES	BIG LANGUAGE SOLUTIONS LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31696		
7.		VARIOUS STATE AGENCIES	BROMBERG & ASSOCIATES, L.L.C.	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31689		
8.		VARIOUS STATE AGENCIES	BLUE LINE TRANSPORT LLC	OTHER: VARIOUS	$500,000	
	Contract Description:	This is a new contract to provide inter-state inmate transport.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31718		
9.		VARIOUS STATE AGENCIES	CAL INTERPRETING AND TRANSLATIONS	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31747		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.		VARIOUS STATE AGENCIES	CAPTIONS UNLIMITED OF NEVADA, INC.	OTHER: VAROUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31693		
11.		VARIOUS STATE AGENCIES	DATAGAIN INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31664		
12.		VARIOUS STATE AGENCIES	DIVERSIDAD LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31730		
13.		VARIOUS STATE AGENCIES	EFFECTIFF LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31668		
14.		VARIOUS STATE AGENCIES	FOCUS LANGUAGE INTERNATIONAL INC.	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31644		
15.		VARIOUS STATE AGENCIES	GLOBAL INTERPRETING NETWORK, INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31685		
16.		VARIOUS STATE AGENCIES	GREEN LINGUISTICS LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31687		
17.		VARIOUS STATE AGENCIES	HOMELAND LANGUAGE SERVICES LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31751		
18.		VARIOUS STATE AGENCIES	IDEA LANGUAGE SERVICES LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31649		
19.		VARIOUS STATE AGENCIES	INTERPRETERS UNLIMITED, INC.	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31666		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.		VARIOUS STATE AGENCIES	INTRINZ INC.	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31729		
21.		VARIOUS STATE AGENCIES	LANGUAGE LINE SERVICES, INC.	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31746		
22.		VARIOUS STATE AGENCIES	LAS VEGAS INTERPRETERS CONNECTION, LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31697		
23.		VARIOUS STATE AGENCIES	LIONBRIDGE GLOBAL SOLUTIONS II, INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31739		
24.		VARIOUS STATE AGENCIES	PIEDMONT GLOBAL LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31740		
25.		VARIOUS STATE AGENCIES	POWERLING INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31650		
26.		VARIOUS STATE AGENCIES	PRESTON BASS INTERPRETING SERVICES, LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31646		
27.		VARIOUS STATE AGENCIES	PRISMA INTERNATIONAL INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31648		
28.		VARIOUS STATE AGENCIES	TAIKATRANSLATIONS LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31667		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.		VARIOUS STATE AGENCIES	TRANSPERFECT TRANSLATIONS INTERNATIONAL INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31645		
30.		VARIOUS STATE AGENCIES	TRUSTED TRANSLATIONS, INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2026	Contract # 31709		
31.		VARIOUS STATE AGENCIES	THERAPY MANAGEMENT GROUP LLC	OTHER: VARIOUS AGENCIES	$25,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, audiology, case management, dietician-nutrition, early intervention, occupational therapy, physical therapy, speech pathology, and therapy and counseling services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31802		
32.		VARIOUS STATE AGENCIES	U.S. BLUE RAVEN SERVICES, LLC	OTHER: VARIOUS	$500,000	
	Contract Description:	This is a new contract to provide inter-state inmate transport.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31726		
33.		VARIOUS STATE AGENCIES	WORLDWIDE INTERPRETERS INC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide sign language interpreting and document translation services.				
		Term of Contract:	04/01/2026 - 04/30/2028	Contract # 31651		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31711**

		Legal Entity Name:	ACCURATE TRANSLATIONS, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**ACCURATE TRANSLATIONS, LLC**
Agency Code:	**MSA**	Address:	**8607 E INDIANOLA AVE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**SCOTTSDALE, AZ 85251**
If "No" please explain:	Not Applicable	Contact/Phone:	CLAUDIA WELDING-LAUNER 6023843979
		Vendor No.:	T29051861
		NV Business ID:	NV20263513059

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:
   This is a new contract to provide sign language interpreting and document translation services.

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

II. JUSTIFICATION

7. What conditions require that this work be done?
   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

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

9. Were quotes or proposals solicited? 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):

DATAGAIN
ADVANTPAGE
AD ASTRA

b. Soliciation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/26/2026 11:48:42 AM
Division Approval	ldeloach	01/26/2026 11:48:44 AM
Department Approval	ldeloach	01/26/2026 11:48:47 AM
Contract Manager Approval	mgonza20	01/28/2026 09:28:57 AM
Budget Analyst Approval	lramire7	01/29/2026 08:22:38 AM
BOE Agenda Approval	mranki1	02/03/2026 10:31:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31665**

		Legal Entity Name:	AD ASTRA NEVADA, INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**AD ASTRA NEVADA, INC**
Agency Code:	**MSA**	Address:	**8701 GEORGIA AVENUE**
Appropriation Unit:	**9999 - All Categories**		**SUITE 808**
Is budget authority available?:	**Yes**	City/State/Zip	**SILVER SPRING, MD 20910**
If "No" please explain:	Not Applicable	Contact/Phone:	EMILY LAYHER 301-408-4242
		Vendor No.:	PENDING
		NV Business ID:	NV20263502663

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTER**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

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

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

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

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

AVANTPAGE

DATAGAAIN

b. Soliciation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    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	ldeloach	01/06/2026 14:38:01 PM
Division Approval	ldeloach	01/06/2026 14:38:03 PM
Department Approval	ldeloach	01/06/2026 14:38:07 PM
Contract Manager Approval	mgonza20	01/30/2026 09:19:45 AM
Budget Analyst Approval	mranki1	01/30/2026 09:41:21 AM
BOE Agenda Approval	mranki1	01/30/2026 09:41:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31647**

		Legal Entity Name:	AMERICAN SIGN LANGUAGE COMMUNICATION, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**AMERICAN SIGN LANGUAGE COMMUNICATION, LLC**
Agency Code:	**MSA**	Address:	**PO BOX 737763**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**DALLAS , TX 75373**
If "No" please explain:	Not Applicable	Contact/Phone:	Sarah Molen 725-231-0515
		Vendor No.:	T29026382A
		NV Business ID:	NV20081113914

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

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

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

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

   State employees are not qualified or certified to provide these services

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

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

   Not Applicable

   b. Soliciation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/06/2026 14:39:53 PM
Division Approval	ldeloach	01/06/2026 14:39:56 PM
Department Approval	ldeloach	01/06/2026 14:39:59 PM
Contract Manager Approval	mgonza20	01/28/2026 09:30:25 AM
Budget Analyst Approval	lramire7	01/28/2026 15:05:08 PM
BOE Agenda Approval	mranki1	02/03/2026 09:00:19 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31643**

		Legal Entity Name:	AVANTPAGE INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**AVANTPAGE INC**
Agency Code:	**MSA**	Address:	**523 G STREET**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**DAVIS, CA 95616**
If "No" please explain:	Not Applicable	Contact/Phone:	ROCHELLE CARLIN 5307502040
		Vendor No.:	T32012153
		NV Business ID:	NV20222376385

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Translation & Interp**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

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

II. JUSTIFICATION

7. What conditions require that this work be done?

   Contract to provide On-Site and Remote Spoken and Sign Language Interpreting Services, Document Translation and Other Related Services statewide as needed services as described in the scope of work and attachments.

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

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD
   DATAGAIN INC
   BIG LANGUAGE SOLUTIONS

   b. Soliciation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 14:44:45 PM
Division Approval	ldeloach	01/06/2026 14:44:47 PM
Department Approval	ldeloach	01/06/2026 14:44:49 PM
Contract Manager Approval	mgonza20	01/28/2026 09:32:58 AM
Budget Analyst Approval	lramire7	01/29/2026 10:21:44 AM
BOE Agenda Approval	mranki1	01/30/2026 09:50:47 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31738**

		Legal Entity Name:	Alchemy Consulting L.L.C
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Alchemy Consulting L.L.C**
Agency Code:	**MSA**	Address:	**2592 Chaparral Court**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89509**
If "No" please explain:	Not Applicable	Contact/Phone:	Conrad Wright 775-771-7386
		Vendor No.:	Pending
		NV Business ID:	NV20161547907

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Various Agencies**

Agency Reference #: 99SWC-S1979 HM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **1 year and 120 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide wildfire incident support, prescribed burn monitoring, and natural resource management services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations with the use of drones for all jurisdictional wildland fires in Nevada on an as needed basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have the capability to do the work and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bordges Timber
RK Contractors Inc
Paleo West LLC

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to vendors for various scopes of work.

d. Last bid date: 04/05/2022 Anticipated re-bid date: 12/01/2026

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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:

    Heather Moon, Purchasing Officer Ph: 775-531-3309

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/23/2026 10:12:10 AM
Division Approval	ldeloach	01/23/2026 10:12:18 AM
Department Approval	ldeloach	01/23/2026 10:12:23 AM
Contract Manager Approval	hmoon	01/23/2026 10:25:17 AM
Budget Analyst Approval	lramire7	01/28/2026 08:33:29 AM
BOE Agenda Approval	mranki1	02/24/2026 08:40:43 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31696**

		Legal Entity Name:	BIG LANGUAGE SOLUTIONS LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**BIG LANGUAGE SOLUTIONS LLC**
Agency Code:	**MSA**	Address:	**3414 PEACHTREE ROAD NE STE 485**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**ATLANTA, GA 30326**
If "No" please explain:	Not Applicable	Contact/Phone:	447983705005
		Vendor No.:	T32018977
		NV Business ID:	NV20253479842

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   DIVERSIDAD
   AD ASTRA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/13/2026 09:49:13 AM
Division Approval	ldeloach	01/13/2026 09:49:15 AM
Department Approval	ldeloach	01/13/2026 09:49:17 AM
Contract Manager Approval	mgonza20	01/28/2026 09:33:45 AM
Budget Analyst Approval	lramire7	01/29/2026 08:45:24 AM
BOE Agenda Approval	mranki1	02/03/2026 09:04:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31689**

		Legal Entity Name:	BROMBERG & ASSOCIATES, L.L.C.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**BROMBERG & ASSOCIATES, L.L.C.**
Agency Code:	**MSA**	Address:	**32910 W THIRTEEN MILE ROAD**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**FARMINGTON HILLS , MI 48334**
If "No" please explain:	Not Applicable	Contact/Phone:	3134814981
		Vendor No.:	T29051844
		NV Business ID:	NV20263506495

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   ADVANTPAGE
   DIVERSIDAD
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/12/2026 12:21:55 PM
Division Approval	ldeloach	01/12/2026 12:21:57 PM
Department Approval	ldeloach	01/12/2026 12:22:01 PM
Contract Manager Approval	mgonza20	01/28/2026 09:34:30 AM
Budget Analyst Approval	lramire7	01/29/2026 08:35:35 AM
BOE Agenda Approval	mranki1	02/03/2026 09:08:36 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: **31718**

		Legal Entity Name:	Blue Line Transport LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Blue Line Transport LLC**
Agency Code:	**MSA**	Address:	**1930 Village Center Cir #3-863**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89134**
If "No" please explain: Not Applicable		Contact/Phone:	Robert Sullivan 702-281-1574
		Vendor No.:	Pending
		NV Business ID:	NV20232789821

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Other funding	**100.00 %**	**Various**

Agency Reference #: 99SWC-S2989

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   Contract term: **4 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Inmate Extradition**

5. Purpose of contract:

   This is a new contract to provide inter-state inmate transport.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**
   Other basis for payment: As Invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Nevada Courts order warrants for either new criminal activity or fugitives from justice. A Judge, District Attorney, or the Division of Parole and Probation establishes the scope of extradition for that offender. Regardless of where it happens, when an offender is apprehended within that scope, there is an obligation to return that offender to Nevada. The Interstate Commission of Adult Supervision (ICAOS) has established an Interstate compact Agreement obligating Nevada to extradite fugitives back to this state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The costs of transporting prisoners are significantly higher when State law enforcement agencies use their own officers and resources for transport. The State has neither the staff nor budget to provide its own extraditions.

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):

Security Transport Services, Inc
US Blue Raven Services
Blue Line Transport

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-S2989, and in accordance with NRS 333, this vendor was selected as part of a multi-award.

d. Last bid date: 08/07/2025 Anticipated re-bid date: 09/01/2029

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	ldeloach	01/20/2026 14:01:35 PM
Division Approval	ldeloach	01/20/2026 14:01:37 PM
Department Approval	ldeloach	01/20/2026 14:01:38 PM
Contract Manager Approval	jsmedes	01/20/2026 14:22:00 PM
Budget Analyst Approval	mranki1	02/05/2026 08:21:45 AM
BOE Agenda Approval	mranki1	02/05/2026 08:21:52 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: **31747**

		Legal Entity Name:	CAL INTERPRETING AND TRANSLATIONS
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**CAL INTERPRETING AND TRANSLATIONS**
Agency Code:	**MSA**	Address:	**5990 SEPULVEDA BLVD STE 250**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**VAN NUYS , CA 91411-2548**
If "No" please explain:	Not Applicable	Contact/Phone:	IDA ZAGHI 888-737-9009
		Vendor No.:	PENDING
		NV Business ID:	NV20263513645

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   AD ASTRA
   ADVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:03:46 PM
Division Approval	ldeloach	01/26/2026 12:03:48 PM
Department Approval	ldeloach	01/26/2026 12:03:50 PM
Contract Manager Approval	mgonza20	01/28/2026 09:36:03 AM
Budget Analyst Approval	lramire7	01/29/2026 08:18:58 AM
BOE Agenda Approval	mranki1	02/03/2026 10:33:41 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31693**

		Legal Entity Name:	CAPTIONS UNLIMITED OF NEVADA, INC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**CAPTIONS UNLIMITED OF NEVADA, INC.**
Agency Code:	**MSA**	Address:	**PO BOX 20905**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89515-0905**
If "No" please explain:	Not Applicable	Contact/Phone:	775/746-3534
		Vendor No.:	T81082135
		NV Business ID:	NV19971149411

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VAROUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD
   AVANTPAGE
   AD ASTRA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/13/2026 09:47:16 AM
Division Approval	ldeloach	01/13/2026 09:47:18 AM
Department Approval	ldeloach	01/13/2026 09:47:21 AM
Contract Manager Approval	mgonza20	01/28/2026 09:36:40 AM
Budget Analyst Approval	lramire7	01/28/2026 13:53:16 PM
BOE Agenda Approval	mranki1	02/02/2026 14:28:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31664**

		Legal Entity Name:	DATAGAIN INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**DATAGAIN INC**
Agency Code:	**MSA**	Address:	**709 MAINSAIL LANE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**SECAUCUS, NJ 07094**
If "No" please explain:	Not Applicable	Contact/Phone:	SARITA SHARMA 916-745-5152
		Vendor No.:	T32018921
		NV Business ID:	NV20253499367

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD
   AD ASTRA
   AVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 14:48:10 PM
Division Approval	ldeloach	01/06/2026 14:48:12 PM
Department Approval	ldeloach	01/06/2026 14:48:14 PM
Contract Manager Approval	mgonza20	01/28/2026 09:37:08 AM
Budget Analyst Approval	lramire7	01/29/2026 09:49:11 AM
BOE Agenda Approval	mranki1	02/03/2026 14:23:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31730**

		Legal Entity Name:	DIVERSIDAD LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**DIVERSIDAD LLC**
Agency Code:	**MSA**	Address:	**828 COLINA ALTA PLACE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89138**
If "No" please explain:	Not Applicable	Contact/Phone:	David Loaiza-Funk 702-703-4895
		Vendor No.:	T29042158
		NV Business ID:	NV20181235367

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Interpreting Service**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   ADVANTPAGE
   INTRINZ

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/22/2026 10:28:05 AM
Division Approval	ldeloach	01/22/2026 10:28:08 AM
Department Approval	ldeloach	01/22/2026 10:28:10 AM
Contract Manager Approval	mgonza20	01/28/2026 09:37:44 AM
Budget Analyst Approval	lramire7	01/28/2026 11:21:47 AM
BOE Agenda Approval	mranki1	02/02/2026 14:22:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31668**

		Legal Entity Name:	EFFECTIFF LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**EFFECTIFF LLC**
Agency Code:	**MSA**	Address:	**11820 MIRAMAR PARKWAY**
Appropriation Unit:	**9999 - All Categories**		**STE 125**
Is budget authority available?:	**Yes**	City/State/Zip	**MIRAMAR, FL 33025**
If "No" please explain:	Not Applicable	Contact/Phone:	BILJANA POPOVIC 929-999-5719
		Vendor No.:	PENDING
		NV Business ID:	NV20253498560

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AD ASTRA
   ADVANTPAGE
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/06/2026 14:54:59 PM
Division Approval	ldeloach	01/06/2026 14:55:01 PM
Department Approval	ldeloach	01/06/2026 14:55:03 PM
Contract Manager Approval	mgonza20	01/28/2026 09:38:16 AM
Budget Analyst Approval	lramire7	01/29/2026 09:46:51 AM
BOE Agenda Approval	mranki1	02/03/2026 14:28:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31644**

		Legal Entity Name:	FOCUS LANGUAGE INTERNATIONAL INC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**FOCUS LANGUAGE INTERNATIONAL INC.**
Agency Code:	**MSA**	Address:	**14450 Park Ave Suite 100**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Victorville, CA 92392**
If "No" please explain:	Not Applicable	Contact/Phone:	Ana Canjura 8003745444
		Vendor No.:	T29045094
		NV Business ID:	NV20222367505

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Translation & Interp**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Diversidad
   Idea Language Services
   Effectiff LLC

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 15:00:48 PM
Division Approval	ldeloach	01/06/2026 15:00:52 PM
Department Approval	ldeloach	01/06/2026 15:00:54 PM
Contract Manager Approval	mgonza20	01/28/2026 09:38:44 AM
Budget Analyst Approval	lramire7	01/29/2026 10:19:50 AM
BOE Agenda Approval	mranki1	01/30/2026 09:47:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31685**

		Legal Entity Name:	GLOBAL INTERPRETING NETWORK, INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**GLOBAL INTERPRETING NETWORK, INC**
Agency Code:	**MSA**	Address:	**25060 AVENUE STANDFORD STE 155**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**VALENCIA, CA 913555**
If "No" please explain:	Not Applicable	Contact/Phone:	JOE WHITTINGTON 6028775537
		Vendor No.:	T32018953
		NV Business ID:	NV20263505779

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AVANTPAGE
   DIVERSIDAD
   AD ASTRA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/12/2026 12:17:48 PM
Division Approval	ldeloach	01/12/2026 12:17:50 PM
Department Approval	ldeloach	01/12/2026 12:17:53 PM
Contract Manager Approval	mgonza20	01/28/2026 09:39:16 AM
Budget Analyst Approval	lramire7	01/29/2026 08:42:13 AM
BOE Agenda Approval	mranki1	02/03/2026 09:06:25 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31687**

		Legal Entity Name:	GREEN LINGUISTICS LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**GREEN LINGUISTICS LLC**
Agency Code:	**MSA**	Address:	**1150 W RIVER CT**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**RIVER HILLS , WI 53217**
If "No" please explain:	Not Applicable	Contact/Phone:	4143679417
		Vendor No.:	T32018952
		NV Business ID:	NV20263508978

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AVANTPAGE
   AD ASTRA
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/13/2026 09:41:24 AM
Division Approval	ldeloach	01/13/2026 09:41:26 AM
Department Approval	ldeloach	01/13/2026 09:41:29 AM
Contract Manager Approval	mgonza20	01/28/2026 09:40:15 AM
Budget Analyst Approval	lramire7	01/28/2026 11:09:28 AM
BOE Agenda Approval	mranki1	01/30/2026 15:27:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31751**

		Legal Entity Name:	HOMELAND LANGUAGE SERVICES LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**HOMELAND LANGUAGE SERVICES LLC**
Agency Code:	**MSA**	Address:	**01 RYLAND ST STE 200-A**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO , NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	JAMES JONES 855-57-0101
		Vendor No.:	T32012310
		NV Business ID:	NV20222382428

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   DIVERSIDAD
   ADVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/26/2026 14:21:48 PM
Division Approval	ldeloach	01/26/2026 14:21:51 PM
Department Approval	ldeloach	01/26/2026 14:21:53 PM
Contract Manager Approval	mgonza20	01/28/2026 09:40:53 AM
Budget Analyst Approval	lramire7	01/28/2026 16:24:08 PM
BOE Agenda Approval	mranki1	02/03/2026 14:21:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31649**

		Legal Entity Name:	IDEA LANGUAGE SERVICES LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**IDEA LANGUAGE SERVICES LLC**
Agency Code:	**MSA**	Address:	**8719 EVANGEL DRIVE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPRINGFIELD, VA 22153**
If "No" please explain:	Not Applicable	Contact/Phone:	SERGIO ATRISTAIN 860-781-6377
		Vendor No.:	T32012172
		NV Business ID:	NV20222383338

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

AVANTPAGE
DIVERSIDAD
AD ASTRA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/06/2026 15:02:07 PM
Division Approval	ldeloach	01/06/2026 15:02:09 PM
Department Approval	ldeloach	01/06/2026 15:02:11 PM
Contract Manager Approval	mgonza20	01/28/2026 09:41:40 AM
Budget Analyst Approval	lramire7	01/28/2026 11:45:15 AM
BOE Agenda Approval	mranki1	02/02/2026 14:25:11 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: **31666**

		Legal Entity Name:	INTERPRETERS UNLIMITED, INC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**INTERPRETERS UNLIMITED, INC.**
Agency Code:	**MSA**	Address:	**10650 TREENA STREET**
Appropriation Unit:	**9999 - All Categories**		**SUITE 109**
Is budget authority available?:	**Yes**	City/State/Zip	**SAN DIEGO, CA 92131**
If "No" please explain:	Not Applicable	Contact/Phone:	DESIREE LEWIS 800-726-9891
		Vendor No.:	NV202534981
		NV Business ID:	NV20253498192

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AD ASTRA
   DATAGAIN
   AVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 15:04:30 PM
Division Approval	ldeloach	01/06/2026 15:04:32 PM
Department Approval	ldeloach	01/06/2026 15:04:35 PM
Contract Manager Approval	mgonza20	01/28/2026 09:42:26 AM
Budget Analyst Approval	lramire7	01/29/2026 08:52:00 AM
BOE Agenda Approval	mranki1	02/03/2026 09:02:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31729**

		Legal Entity Name:	INTRINZ INC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**INTRINZ INC.**
Agency Code:	**MSA**	Address:	**12175 VISIONARY WAY #430**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**FISHERS , IN 46038**
If "No" please explain:	Not Applicable	Contact/Phone:	MILAY LINO 317-288-2267
		Vendor No.:	T29051888
		NV Business ID:	NV20263517809

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD
   AD ASTRA
   ADVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:27:50 PM
Division Approval	ldeloach	01/26/2026 12:27:53 PM
Department Approval	ldeloach	01/26/2026 12:27:55 PM
Contract Manager Approval	mgonza20	01/28/2026 09:43:20 AM
Budget Analyst Approval	lramire7	01/28/2026 11:04:27 AM
BOE Agenda Approval	mranki1	01/30/2026 15:25:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31746**

		Legal Entity Name:	LANGUAGE LINE SERVICES, INC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**LANGUAGE LINE SERVICES, INC.**
Agency Code:	**MSA**	Address:	**PO BOX 202564**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**DALLAS, TX 75320-2564**
If "No" please explain:	Not Applicable	Contact/Phone:	800/752-6096
		Vendor No.:	T29000549A
		NV Business ID:	NV20041693625

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   AD ASTRA
   ADVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:40:15 PM
Division Approval	ldeloach	01/26/2026 12:40:17 PM
Department Approval	ldeloach	01/26/2026 12:40:20 PM
Contract Manager Approval	mgonza20	01/28/2026 09:43:56 AM
Budget Analyst Approval	lramire7	01/29/2026 08:13:44 AM
BOE Agenda Approval	mranki1	02/03/2026 10:35:30 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31697**

		Legal Entity Name:	LAS VEGAS INTERPRETERS CONNECTION, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**LAS VEGAS INTERPRETERS CONNECTION, LLC**
Agency Code:	**MSA**	Address:	**7575 W WASHINGTON AVE STE 127**
Appropriation Unit:	**9999 - All Categories**		**PMB 246**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128-4336**
If "No" please explain:	Not Applicable	Contact/Phone:	MIRIAM JIMENEZ 702/868-5842
		Vendor No.:	T27005869
		NV Business ID:	NV20031202421

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AVENTPAGE
   AD ASTRA
   DIVERSIDAD LLC

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/13/2026 09:51:06 AM
Division Approval	ldeloach	01/13/2026 09:51:09 AM
Department Approval	ldeloach	01/13/2026 09:51:11 AM
Contract Manager Approval	mgonza20	01/28/2026 09:44:36 AM
Budget Analyst Approval	lramire7	01/28/2026 11:00:01 AM
BOE Agenda Approval	mranki1	01/30/2026 15:22:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31739**

		Legal Entity Name:	LIONBRIDGE GLOBAL SOLUTIONS II, INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**LIONBRIDGE GLOBAL SOLUTIONS II, INC**
Agency Code:	**MSA**	Address:	**890 WINTER ST SUITE 225**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**WALTHAM , MA 02451**
If "No" please explain:	Not Applicable	Contact/Phone:	9789649550
		Vendor No.:	T29051810
		NV Business ID:	NV20222383899

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   ADVANTPAGE
   AD ASTRA
   DIVERSIDAD

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:41:58 PM
Division Approval	ldeloach	01/26/2026 12:42:01 PM
Department Approval	ldeloach	01/26/2026 12:42:22 PM
Contract Manager Approval	mgonza20	01/28/2026 09:45:31 AM
Budget Analyst Approval	lramire7	01/28/2026 11:14:35 AM
BOE Agenda Approval	mranki1	01/30/2026 15:28:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31740**

		Legal Entity Name:	PIEDMONT GLOBAL LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**PIEDMONT GLOBAL LLC**
Agency Code:	**MSA**	Address:	**1010 N GLEBE RD STE 450**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**ARLINGTON, VA 22201**
If "No" please explain:	Not Applicable	Contact/Phone:	BROOK SMITH 7036916180
		Vendor No.:	T32019015
		NV Business ID:	NV20263510939

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AVANTPAGE
   AD ASTRA
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:45:54 PM
Division Approval	ldeloach	01/26/2026 12:45:57 PM
Department Approval	ldeloach	01/26/2026 12:45:59 PM
Contract Manager Approval	mgonza20	01/28/2026 09:46:05 AM
Budget Analyst Approval	lramire7	01/28/2026 11:18:37 AM
BOE Agenda Approval	mranki1	01/30/2026 15:30:43 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: **31650**

		Legal Entity Name:	POWERLING INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**POWERLING INC**
Agency Code:	**MSA**	Address:	**ONE BROADWAY**
Appropriation Unit:	**9999 - All Categories**		**14TH FLOOR**
Is budget authority available?:	**Yes**	City/State/Zip	**CAMBRIDGE, MA 02142**
If "No" please explain:	Not Applicable	Contact/Phone:	MANON DEBUIRE 857-400-8723
		Vendor No.:	T29051389
		NV Business ID:	NV20222374231

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538 - MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Translation & Interp**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The State is required to provide services and official documents in languages other than English.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD LLC
   ADASTRA INC
   ACCURATE TRANSLATIONS

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 15:06:11 PM
Division Approval	ldeloach	01/06/2026 15:06:13 PM
Department Approval	ldeloach	01/06/2026 15:06:15 PM
Contract Manager Approval	mgonza20	01/28/2026 09:46:35 AM
Budget Analyst Approval	lramire7	01/28/2026 13:49:25 PM
BOE Agenda Approval	mranki1	02/02/2026 14:27:04 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: **31646**

		Legal Entity Name:	PRESTON BASS INTERPRETING SERVICES, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**PRESTON BASS INTERPRETING SERVICES, LLC**
Agency Code:	**MSA**	Address:	**PO BOX 370162**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89137**
If "No" please explain:	Not Applicable	Contact/Phone:	CAOLINE BASS 702-228-5181
		Vendor No.:	T27008077A
		NV Business ID:	NV20041135569

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	01/06/2026 15:11:51 PM
Division Approval	ldeloach	01/06/2026 15:11:53 PM
Department Approval	ldeloach	01/06/2026 15:11:55 PM
Contract Manager Approval	mgonza20	01/28/2026 09:47:07 AM
Budget Analyst Approval	lramire7	01/29/2026 08:28:11 AM
BOE Agenda Approval	mranki1	02/03/2026 10:29:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31648**

		Legal Entity Name:	PRISMA INTERNATIONAL INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**PRISMA INTERNATIONAL INC**
Agency Code:	**MSA**	Address:	**1128 HARMON PL**
Appropriation Unit:	**9999 - All Categories**		**STE 310**
Is budget authority available?:	**Yes**	City/State/Zip	**MINNEAPOLIS , MN 55403**
If "No" please explain:	Not Applicable	Contact/Phone:	BENJAMIN PORTER 612-349-3141
		Vendor No.:	T29051778
		NV Business ID:	NV20253499280

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DATAGAIN
   AVANTPAGE
   AD ASTRA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 15:13:28 PM
Division Approval	ldeloach	01/06/2026 15:13:30 PM
Department Approval	ldeloach	01/06/2026 15:13:32 PM
Contract Manager Approval	mgonza20	01/28/2026 09:47:46 AM
Budget Analyst Approval	lramire7	01/28/2026 11:26:21 AM
BOE Agenda Approval	mranki1	02/02/2026 14:23:41 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: **31667**

		Legal Entity Name:	TAIKATRANSLATIONS LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**TAIKATRANSLATIONS LLC**
Agency Code:	**MSA**	Address:	**2028 EAST BEN WHITE BLVD**
Appropriation Unit:	**9999 - All Categories**		**240-1178**
Is budget authority available?:	**Yes**	City/State/Zip	**AUSTIN, TX 78741**
If "No" please explain:	Not Applicable	Contact/Phone:	JAKE GARDNER 865-258-7903
		Vendor No.:	T32019028
		NV Business ID:	NV20263511452

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AVANTPAGE
   AD ASTRA
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 12:55:57 PM
Division Approval	ldeloach	01/26/2026 12:55:59 PM
Department Approval	ldeloach	01/26/2026 12:56:01 PM
Contract Manager Approval	mgonza20	01/28/2026 09:51:33 AM
Budget Analyst Approval	lramire7	01/28/2026 16:27:59 PM
BOE Agenda Approval	mranki1	02/03/2026 10:37:25 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31645**

		Legal Entity Name:	TRANSPERFECT TRANSLATIONS INTERNATIONAL INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**TRANSPERFECT TRANSLATIONS INTERNATIONAL INC**
Agency Code:	**MSA**	Address:	**700 6TH STREET NW**
Appropriation Unit:	**9999 - All Categories**		**5TH FLOOR**
Is budget authority available?:	**Yes**	City/State/Zip	**WASHINGTON DC, DC 20001**
If "No" please explain:	Not Applicable	Contact/Phone:	MICHEAL DONNELLY 202-347-2300
		Vendor No.:	T29041658
		NV Business ID:	NV20111554942

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   DIVERSIDAD
   ADVANTPAGE
   DATAGAIN

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/06/2026 15:17:39 PM
Division Approval	ldeloach	01/06/2026 15:17:41 PM
Department Approval	ldeloach	01/06/2026 15:17:44 PM
Contract Manager Approval	mgonza20	01/29/2026 11:01:36 AM
Budget Analyst Approval	lramire7	01/29/2026 16:13:10 PM
BOE Agenda Approval	mranki1	01/30/2026 09:44:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31709**

		Legal Entity Name:	TRUSTED TRANSLATIONS, INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**TRUSTED TRANSLATIONS, INC**
Agency Code:	**MSA**	Address:	**66 West Flagler Street Suite 1**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**MIAMI , FL 33130**
If "No" please explain:	Not Applicable	Contact/Phone:	12026401127
		Vendor No.:	T32000608
		NV Business ID:	NV20263509488

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Various Agencies**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2026**
   Contract term: **29 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? 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):

   AD ASTRA
   DIVERSIDAD
   AVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/14/2026 12:05:17 PM
Division Approval	ldeloach	01/14/2026 12:05:20 PM
Department Approval	ldeloach	01/14/2026 12:05:22 PM
Contract Manager Approval	mgonza20	01/28/2026 09:53:30 AM
Budget Analyst Approval	lramire7	01/28/2026 10:55:13 AM
BOE Agenda Approval	mranki1	01/30/2026 09:56:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31802**

		Legal Entity Name:	Therapy Management Group LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Therapy Management Group LLC**
Agency Code:	**MSA**	Address:	**6465 West Sahara Avenue**
Appropriation Unit:	**9999 - All Categories**		**Suite 103**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89146**
If "No" please explain:	Not Applicable	Contact/Phone:	Mark James 702-595-5437
		Vendor No.:	T27023183
		NV Business ID:	NV20031166309

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Other funding	**100.00 %**	**Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17527

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

   Anticipated BOE meeting date 03/2026

   Retroactive? **Yes**

   If "Yes", please explain

This retro memo requests the contract with Therapy Management Group, LLC have a retroactive start date of February 1, 2026. This vendor currently provides services for over 750 children for The State of Nevada through Aging and Disability Services Division. Aging and Disability Services Division does not have the ability to find additional vendors for all of the children currently with Therapy Management Group, LLC. The delay was the result of communication and technical issues.

3. Termination Date: **01/31/2030**
   Contract term: **4 years**

4. Type of contract: **MSA**
   Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, audiology, case management, dietician-nutrition, early intervention, occupational therapy, physical therapy, speech pathology, and therapy and counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$25,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes

   a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

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	ldeloach	02/03/2026 08:20:17 AM
Division Approval	ldeloach	02/03/2026 08:20:20 AM
Department Approval	ldeloach	02/03/2026 08:20:23 AM
Contract Manager Approval	ascaffid	02/03/2026 08:35:52 AM
Budget Analyst Approval	lramire7	02/03/2026 09:02:00 AM
BOE Agenda Approval	mranki1	02/05/2026 08:35:59 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

William Taylor
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division
515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

February 2, 2026

To: Board of Examiners

Through: William Taylor, Administrator, Nevada State Purchasing

From: Amy Scaffidi, Management Analyst II

Subject: Therapy Management Group, LLC (CETS# 31802)

This retro memo requests the contract with Therapy Management Group, LLC have a retroactive start date of February 1, 2026. This vendor currently provides services for over 750 children for The State of Nevada through Aging and Disability Services Division. Aging and Disability Services Division does not have the ability to find additional vendors for all of the children currently with Therapy Management Group, LLC.

To provide some context as to the retroactive start date request, the delay resulted from a combination of factors involving communication and technical issues. Apparently, there have been some miscommunications between our agency and the vendor regarding the timeliness of their submission. The vendor reported difficulties accessing the eProcurement system to submit required information, which may have impacted their ability to complete required actions promptly. Additionally, we discovered today that some of the vendor's emails were inadvertently routed to our email quarantine, which prevented timely receipt and response on our end.

We recognize the importance of adhering to established timelines and are taking steps to prevent similar issues in the future, including reviewing our email filtering protocols and enhancing communication with the vendors regarding system access and submission requirements and utilizing using agencies to help communicate with the vendors, as required.

Should you require additional information please feel free to contact me at (775) 684-0199 or a.scaffidi@admin.nv.gov.

Thank you

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31726**

		Legal Entity Name:	U.S. Blue Raven Services, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**U.S. Blue Raven Services, LLC**
Agency Code:	**MSA**	Address:	**86 Hwy 53, Suite 110**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Dawsonville, GA 30534**
If "No" please explain:	Not Applicable	Contact/Phone:	Duane Clark 770-318-5626
		Vendor No.:	Pending
		NV Business ID:	NV20263515301

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Other funding	**100.00 %**	**Various**

Agency Reference #: 99SWC-S2989

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   Contract term: **4 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **Inmate Extradition**

5. Purpose of contract:

   This is a new contract to provide inter-state inmate transport.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**
   Other basis for payment: As Invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Nevada Courts order warrants for either new criminal activity or fugitives from justice. A Judge, District Attorney, or the Division of Parole and Probation establishes the scope of extradition for that offender. Regardless of where it happens, when an offender is apprehended within that scope, there is an obligation to return that offender to Nevada. The Interstate Commission of Adult Supervision (ICAOS) has established an Interstate compact Agreement obligating Nevada to extradite fugitives back to this state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The costs of transporting prisoners are significantly higher when State law enforcement agencies use their own officers and resources for transport. The State has neither the staff nor budget to provide its own extraditions.

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):

US Blue Raven Services
Security Transport Services, Inc
Blue Line Transport

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-S2989, and in accordance with NRS 333, this vendor was selected as part of a multi-award.

d. Last bid date: 08/07/2025 Anticipated re-bid date: 09/01/2029

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	ldeloach	01/21/2026 08:07:55 AM
Division Approval	ldeloach	01/21/2026 08:07:57 AM
Department Approval	ldeloach	01/21/2026 08:08:00 AM
Contract Manager Approval	jsmedes	01/23/2026 08:17:40 AM
Budget Analyst Approval	lramire7	01/29/2026 15:47:32 PM
BOE Agenda Approval	mranki1	02/05/2026 08:19:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31651**

		Legal Entity Name:	WORLDWIDE INTERPRETERS INC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**WORLDWIDE INTERPRETERS INC**
Agency Code:	**MSA**	Address:	**1322 SPACE PARK DRIVE**
Appropriation Unit:	**9999 - All Categories**		**SUITE C245**
Is budget authority available?:	**Yes**	City/State/Zip	**HOUSTON, TX 77058**
If "No" please explain:	Not Applicable	Contact/Phone:	JACQUELINE LOPEZ 886-967-5313
		Vendor No.:	Pending
		NV Business ID:	NV20263519175

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**VARIOUS AGENCIES**

Agency Reference #: 99SWC-S3538- MG

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years and 30 days**

4. Type of contract: **MSA**
   Contract description: **TRANSLATION & INTERP**

5. Purpose of contract:

   This is a new contract to provide sign language interpreting and document translation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   DIVERSIDAD LLC
   AD ASTRA INC
   ADVANTPAGE

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3538 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 10/27/2025 Anticipated re-bid date: 10/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	ldeloach	01/26/2026 13:03:41 PM
Division Approval	ldeloach	01/26/2026 13:03:44 PM
Department Approval	ldeloach	01/26/2026 13:03:46 PM
Contract Manager Approval	mgonza20	01/30/2026 09:42:46 AM
Budget Analyst Approval	lramire7	02/04/2026 08:49:30 AM
BOE Agenda Approval	mranki1	02/05/2026 08:25:13 AM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NLS GROUNDS MANAGEMENT LLC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$24,961	
	Contract Description:	This is a new contract to provide arborists and tree trimming services at the main entrance of the Decatur building and at the main entrance of the Sahara building.				
		Term of Contract:	01/22/2026 - 06/30/2026	Contract # 31412		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	OPPORTUNITY VILLAGE	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$11,885	
	Contract Description:	This is a new contract to provide janitorial services at the Mead building located in Las Vegas.				
		Term of Contract:	09/29/2025 - 01/31/2026	Contract # 31217		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SUMMIT PLUMBING CO., LLC	OTHER: BULDINGS AND GROUNDS RENTAL INCOME	$41,498	
	Contract Description:	This is a new contract to provide repairs to underground irrigation lines, restoring full irrigation functionality, and ensure system operates efficiently without leaks.				
		Term of Contract:	01/22/2026 - 01/01/2027	Contract # 31674		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SUMMIT LINE CONSTRUCTION, INC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$48,340	
	Contract Description:	This is a new contract to provide the replacement of an oil-filled transformer.				
		Term of Contract:	01/22/2026 - 06/30/2026	Contract # 31573		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE, L.L.P.	GENERAL	$30,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Health and Human Services), Safety Barriers Building 8A (NNCAS) CIP Project to include design and construction documents for the safety barriers at building 8A on the Northern Nevada Child and Adolescent Services site: CIP Project No. 25-M02-09; SPWD Contract No. 118370.				
		Term of Contract:	01/22/2026 - 06/30/2029	Contract # 31597		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	BONDS	$20,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Lovelock Correctional Center - Wastewater System Improvements CIP Project: CIP Project No. 23-M32; SPWD Contract No. 115883. This amendment increases the maximum amount from $275,100 to $295,100 due to additional permitting needed for well discharge testing.				
		Term of Contract:	11/14/2023 - 06/30/2027	Contract # 28301		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AFFINITI STUDIOS (LUONG) PLLC	GENERAL	$40,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Paving Program, Electric Vehicle Charging Stations CIP Project to include design development, construction documents, site investigations, and construction administration for the electric vehicle charging stations at the Mead parking garage at the McCarran Center: CIP Project No. 23-S05(12g); SPWD Contract No. 118419.				
		Term of Contract:	02/03/2026 - 06/30/2027	Contract # 31660		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JVC ASSOCIATES, INC.	GENERAL	$45,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide ADA Program, Boulder City Railroad Museum Exhibit Design CIP Project to include architectural, mechanical, plumbing, and electrical design services, and cost estimating for the design of ramps, signage, and viewing platforms at the outdoor railroad exhibition pavilion: CIP Project No. 25-S02-08; SPWD Contract No. 118361.				
		Term of Contract:	01/14/2026 - 06/30/2029	Contract # 31562		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT LLC	GENERAL 52% FEDERAL 48%	$50,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Re-Roof Combined Support Maintenance Shop 2 (NV Army Guard) CIP Project to include schematic design, design development, construction documents, drawings, bidding assistance, and construction administration for a new single-ply membrane roofing system at the Combined Support Maintenance Shop and Nevada National Guard building located in Carson City: CIP Project No. 25-S01g; SPWD Contract No. 118405.				
		Term of Contract:	01/22/2026 - 06/30/2029	Contract # 31610		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT LLC	BONDS	$24,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program (Fallon NDOW) Roofing Replacement CIP Project to include design development, construction documents, drawings, bidding services, and construction administration for a new single ply membrane roofing system: CIP Project No. 25-S01-8; SPWD Contract No. 118406.				
		Term of Contract:	02/03/2026 - 06/30/2029	Contract # 31623		

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 - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT LLC	BONDS	$17,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program, Cottage & Housing (NNAMHS) CIP Project to include design development, construction documents, drawings, bidding services, and construction administration for new roofing systems at the Northern Nevada Adult Mental Health Services campus, cottage buildings 0325, 0335, 0345, and group homes 8A, 8B, and 8C: CIP Project No. 25-S01-2; SPWD Contract No. 118409.				
		Term of Contract:	02/03/2026 - 06/30/2029	Contract # 31625		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT LLC	BONDS	$35,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program, Roofing (Emergency Operations Center) CIP Project to include schematic design, design development, construction documents, drawings, bidding services, and construction administration for a new single-ply membrane roofing system: CIP Project No. 25-S01-5; SPWD Contract No. 118408.				
		Term of Contract:	02/03/2026 - 06/30/2029	Contract # 31626		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TANEY ENGINEERING, LLC	HIGHWAY	$25,295	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Paving Program (Highway Funding) Pavement Preservation (Sahara DMV) CIP Project to include design development, construction documents, construction administration, and bidding services for the crack sealing, slurry sealing, and re-striping of the asphalt pavements: CIP Project No. 25-S05h-2; SPWD Contract No. 118423.				
		Term of Contract:	02/03/2026 - 06/30/2029	Contract # 31657		

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 - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	$13,154	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the McCarran Center Site Security CIP Project: CIP Project No. 23-C36-16B; SPWD Contract No. 117505. This amendment increases the maximum amount from $256,998.00 to $270,125.11 due to a State Fire Marshall plan review fee.				
		Term of Contract:	03/11/2025 - 06/30/2027	Contract # 30227		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	SGF ENGINEERING, LLC	GENERAL 75% BONDS 25%	$50,400	Professional Service
	Contract Description:	This is the second amendment to the original contract to provide provides professional architectural/engineering services for the EITS Data Center - Computer Room Cooling System Upgrade and the Uninterruptable Power Supply System CIP Projects: CIP Project Nos. 23-M03-1 & 23-M03-2; SPWD Contract No. 115886. This amendment increases the maximum amount from $272,500 to $322,900 due to redesign of the heating, ventilation, and air conditioning system to include humidification, integral exhaust fans, air distribution, and controls.				
		Term of Contract:	11/14/2023 - 06/30/2027	Contract # 28312		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD.	BONDS	$74,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Administration) Demolish Steam Tunnel & Piping (Stewart) CIP Project to include schematic design, design development, construction documents, bidding services, and construction administration for the demolition of the abandoned steam tunnels and piping at the Stewart Facility, and the replacement of damaged sidewalks and the installation of hydration station near Building 1: CIP Project No. 25-M03-9; SPWD Contract No. 118426.				
		Term of Contract:	02/03/2026 - 06/30/2029	Contract # 31658		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: AGENCY FUNDED CIP	$16,000	Professional Service
	Contract Description:	This is the fourth amendment to the original contract which provides professional architectural/engineering services for the College of Southern Nevada, Northwest Campus - Center for Excellence in Public Safety CIP Project: CIP Project No. 24-A008; SPWD Contract No. 116346. This amendment increases the maximum amount from $6,675,178.40 to $6,691,178.40 due to additional concept level documents for the general education building.				
		Term of Contract:	03/12/2024 - 06/30/2027	Contract # 28829		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	FRAME ARCHITECTURE, INC.	OTHER: AGENCY FUNDED CIP	$38,250	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the ADA Restroom & Flooring Upgrades Design Building 17 Stewart Facility CIP project to include civil, mechanical, and structural engineering services, bidding services, and construction administration for the remodel of four restrooms for ADA compliance and new flooring throughout the 41,826 square foot Building #17: CIP Project No. 26-A09; SPWD Contract No. 118377.				
		Term of Contract:	01/12/2026 - 06/30/2026	Contract # 31600		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	THE PENTA BUILDING GROUP, LLC	OTHER: AGENCY FUNDED CIP	$15,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides owner construction manager at-risk (CMAR) services for the College of Southern Nevada, Northwest - Center for Excellence in Public Safety CIP Project: CIP Project No. 24-A008; SPWD Contract No. 116495. This amendment increases the maximum amount from $379,486 to $394,486 due to additional CMAR preconstruction services for corresponding site and mechanical, electrical, and plumbing modifications.				
		Term of Contract:	05/14/2024 - 06/30/2027	Contract # 28938		
20.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	ORIGAMI RISK LLC	OTHER: PROPERTY CASUALTY PREMIUMS	$28,125	
	Contract Description:	This is the second amendment to the original contract which provides subscription-based software and support. This amendment increases the maximum amount from $510,003.50 to $538,128.50 due to the increased need for these services.				
		Term of Contract:	07/01/2021 - 06/30/2028	Contract # 24333		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	ELKO COUNTY SCHOOL DISTRICT	GENERAL	$60,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide the creation and implementation of the Nevada Educator Performance Framework training and the evaluator certification framework.				
		Term of Contract:	01/13/2026 - 12/01/2026	Contract # 31577		
22.	300	DEPARTMENT OF EDUCATION - GEAR UP	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	$20,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide an evaluation examining high school and first-year college student’s perceptions of college and career options.				
		Term of Contract:	01/28/2026 - 10/31/2026	Contract # 31542		
23.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	($13,500)	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides ongoing evaluations of the Quality Rating & Improvement System and facilitates annual early childhood research symposiums. This amendment reduces the maximum amount from $364,790 to $351,290 due to an overall decrease in the Child Care and Development Fund program funding.				
		Term of Contract:	04/14/2020 - 06/30/2026	Contract # 22922		
24.	333	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - NEVADA ARTS COUNCIL	JACKSON SHAW COMPANY	FEE: REGISTRATION 76% FEDERAL 24%	$20,938	
	Contract Description:	This is a new contract to provide a conference venue for the biannual State Arts Conference.				
		Term of Contract:	01/27/2026 - 06/30/2026	Contract # 31495		
25.	400	DEPARTMENT OF HUMAN SERVICES - DIRECTOR'S OFFICE - ADMINISTRATION	VIMO, INC.	GENERAL	$64,500	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides executive-level advisory and operational support to assess current operations and identify improvement options, with a particular focus on child welfare and related programs.				
		Term of Contract:	02/02/2026 - 04/12/2026	Contract # 31736		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ALARMCO, INC.	GENERAL	$29,617	Sole Source
	Contract Description:	This is a new contract to provide ongoing monitoring and maintenance services for existing alarm systems.				
		Term of Contract:	01/22/2026 - 06/30/2028	Contract # 31379		
27.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ANYTIME PLUMBING, LLC	GENERAL	$45,900	
	Contract Description:	This is a new contract to provide ongoing plumbing maintenance services.				
		Term of Contract:	01/30/2026 - 01/31/2028	Contract # 31712		
28.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	JOHNSON CONTROLS FIRE PROTECTION LIMITED PARTNERSHIP	GENERAL	$11,250	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17915 which provides security and fire protection services. This service agreement provides repair services for fire dampers.				
		Term of Contract:	01/22/2026 - 07/31/2028	Contract # 31334		
29.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NETSMART TECHNOLOGIES, INC.	GENERAL	$36,400	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides an onsite laboratory information services system that integrates with the existing electronic health record system, myAVATAR. This amendment increases the maximum amount from $1,007,149.81 to $1,043,549.81 due to a one-time support services cost.				
		Term of Contract:	08/14/2018 - 06/30/2026	Contract # 20208		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ARC GENERATOR SERVICE	GENERAL	$99,000	
	Contract Description:	This is a new contract to provide maintenance services to the back-up generators for Northern Nevada Adult Mental Health Services and Lakes Crossing Center.				
		Term of Contract:	12/01/2025 - 12/31/2029	Contract # 31256		
31.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	HERO ENVIRONMENTAL LLC	GENERAL	$25,000	
	Contract Description:	This is a new contract to provide ongoing biohazard clean up at Northern Nevada Adult Mental Health Services and Lakes Crossing Center.				
		Term of Contract:	01/22/2026 - 02/28/2030	Contract # 31404		
32.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	NEVADA PUBLIC HEALTH FOUNDATION, INC.	FEDERAL	$50,172	
	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 conference support for the Rural Preparedness Summit.				
		Term of Contract:	01/22/2026 - 06/30/2026	Contract # 31551		
33.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	SYDION, LLC	FEDERAL	$16,396	
	Contract Description:	This is a new contract to provide ongoing medical equipment and pharmaceutical inventory management.				
		Term of Contract:	02/03/2026 - 12/31/2030	Contract # 31068		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS	STOREY COUNTY	GENERAL	$19,040	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing public health services.				
		Term of Contract:	01/16/2026 - 06/30/2027	Contract # 30776		
35.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	SIMPLE LEARNING SYSTEMS	FEDERAL	$30,000	Sole Source
	Contract Description:	This is a new contract to provide updates to the mandated reporter training modules and create versions of the training in multiple foreign languages.				
		Term of Contract:	01/23/2026 - 12/31/2029	Contract # 31413		
36.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	HARMONY FAMILY CENTER	GENERAL	$48,000	
	Contract Description:	This is a new contract to provide ongoing federally mandated visitation and reporting for Nevada youth placed in out-of-state residential treatment facilities.				
		Term of Contract:	03/01/2026 - 03/30/2030	Contract # 31514		
37.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	SOLIX, INC.	FEDERAL	$90,252	
	Contract Description:	This is a new contract to provide cost allocation and random moment time study services.				
		Term of Contract:	12/15/2025 - 12/31/2026	Contract # 31596		
38.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DIRECT MOBILE IMAGING, LLC	GENERAL 55% FEDERAL 45%	$17,391	
	Contract Description:	This is a new contract to provide ongoing medical imaging and diagnostic services.				
		Term of Contract:	03/01/2026 - 02/28/2030	Contract # 31431		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	412	NEVADA HEALTH AUTHORITY - DIVISION OF PURCHASING AND COMPLIANCE - HEALTH CARE FACILITY REGULATION	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES	FEE: LICENSING	$29,040	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing access to the Aithent Licensing System to the Division of Social Services to give the division access to perform inspections of healthcare provider licenses.				
		Term of Contract:	07/01/2025 - 03/31/2028	Contract # 31604		
40.	416	PUBLIC EMPLOYEES' BENEFITS PROGRAM	EIDE BAILLY LLP	FEE: PREMIUM AND SUBSIDY REVENUE	$30,750	
	Contract Description:	This is the first amendment to the original contract which provides ongoing annual financial, compliance and performance audit services. This amendment increases the maximum amount from $386,500 to $417,250 due to the addition of two new schedules to be audited.				
		Term of Contract:	07/11/2023 - 12/31/2026	Contract # 27703		
41.	431	OFFICE OF THE MILITARY	ARC GENERATOR SERVICE	GENERAL 50% FEDERAL 50%	$15,758	
	Contract Description:	This is a new contract to provide the replacement of a generator fuel transfer pump at the Office of the Adjutant General.				
		Term of Contract:	01/26/2026 - 01/02/2028	Contract # 31675		
42.	431	OFFICE OF THE MILITARY	ARC GENERATOR SERVICE	FEDERAL	$15,411	
	Contract Description:	This is a new contract to provide the replacement of a generator fuel transfer pump at the United States Property and Fiscal Office.				
		Term of Contract:	01/26/2026 - 01/02/2028	Contract # 31676		
43.	431	OFFICE OF THE MILITARY - EMERGENCY OPERATIONS CENTER	AMERICAN LAWN AND LANDSCAPING, LLC	OTHER: BUILDING RENT	$61,875	
	Contract Description:	This is a new contract to provide landscaping services.				
		Term of Contract:	02/06/2026 - 06/30/2027	Contract # 31110		
44.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	JOYCE ELAINE BRIDSCHGE	GENERAL	$21,250	
	Contract Description:	This is a new contract to provide auditing services of the Prison Rape Elimination Act for Ely State Prison, Pioche Conservation Camp, Stewart Conservation Camp, and Northern Nevada Transitional Housing facilities.				
		Term of Contract:	01/27/2026 - 06/30/2026	Contract # 31653		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	CDW GOVERNMENT LLC	OTHER: GOWINN GRANT	($10,818)	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV21-8313 which provides computer equipment peripherals. This service agreement provides network installation at Casa Grande Transitional Housing, Jean Conservation Camp, and Florence McClure Women Correctional Center. This amendment reduces the maximum amount from $45,869 to $35,051 due to the removal of Jean Conservation Camp from the scope of work.				
		Term of Contract:	08/08/2025 - 08/31/2026	Contract # 30973		
46.	550	STATE DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	STOUT ELECTRIC	FEDERAL	$500	
	Contract Description:	This is the first amendment to the original contract which provides electrical installation at the food warehouse in Las Vegas. This amendment extends the termination date from January 31, 2026 to January 31, 2027 and increases the maximum amount from $9,555 to $10,055 due to the addition of disconnecting and reconnecting forklift chargers.				
		Term of Contract:	08/06/2025 - 01/31/2027	Contract # 30902		
47.	653	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	$27,589	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides online access to the ZeroFox Physical Intelligence portal to assist with criminal and terrorism-based investigations.				
		Term of Contract:	02/06/2026 - 02/28/2027	Contract # 31759		
48.	653	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION	INSIGHT PUBLIC SECTOR, INC.	FEDERAL	$12,046	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software value-added resources. This service agreement provides online access to the Fog Data Science portal to assist with criminal and terrorism-based investigations.				
		Term of Contract:	01/26/2026 - 12/31/2026	Contract # 31617		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	654	GOVERNOR'S OFFICE - OFFICE OF EMERGENCY MANAGEMENT	FIRETREX INC	FEDERAL	$36,000	Sole Source
	Contract Description:	This is a new contract to provide annual maintenance, hosting, and technical support for the Statewide Credential and Learning Management System.				
		Term of Contract:	01/13/2026 - 12/31/2029	Contract # 31652		
50.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - FEDERAL PROGRAMS-NON-EXEC	SIERRA PEAKS ENTERPRISES, LLC	FEDERAL	$24,200	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-8445 which provides fire fuels reduction and vegetation management services. This service agreement provides tree removal at Mormon Station State Park.				
		Term of Contract:	01/25/2026 - 02/25/2026	Contract # 31670		
51.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	WEDDINGS AND EVENTS BY EMILY, LLC	OTHER: REVENUE	$25,000	
	Contract Description:	This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.				
		Term of Contract:	02/05/2026 - 03/31/2028	Contract # 31799		
52.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	NEVADA CHILLER AND BOILER INC	OTHER: UTILITY SURCHARGE	$12,000	
	Contract Description:	This is the first amendment to the original contract which provides boiler replacement and maintenance at Tahoe Region State Parks. This amendment increases the maximum amount from $30,000 to $42,000 due to additional work that is needed to ensure system use.				
		Term of Contract:	06/24/2025 - 06/30/2028	Contract # 30502		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	SIERRA PEAKS ENTERPRISES LLC	FEE: USER FEE OVERAGE	$11,400	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-8445 which provides fire fuels reduction and vegetation management services. This service agreement provides tree removal at Rye Patch State Park.				
		Term of Contract:	02/05/2026 - 03/31/2026	Contract # 31750		
54.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	WALKER RIVER MECHANICAL GROUP	FEE: USER FEE OVERAGE	$80,000	
	Contract Description:	This is a new contract to provide on heating, ventilation, and air conditioning systems services for all Western Region State Parks.				
		Term of Contract:	01/16/2026 - 01/31/2029	Contract # 31549		
55.	705	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	HOLDS WATER LLC	GENERAL	$73,500	Professional Service
	Contract Description:	This is a new contract to provide consulting and evaluation services for the permit process.				
		Term of Contract:	01/28/2026 - 06/30/2026	Contract # 31735		
56.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	CLARK COUNTY FIRE DEPARTMENT	OTHER: REVENUE	$21,770	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2025 - 06/30/2027	Contract # 30849		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
57.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE	$10,254	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2025 - 06/30/2027	Contract # 30875		
58.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE INSOLVENCY FUND-NON-EXEC	NEVADA ALTERNATIVE SOLUTIONS, INC.	FEE: WORKER'S COMPENSATION INSOLVENCY FUND	$20,000	
	Contract Description:	This is a new contract to provide ongoing claims administration of insolvent self-insured employers and associations.				
		Term of Contract:	01/21/2026 - 04/30/2026	Contract # 31669		
59.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS	FAIR HEALTH, INC.	OTHER: WORKER’S COMPENSATION	$44,700	
	Contract Description:	This is a new contract to provide a study relating to Nevada Workers Compensation Medical Fee Schedule Study services.				
		Term of Contract:	01/21/2026 - 12/31/2026	Contract # 31544		
60.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	BLACKACRE MEDIATION SERVICES, LLC	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31518		
61.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	BLACKACRE MEDIATION SERVICES, LLC	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing referee and arbitrator services.				
		Term of Contract:	01/12/2026 - 01/12/2030	Contract # 31523		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
62.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E. LOWREY, PLLC	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31519		
63.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E. LOWREY, PLLC	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing referee and arbitrator services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31524		
64.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	JANET TROST	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31517		
65.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	JANET TROST	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing referee and arbitrator services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31522		
66.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	YAN ZHANG	FEE: LICENSING AND ADMINISTRATIVE	$53,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	01/20/2026 - 01/12/2030	Contract # 31521		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	SAN DIEGO STATE UNIVERSITY FOUNDATION	GENERAL 21.3% FEDERAL 78.7%	$70,098	
	Contract Description:	This is a new contract to provide ongoing technical assistance for the completion of the Statewide Needs Assessment.				
		Term of Contract:	02/04/2026 - 10/31/2029	Contract # 31395		
68.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	ALL-AMERICAN FENCE CO INC	OTHER: PENALTIES	$37,000	
	Contract Description:	This is a new contract to provide an iron fence at the St. Louis Avenue location in Las Vegas, Nevada.				
		Term of Contract:	01/21/2026 - 01/08/2027	Contract # 31690		
69.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	ESTIPONA GROUP	FEDERAL	$97,500	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing and education services. This service agreement provides a marketing campaign for the unemployment insurance website redesign. This amendment extends the termination date from March 31, 2026 to June 30, 2027 and increases the maximum amount from $1,202,883.92 to $1,300,383.92 due to the continued need for these services.				
		Term of Contract:	03/11/2025 - 06/30/2027	Contract # 30155		
70.	B001	LICENSING BOARDS AND COMMISSIONS - ACCOUNTANCY	CASEY NEILON, INC.	FEE: LICENSURE	$22,750	
	Contract Description:	This is the first amendment to the original contract which provides financial statement audits. This amendment increases the maximum amount from $47,300 to $70,050 due to the addition of the 2026 financial statement audit.				
		Term of Contract:	12/19/2022 - 12/31/2026	Contract # 27001		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION	FEE: LICENSURE	$90,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	01/29/2026 - 12/31/2027	Contract # 31705		
72.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	THE FERRARO GROUP, LTD	FEE: LICENSURE	$96,000	
	Contract Description:	This is a new contract to provide government relations services.				
		Term of Contract:	01/13/2026 - 12/31/2027	Contract # 31641		
73.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	COLLEEN PLATT DBA PLATT LAW GROUP	FEE: LICENSURE	$45,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	02/03/2026 - 12/31/2027	Contract # 31778		
74.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	SUMMIT GOVERNMENT AFFAIRS, LTD.	FEE: LICENSURE	$40,000	
	Contract Description:	This is a new contract to provide government relations services.				
		Term of Contract:	01/30/2026 - 12/31/2027	Contract # 31757		
75.	B038	LICENSING BOARDS AND COMMISSIONS - APPLIED BEHAVIOR ANALYSIS	CONNIE CHRISTIANSEN	FEE: LICENSURE	$12,600	Professional Service
	Contract Description:	This is a new contract to provide professional accounting services for the audit of financial statements.				
		Term of Contract:	10/01/2025 - 09/30/2027	Contract # 31662		
76.	B038	LICENSING BOARDS AND COMMISSIONS - APPLIED BEHAVIOR ANALYSIS	NUMBERS INC.	FEE: LICENSURE	$20,000	
	Contract Description:	This is a new contract to provide ongoing bookkeeping and payroll services.				
		Term of Contract:	10/01/2025 - 09/30/2027	Contract # 31663		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31412**

		Legal Entity Name:	NLS GROUNDS MANAGEMENT LLC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**NLS GROUNDS MANAGEMENT LLC.**
Agency Code:	**082**	Address:	**8630 Cameron Street**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89139**
If "No" please explain:	Not Applicable	Contact/Phone:	James Neville 702/259-6408
		Vendor No.:	T32004426
		NV Business ID:	NV20101873551

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **158 days**

4. Type of contract: **Contract**
   Contract description: **DMV Planters**

5. Purpose of contract:
   This is a new contract to provide arborists and tree trimming services at the main entrance of the Decatur building and at the main entrance of the Sahara building.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,961.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   This service will provide ongoing arborists/tree trimming services as needed and approved by Buildings and Grounds. Service is needed to manage the care and health of all trees on State-owned properties. Tree removal may be necessary to eliminate potential hazards.

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? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation 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	tbeaureg	11/20/2025 15:44:48 PM
Division Approval	rmill30	11/26/2025 15:56:06 PM
Department Approval	rmill30	11/26/2025 15:56:09 PM
Contract Manager Approval	ssands	01/14/2026 11:55:26 AM
Budget Analyst Approval	bmacke1	01/22/2026 10:05:49 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31217**

		Legal Entity Name:	OPPORTUNITY VILLAGE
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**OPPORTUNITY VILLAGE**
Agency Code:	**082**	Address:	**6050 S BUFFALO DR**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, nv 89113-2154**
If "No" please explain:	Not Applicable	Contact/Phone:	Dawn Erickson 702-880-4069
		Vendor No.:	PUR0005506
		NV Business ID:	NV19541000506

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2025**
   Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

Administrative Services Divisions was delayed in processing this contract timely necessitating the start of the janitorial services prior to the approval of this amendment by the Board. Health and safety requirements needed these janitorial services to begin on September 29, 2025, as this building had no vendor to complete this task. Buildings and Grounds does not have the capacity to perform these services in house and engages vendors to provide this service.

3. Termination Date: **01/31/2026**
   Contract term: **124 days**
4. Type of contract: **Contract**
   Contract description: **Op Village Mead**
5. Purpose of contract:

This is a new contract to provide janitorial services at the Mead building located in Las Vegas.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,884.68**

II. JUSTIFICATION

7. What conditions require that this work be done?

Regular janitorial services are required to maintain a clean, sanitary, and safe environment at the Mead Building to ensure the health and safety of State employees and the public. The Buildings and Grounds Division does not have sufficient in-house staffing to perform these services and must therefore contract with a qualified vendor to meet these needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Buildings and Grounds Division does not have sufficient staffing levels to provide the necessary janitorial services at the Mead Building. Current personnel resources are fully dedicated to maintaining other State facilities, and additional staffing is not available to absorb these responsibilities without negatively impacting existing operations.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Preferred Purchase Vendor. The Program is authorized by NRS 332.117, NRS 333.375 and NRS 334.025 for the purpose of expanding employment opportunities for individuals with disabilities.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 2014 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:

    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	tbeaureg	10/15/2025 09:44:57 AM
Division Approval	rmill30	12/04/2025 14:47:22 PM
Department Approval	rmill30	12/04/2025 14:47:25 PM
Contract Manager Approval	ssands	01/14/2026 10:12:18 AM
Budget Analyst Approval	bmacke1	01/22/2026 16:34:19 PM

Joe Lombardo
Governor

Joy Grimmer
Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

Las Vegas Office:
7115 Amigo St, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-5115

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

MEMORANDUM

Date: January 7, 2026

To: Board of Examiner's

From: Kent Choma, Deputy Administrator

Subject: Retroactive Contract Service Agreement for Janitorial Services, Mead Building, Opportunity Village

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The attached contract with Opportunity Village is to provide janitorial services for the Mead Building until the Amendment with Xcel Maintenance 29667 is approved.

Administrative Services Divisions was delayed in processing this contract timely necessitating the start of the janitorial services prior to the approval of this amendment by the Board. Health and safety requirements needed these janitorial services to begin on September 29, 2025, as this building had no vendor to complete this task. Buildings and Grounds does not have the capacity to perform these services in house and engages vendors to provide this service.

On behalf of State Public Works, Buildings and Grounds, I am requesting approval to proceed with this 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: **31674**

		Legal Entity Name:	SUMMIT PLUMBING CO., LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SUMMIT PLUMBING CO., LLC**
Agency Code:	**082**	Address:	**1749 Timber Court**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**GARDNERVILLE, NV 89410**
If "No" please explain:	Not Applicable	Contact/Phone:	775/267-9987
		Vendor No.:	T29008376
		NV Business ID:	NV19991021762

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buldings and Grounds Rental Income**

Agency Reference #: CAT14-FY26-023

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/01/2027**
   Contract term: **344 days**
4. Type of contract: **Contract**
   Contract description: **Repair Irrigation**
5. Purpose of contract:

This is a new contract to provide repairs to underground irrigation line, restoring full irrigation functionality, and ensure system operates efficiently without leaks.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$41,498.00**
   Other basis for payment: CAT14-FY26-023

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a request for a CAT14-FY26-023 contract with Summit Plumbing Co. LLC in the amount of $41,498.00 to repair 8" underground irrigation line restoring full irrigation functionality and ensure system operates efficiently without leaks. This project is located within the boundaries of Washoe Tribal Land situated along Clear Creek Road. (FY26-$4 l ,498.00)

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower or equipment needed to facilitate this CAT14-FY26-023 project

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Hoffman Plumbing
Savage and Son
Summit Plumbing

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

best price for the job

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	tbeaureg	01/08/2026 16:11:06 PM
Division Approval	rmill30	01/09/2026 13:51:21 PM
Department Approval	rmill30	01/09/2026 13:51:23 PM
Contract Manager Approval	ssands	01/13/2026 13:36:49 PM
Budget Analyst Approval	bmacke1	01/22/2026 09:41:51 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: **31573**

		Legal Entity Name:	Summit Line Construction, Inc
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**Summit Line Construction, Inc**
Agency Code:	**082**	Address:	**1465 W 4th Street**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89503**
If "No" please explain:	Not Applicable	Contact/Phone:	Robert Watters 775-329-0407
		Vendor No.:	T32014662
		NV Business ID:	NV20101542616

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Buildings and Grounds Rental Income CAT14-FY26-021**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **158 days**

4. Type of contract: **Contract**
   Contract description: **Transformer**

5. Purpose of contract:
   This is a new contract to install a new or refurbished oil-filled transformer to replace existing defective transformer.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$48,339.67**
   Other basis for payment: CAT14-FY26-021

II. JUSTIFICATION

7. What conditions require that this work be done?
   This is a CAT14 project to install a new or refurbished oil-filled transformer to replace existing defective transformer. These transformers protect against overheating, electrical breakdown and extend efficiency and reliable performance.

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 and expertise to facilitate this project.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Nelson Electric
Summit Line Construction

Triumph Electric

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	12/16/2025 13:22:11 PM
Division Approval	rmill30	12/22/2025 13:27:11 PM
Department Approval	rmill30	12/22/2025 13:27:14 PM
Contract Manager Approval	ssands	01/16/2026 08:27:54 AM
Budget Analyst Approval	bmacke1	01/22/2026 09:23:30 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31597**

		Legal Entity Name:	BERGER HANNAFIN ARCHITECTURE, L.L.P.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**BERGER HANNAFIN ARCHITECTURE, L.L.P.**
Agency Code:	**082**	Address:	**312 W. THIRD ST.**
Appropriation Unit:	**1535-58**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	755-882-6455
		Vendor No.:	T29045612
		NV Business ID:	NV20101506066

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118370

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 159 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 Facility Maintenance (Department of Health and Human Services), Safety Barriers Building 8A (NNCAS) CIP Project to include design documents and construction documents for the safety barriers at building 8A on the Northern Nevada Child and Adolescent Services site: CIP Project No. 25-M02-09; SPWD Contract No. 118370.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$30,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 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:

Alex Malm, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/29/2025 14:02:16 PM
Division Approval	nmann	12/29/2025 14:02:18 PM
Department Approval	nmann	12/29/2025 14:02:20 PM
Contract Manager Approval	lwildes	01/05/2026 09:18:57 AM
Budget Analyst Approval	bmacke1	01/22/2026 14:44:51 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: **28301**

Amendment Number: **2**

Legal Entity Name: LUMOS & ASSOCIATES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **LUMOS & ASSOCIATES, INC.**

Agency Code: **082**

Address: **950 SANDHILL RD., STE. 100**

Appropriation Unit: **1550-42**

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: 775-883-7077

Vendor No.: T80912843

NV Business ID: NV19791006982

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %
Federal Funds	0.00 %	**X**	Bonds	**100.00 %**
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 115883

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 228 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 Lovelock Correctional Center - Wastewater System Improvements CIP: CIP Project No. 23-M32; SPWD Contract No. 115883. This amendment increases the maximum amount from $275,100 to $295,100 due to additional permitting needed for well discharge testing.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$274,500.00	$274,500.00	$274,500.00	Yes - Action
	a. Amendment 1:	$600.00	$600.00	$600.00	No
2.	Amount of current amendment (#2):	$20,000.00	$20,600.00	$20,600.00	Yes - Info
3.	New maximum contract amount:	$295,100.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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	01/14/2026 18:00:16 PM
Division Approval	nmann	01/14/2026 18:00:18 PM
Department Approval	nmann	01/14/2026 18:00:20 PM
Contract Manager Approval	lwildes	01/15/2026 08:29:02 AM
Budget Analyst Approval	bmacke1	01/22/2026 14:48:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31660**

		Legal Entity Name:	AFFINITI STUDIOS (LUONG) PLLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**AFFINITI STUDIOS (LUONG) PLLC**
Agency Code:	**082**	Address:	**6040 S. DURANGO DR. STE. 110**
Appropriation Unit:	**1585-80**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89113**
If "No" please explain:	Not Applicable	Contact/Phone:	702-338-2612
		Vendor No.:	T29047371
		NV Business ID:	NV20171098536

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118419

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 146 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 Statewide Paving Program, Electric Vehicle Charging Stations CIP Project to include design development, construction documents, site investigations, and construction administration for the electric vehicle charging stations at the Mead parking garage at the McCarran Center: CIP Project No. 23-S05(12g); SPWD Contract No. 118419.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$40,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Markus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/20/2026 16:05:08 PM
Division Approval	nmann	01/20/2026 16:05:10 PM
Department Approval	nmann	01/20/2026 16:05:12 PM
Contract Manager Approval	lwildes	01/21/2026 08:44:47 AM
Budget Analyst Approval	bmacke1	02/03/2026 17:22:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31562**

		Legal Entity Name:	JVC ASSOCIATES, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**JVC ASSOCIATES, INC.**
Agency Code:	**082**	Address:	**5385 CAMERON ST., STE. 15**
Appropriation Unit:	**1585-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118-6257**
If "No" please explain:	Not Applicable	Contact/Phone:	702-871-3416
		Vendor No.:	T27007825
		NV Business ID:	NV19931066659

To what State Fiscal Year(s) will the contract be charged? **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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118361

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2026**
   Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 167 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 Statewide ADA Program, Boulder City Railroad Museum Exhibit Design CIP Project to include architectural, mechanical, plumbing, and electrical design services, as well as cost estimating for the design of ramps, signage, and viewing platforms at the outdoor railroad exhibition pavilion: CIP Project No. 25-S02-08; SPWD Contract No. 118361.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$45,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Mike Rife, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/29/2025 10:46:50 AM
Division Approval	nmann	12/29/2025 10:46:52 AM
Department Approval	nmann	12/29/2025 10:46:53 AM
Contract Manager Approval	lwildes	01/05/2026 08:53:53 AM
Budget Analyst Approval	bmacke1	01/14/2026 14:27:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31610**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**1575 DELUCCHI LN., STE. 120**
Appropriation Unit:	**1585-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-6581**
If "No" please explain:	Not Applicable	Contact/Phone:	775-842-0261
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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.

X	General Funds	**52.00 %**	Fees	0.00 %
X	Federal Funds	**48.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 082

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 159 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 Re-Roof Combined Support Maintenance Shop 2 (NV Army Guard) CIP Project to include schematic design, design development, construction documents, drawings, bidding assistance, and construction administration for a new single-ply membrane roofing system at the Combined Support Maintenance Shop and Nevada National Guard building located in Carson City: CIP Project No. 25-S01g; SPWD Contract No. 118405.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$50,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/14/2026 17:43:09 PM
Division Approval	nmann	01/14/2026 17:43:11 PM
Department Approval	nmann	01/14/2026 17:43:13 PM
Contract Manager Approval	lwildes	01/15/2026 08:05:30 AM
Budget Analyst Approval	bmacke1	01/22/2026 16:06:13 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: **31623**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**1575 DELUCCHI LN., STE. 120**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-6581**
If "No" please explain:	Not Applicable	Contact/Phone:	775-842-0261
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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 %
Federal Funds	0.00 %	**X**	Bonds	**100.00 %**
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118406

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 147 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 Statewide Roofing Program (Fallon NDOW) Roofing Replacement CIP Project to include design development, construction documents, drawings, bidding services, and construction administration for a new single ply membrane roofing system at the Nevada Department of Wildlife Headquarters located in Fallon: CIP Project No. 25-S01-8; SPWD Contract No. 118406.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/16/2026 17:37:35 PM
Division Approval	nmann	01/16/2026 17:37:37 PM
Department Approval	nmann	01/16/2026 17:37:39 PM
Contract Manager Approval	lwildes	01/20/2026 09:29:38 AM
Budget Analyst Approval	bmacke1	02/03/2026 17:10:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31625**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**1575 DELUCCHI LN., STE. 120**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-6581**
If "No" please explain:	Not Applicable	Contact/Phone:	775-842-0261
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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 %
Federal Funds	0.00 %	**X**	Bonds	**100.00 %**
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118409

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 147 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 Statewide Roofing Program, Cottage & Housing (NNAMHS) CIP Project to include design development, construction documents, drawings, bidding services, and construction administration for new roofing systems at the Northern Nevada Adult Mental Health Services campus, cottage buildings 0325, 0335, 0345, and group homes 8A, 8B, and 8C: CIP Project No. 25-S01-2; SPWD Contract No. 118409.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$17,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/16/2026 18:01:20 PM
Division Approval	nmann	01/16/2026 18:01:23 PM
Department Approval	nmann	01/16/2026 18:01:26 PM
Contract Manager Approval	lwildes	01/20/2026 13:45:21 PM
Budget Analyst Approval	bmacke1	02/03/2026 17:06:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31626**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**1575 DELUCCHI LN., STE. 120**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-6581**
If "No" please explain:	Not Applicable	Contact/Phone:	775-842-0261
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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 %
Federal Funds	0.00 %	**X**	Bonds	**100.00 %**
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118408

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 147 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 Statewide Roofing Program, Roofing (Emergency Operations Center) CIP Project to include schematic design, design development, construction documents, drawings, bidding services, and construction administration for a new single-ply membrane roofing system at the Emergency Operations Building in Carson City: CIP Project No. 25-S01-5; SPWD Contract No. 118408.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$35,000.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/16/2026 18:32:00 PM
Division Approval	nmann	01/16/2026 18:32:03 PM
Department Approval	nmann	01/16/2026 18:32:04 PM
Contract Manager Approval	lwildes	01/20/2026 13:45:59 PM
Budget Analyst Approval	bmacke1	02/03/2026 17:02:11 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: **31657**

		Legal Entity Name:	TANEY ENGINEERING, LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**TANEY ENGINEERING, LLC**
Agency Code:	**082**	Address:	**6030 S. JONES BLVD. STE. 100**
Appropriation Unit:	**1585-17**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118-2659**
If "No" please explain:	Not Applicable	Contact/Phone:	702-362-8844
		Vendor No.:	T32006658
		NV Business ID:	NV20232732519

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 %
	Federal Funds	0.00 %		Bonds	0.00 %
X	Highway Funds	**100.00 %**		Other funding	0.00 %

Agency Reference #: 118423

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**

Contract term: **3 years and 147 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 Statewide Paving Program (Highway Funding) Pavement Preservation (Sahara DMV) CIP Project to include design development, construction documents, construction administration, and bidding services for the crack sealing, slurry sealing, and re-stripping of the asphalt pavements at the Sahara facility: CIP Project No. 25-S05h-2; SPWD Contract No. 118423.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$25,295.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Mikayla Miller, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/16/2026 18:45:34 PM
Division Approval	nmann	01/16/2026 18:45:36 PM
Department Approval	nmann	01/16/2026 18:45:39 PM
Contract Manager Approval	lwildes	01/20/2026 13:46:46 PM
Budget Analyst Approval	bmacke1	02/03/2026 16:56:19 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30227**

Amendment Number: **3**

Legal Entity Name: CARPENTER SELLERS DEL GATTO ARCHITECTS, PC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Agency Code: **082**

Address: **8882 SPANISH RIDGE AVE.**

Appropriation Unit: **1594-35**

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? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 117505

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **2 years and 111 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 McCarran Center Site Security CIP: CIP Project No. 23-C36-16B; SPWD Contract No. 117505. This amendment increases the maximum amount from $256,998.00 to $270,125.11 due to a State Fire Marshall plan review fee.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$137,000.00	$137,000.00	$137,000.00	Yes - Action
	a. Amendment 1:	$94,048.00	$94,048.00	$94,048.00	Yes - Info
	b. Amendment 2:	$25,950.00	$25,950.00	$119,998.00	Yes - Action
2.	Amount of current amendment (#3):	$13,154.11	$13,154.11	$13,154.11	Yes - Info
3.	New maximum contract amount:	$270,152.11			

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. Soliciation 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	12/29/2025 14:37:28 PM
Division Approval	nmann	12/29/2025 14:37:30 PM
Department Approval	nmann	12/29/2025 14:37:33 PM
Contract Manager Approval	lwildes	01/05/2026 09:45:23 AM
Budget Analyst Approval	bmacke1	01/22/2026 14:24:31 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: **28312**

Amendment Number: **2**

Legal Entity Name: SGF ENGINEERING, LLC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **SGF ENGINEERING, LLC**

Agency Code: **082**

Address: **9500 PROTOTYPE COURT**

Appropriation Unit: **1594-37**

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89521-2989**

If "No" please explain: Not Applicable

Contact/Phone: 775-591-4123

Vendor No.: T27042760

NV Business ID: NV20181807757

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**75.00 %**		Fees	0.00 %
	Federal Funds	0.00 %	**X**	Bonds	**25.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 115886

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 228 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract to provide provides professional architectural/engineering services for the EITS Data Center - Computer Room Cooling System Upgrade and the Uninterruptable Power Supply System CIP Projects: CIP Project Nos. 23-M03-1 & 23-M03-2; SPWD Contract No. 115886. This amendment increases the maximum amount of $272,500 to $322,900 due to redesign of the heating, ventilation, and air conditioning system to include humidification, integral exhaust fans, air distribution, and DDC controls.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$234,700.00	$234,700.00	$234,700.00	Yes - Action
	a. Amendment 1:	$37,800.00	$37,800.00	$37,800.00	Yes - Info
2.	Amount of current amendment (#2):	$50,400.00	$50,400.00	$88,200.00	Yes - Info
3.	New maximum contract amount:	$322,900.00			

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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

   c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/20/2026 17:29:15 PM
Division Approval	nmann	01/20/2026 17:29:17 PM
Department Approval	nmann	01/20/2026 17:29:20 PM
Contract Manager Approval	lwildes	01/21/2026 08:19:43 AM
Budget Analyst Approval	bmacke1	02/02/2026 16:38:43 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: **31658**

		Legal Entity Name:	SHAW ENGINEERING, LTD.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SHAW ENGINEERING, LTD.**
Agency Code:	**082**	Address:	**20 VINE ST.**
Appropriation Unit:	**1594-46**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89503-5520**
If "No" please explain:	Not Applicable	Contact/Phone:	775-329-5559
		Vendor No.:	T27036374
		NV Business ID:	NV19951060977

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 %
Federal Funds	0.00 %	**X**	Bonds	**100.00 %**
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118426

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 147 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 Facility Maintenance (Department of Administration) Demolish Steam Tunnel & Piping (Stewart) CIP Project to include schematic design, design development, construction documents, bidding services, and construction administration for the demolition of the abandoned steam tunnels and piping at the Stewart Facility, as well as the replacement of damaged sidewalks and the installation of hydration station near Building 1: CIP Project No. 25-M03-9; SPWD Contract No. 118426.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$74,500.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 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. Soliciation 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 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:

    Ian Kono, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	01/16/2026 18:58:49 PM
Division Approval	nmann	01/16/2026 18:58:51 PM
Department Approval	nmann	01/16/2026 18:58:53 PM
Contract Manager Approval	lwildes	01/20/2026 13:47:18 PM
Budget Analyst Approval	bmacke1	02/03/2026 16:44:45 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: **28829**

Amendment Number: **4**

Legal Entity Name: CARPENTER SELLERS DEL GATTO ARCHITECTS, PC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Agency Code: **082**

Address: **8882 SPANISH RIDGE AVE.**

Appropriation Unit: **All Appropriations**

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.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency Funded CIP**

Agency Reference #: 116346

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 03/2026

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 fourth amendment to the original contract which provides professional architectural/engineering services for the College of Southern Nevada, Northwest Campus - Center for Excellence in Public Safety CIP Project: CIP Project No. 24-A008; SPWD Contract No. 116346. This amendment increases the maximum amount from $6,675,178.40 to $6,691,178.40 due to additional concept level documents for the general education building.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$3,224,834.00	$3,224,834.00	$3,224,834.00	Yes - Action
	a. Amendment 1:	$3,380,155.40	$3,380,155.40	$3,380,155.40	Yes - Action
	b. Amendment 2:	$45,700.00	$45,700.00	$45,700.00	Yes - Info
	c. Amendment 3:	$24,489.00	$24,489.00	$70,189.00	Yes - Info
2.	Amount of current amendment (#4):	$16,000.00	$16,000.00	$86,189.00	Yes - Info
3.	New maximum contract amount:	$6,691,178.40			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Board of Regents of the Nevada System of Higher Education on behalf of the College of Southern Nevada

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. Soliciation 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	12/29/2025 09:24:54 AM
Division Approval	nmann	12/29/2025 09:24:56 AM
Department Approval	nmann	12/29/2025 09:24:59 AM

Contract Manager Approval	lwildes	01/05/2026 08:38:12 AM
Budget Analyst Approval	bmacke1	02/02/2026 10:03:26 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: **31600**

		Legal Entity Name:	FRAME ARCHITECTURE, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**FRAME ARCHITECTURE, INC.**
Agency Code:	**082**	Address:	**9591 PROTOTYPE COURT**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-9977
		Vendor No.:	T29014981
		NV Business ID:	NV20031302154

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency Funded CIP**

Agency Reference #: 118377

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2026**
   Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **168 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 ADA Restroom & Flooring Upgrades Design Building 17 Steward Facility CIP project to include civil, mechanical, structural engineering services, bidding services, and construction administration for the remodel of four restrooms for ADA compliance and new flooring throughout the 41,826 square foot building located at the Stewart Facilities Building #17 in Carson City: CIP Project No. 26-A09; SPWD Contract No. 118377.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$38,250.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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 1349, expenditure category 14, Building Renovation.

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. Soliciation 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 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Mike Rife, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/29/2025 15:41:32 PM
Division Approval	nmann	12/29/2025 15:41:34 PM
Department Approval	nmann	12/29/2025 15:41:36 PM
Contract Manager Approval	lwildes	01/05/2026 09:57:08 AM
Budget Analyst Approval	bmacke1	01/12/2026 11:38:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28938**

Amendment Number: **2**

Legal Entity Name: THE PENTA BUILDING GROUP, LLC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **THE PENTA BUILDING GROUP, LLC**

Agency Code: **082**

Address: **181 E. WARM SPRING RD.**

Appropriation Unit: **All Appropriations**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89119-4101**

If "No" please explain: Not Applicable

Contact/Phone: 702-614-1678

Vendor No.: T29025775

NV Business ID: NV20081225302

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency Funded CIP**

Agency Reference #: 12345

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2024**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **3 years and 47 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

This is the second amendment to the original contract which provides Owner Construction Manager at-Risk (CMAR) services for the College of Southern Nevada, Northwest - Center for Excellence in Public Safety CIP: CIP Project No. 24-A008; SPWD Contract No. 116495. This amendment increases the maximum amount from $379,486 to $394,486 due to additional CMAR preconstruction services for corresponding site and mechanical, electrical, and plumbing modifications.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$151,794.40	$151,794.40	$151,794.40	Yes - Action
	a. Amendment 1:	$227,691.60	$227,691.60	$227,691.60	Yes - Action
2.	Amount of current amendment (#2):	$15,000.00	$15,000.00	$15,000.00	Yes - Info
3.	New maximum contract amount:	$394,486.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency submitted application - Board of Regents of the Nevada System of Higher Education on behalf of the College of Southern Nevada

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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/26/2025 15:33:27 PM
Division Approval	nmann	12/26/2025 15:33:30 PM
Department Approval	nmann	12/26/2025 15:33:32 PM

Contract Manager Approval	lwildes	01/05/2026 12:01:57 PM
Budget Analyst Approval	bmacke1	02/02/2026 10:13:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24333**

Amendment Number: **2**

Legal Entity Name: ORIGAMI RISK LLC

Agency Name: **ADMIN - RISK MANAGEMENT DIVISION**

Contractor Name: **ORIGAMI RISK LLC**

Agency Code: **085**

Address: **PO BOX 74751**

Appropriation Unit: **1352-26**

Is budget authority available?: **Yes**

City/State/Zip **CHICAGO, IL 60694-4751**

If "No" please explain: Not Applicable

Contact/Phone: 312-546-6515

Vendor No.: T32004358A

NV Business ID: NV20181614610

To what State Fiscal Year(s) will the contract be charged? **2022-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Property/Casualty Premiums**

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 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2028**

Contract term: **7 years and 1 day**

4. Type of contract: **Contract**

Contract description: **RMIS software**

5. Purpose of contract:

This is the second amendment to the original contract which provides subscription-based software and implementation support. This amendment increases the maximum amount from $277,376.00 to $538,128.50 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:	$277,376.00	$277,376.00	$277,376.00	Yes - Action
	a. Amendment 1:	$232,627.50	$232,627.50	$232,627.50	Yes - Action
2.	Amount of current amendment (#2):	$28,125.00	$28,125.00	$28,125.00	Yes - Info
3.	New maximum contract amount:	$538,128.50			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency needs a centralized database to track state owned and leased assets(buildings, vehicles, equipment) for insurance purposes. System also provides a mechanism for adjusting Risk Management's self-insured auto/property claims. By utilizing a "Cloud" Provider it allows Risk Management to share database with partner agencies (Attorney General's Office, Public Works Division and Nevada Department of Transportation

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency did not have subject expertise. Feasibility study recommended a Commercial Off The Shelf (COTS) provider as the most cost effective model for this type of system as under this approach initial implementation costs are much less than a traditional custom built database. Ongoing usage of software and data hosting are bundled via an annual software subscription, which allows State greater flexibility should State's needs change over time.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S1405, 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: 12/20/2020 Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	kpacheco	11/14/2025 08:04:07 AM
Division Approval	rmill30	11/21/2025 08:10:44 AM
Department Approval	rmill30	11/21/2025 08:10:46 AM

Contract Manager Approval	ssands	01/21/2026 09:25:04 AM
EITS Approval	ljean	01/21/2026 09:56:32 AM
Budget Analyst Approval	dspeed1	01/29/2026 17:13:02 PM

From: Lisa Jean <ljean@it.nv.gov>
Sent: Tuesday, December 30, 2025 8:27 AM
To: Annette Teixeira <a.teixeira@admin.nv.gov>; Michael D. Smith <mdsmithjr@it.nv.gov>; Katherine Dolan <KatherineDolan@admin.nv.gov>; Maureen Martinez <memartinez@admin.nv.gov>
Cc: Timothy Galluzi <tim.galluzi@it.nv.gov>; Darla Dodge <DarlaDodge@it.nv.gov>; David Axtell <daxtell@it.nv.gov>; Adam Miller <amiller@it.nv.gov>; TIE <tie@it.nv.gov>
Subject: TIE Completion Memo – DOA – Origami Risk RMIS – TIE 140, Revision 2 – BA(s) 1352

All,

We have completed our review of the Department of Administration (DOA) investment, which has an estimated total value of $625,311.00, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	Grand Total
Ongoing Cost	**$ 86,261.00**	**$ 86,167.50**	**$ 86,167.50**	**$ 258,596.00**
Agency Specific Contracts	$ 86,261.00	$ 86,167.50	$ 86,167.50	$ 258,596.00
Grand Total	**$ 86,261.00**	**$ 86,167.50**	**$ 86,167.50**	**$ 258,596.00**

Funding source(s): 100% Internal Service Fees.
The Origami Risk contract was recently renewed for an additional three-year term. A second amendment to the existing agreement is now proposed to align the contract with updated business and legislative requirements. This amendment incorporates the latest revisions to the Technology Investment Evaluation and enables the agency to add user licenses and professional service hours to the current contract. These changes are required per Assembly Bill 93, which expanded eligibility and participation in the State Workers' Compensation Heart and Lung Program. The contract amendment is anticipated to take effect on January 1, 2026.
This investment represents the continued use and incremental expansion of a Software-as-a-Service Risk Management Information System (RMIS) that has been in production and actively used for approximately eight years. The system was originally selected following a feasibility study conducted during the 2016–2017 timeframe, which determined that a SaaS solution was the most cost-effective and operationally suitable option for statewide risk management needs. Since implementation, the platform has been customized to support Risk Management's operational mandates and is currently accessed by 29 licensed users across 13 state agencies, with additional agencies utilizing hosted online forms for claims submission. The system supports auto, property, and workers' compensation claims processing, provides reporting and data-sharing capabilities for internal and external stakeholders, and enables the Attorney General's Office to efficiently generate and manage nearly $2 million annually in premium billings.
This is a low-risk, high-value extension of an existing, proven system and the expansion supports legislatively mandated program growth under AB 93 by ensuring newly affected agencies have the licensing and tools necessary to manage Heart and Lung documentation and compliance requirements. The platform improves efficiency and supports statutory record retention requirements, in addition to improving oversight of insurable assets and avoiding unnecessary claims payments. The system is securely hosted in Amazon Web Services with encrypted data and role-based access, operates independently of other state systems, and preserves flexibility for future integration opportunities if sufficient return on investment is identified. Overall, this amendment sustains an established, mission-critical solution while modestly scaling capacity to meet expanded statutory obligations in a cost-controlled manner.
The GTO TIE technology risk score indicates an overall moderate level of risk due to core operations depending heavily on technology and the potential for disruption due to integration issues.
Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.
It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.
For your reference, a copy of this memo has been attached to the TIE submission.
Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean, MS-CSIA
TIE Administrator/Enterprise Architect

Governor's Technology Office

ljean@it.nv.gov | +1 775-531-3082

www.it.nv.gov | Chat me on Teams

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31577**

		Legal Entity Name:	Elko County School District
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**Elko County School District**
Agency Code:	**300**	Address:	**850 ELM ST**
Appropriation Unit:	**2612-38**		
Is budget authority available?:	**Yes**	City/State/Zip	**Elko , NV 89801**
If "No" please explain:	Not Applicable	Contact/Phone:	775-753-3879
		Vendor No.:	T40232000
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/01/2026**

Contract term: **322 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NEPF Admin Cert**

5. Purpose of contract:

This is a new interlocal agreement to provide the creation and implementation of the Nevada Educator Performance Framework training and the evaluator certification framework.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$60,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

RPDP will serve as a partner to NDE to create and implement future Nevada Educator Performance Framework (NEPF) training and the Evaluator Certification framework. This will require in person, virtual, and hybrid offerings. RPDP will assist in establishing a robust certification professional learning program that trains and rates administrators on the consistent and high-fidelity application of the NEPF, ensuring they can properly conduct evaluations that assess distinct high-quality teaching skills and comply with annual state data reporting requirements.

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 enough staff to complete all requirements without the vendor.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the Elko County School District

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

previous contracts with the Department, satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	12/31/2025 11:31:56 AM
Division Approval	carnol1	12/31/2025 11:31:59 AM
Department Approval	carnol1	12/31/2025 11:32:02 AM
Contract Manager Approval	khoy1	01/05/2026 21:14:11 PM
Budget Analyst Approval	mranki1	01/13/2026 09:21:15 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: **31542**

		Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS**
Agency Code:	**300**	Address:	**4505 MARYLAND PKWY MS 1005**
Appropriation Unit:	**2678-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas , NV 89154-1005**
If "No" please explain:	Not Applicable	Contact/Phone:	osp@unlv.edu
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**100.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/28/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2026**
   Contract term: **275 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **OSSS-UNLV CREA**

5. Purpose of contract:

This is a new interlocal agreement to provide an evaluation examining high school and first-year college students&#65533; perceptions of college and career options, including postsecondary plans and career aspirations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$20,000.00**

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?

Comprehensive survey findings with visualizations and explanatory text for all 9th-12th grade students at designated high schools, including descriptive outcomes, multivariate findings identifying relevant correlations related to key demographic and outcomes variables, and open-ended, qualitative responses - organized to support understanding of high school students postsecondary and career intentions within the current economic and political climate and to contextualize potential/realized downturns in college attendance. This is a requirement of the Gear Up Grant.

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 resources 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. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In Accordance with NRS 277.180 the agency has contracted with the University of Nevada, Las Vegas

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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, current contracts with the Department of Education, satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	psmorr1	01/23/2026 16:30:07 PM
Division Approval	psmorr1	01/23/2026 16:30:10 PM
Department Approval	psmorr1	01/23/2026 16:34:46 PM
Contract Manager Approval	khoy1	01/26/2026 09:03:30 AM
Budget Analyst Approval	mranki1	01/28/2026 11:01:13 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: **22922**

Amendment Number: **2**

Legal Entity Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS**

Agency Code: **300**

Address: **OFFICE OF SPONSORED PROGRAMS**

Appropriation Unit: **2709-21**

4505 S MARYLAND PKWY MS 451055

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89154**

If "No" please explain: Not Applicable

Contact/Phone: Amanda Haboush-Deloye 702-895-5908

Vendor No.: D35000813B

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2020-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **6 years and 78 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CCDF Quality**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides ongoing evaluations of the Quality Rating & Improvement System and facilitates annual early childhood research symposiums. This amendment reduces the maximum amount from $364,790.00 to $351,290.00 due to an overall decrease in the Child Care and Development Fund program funding.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$148,790.00	$148,790.00	$148,790.00	Yes - Action
	a. Amendment 1:	$216,000.00	$216,000.00	$216,000.00	Yes - Action
2.	Amount of current amendment (#2):	-$13,500.00	-$13,500.00	-$13,500.00	Yes - Info
3.	New maximum contract amount:	$351,290.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The QRIS (and evaluation of the QRIS) is required as part of the Child Care and Development state plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Institute for Children's Research and Policy (NICRP) is a state agency and has the expertise to complete the program evaluation.

9. Were quotes or proposals solicited? No

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the Board of Regents, University of Nevada, Las Vegas.

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of 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:

Education-Satisfactory 2020,2019,2018,2017 Ect.

14. Is the contractor currently involved in litigation with the State 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	dboyter	01/26/2026 09:15:36 AM
Division Approval	psmorr1	01/26/2026 10:33:35 AM
Department Approval	psmorr1	01/26/2026 10:33:39 AM
Contract Manager Approval	khoy1	01/26/2026 10:40:35 AM
Budget Analyst Approval	mranki1	01/28/2026 10:54:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31495**

		Legal Entity Name:	Jackson Shaw Company
Agency Name:	**DTCA - NEVADA ARTS COUNCIL**	Contractor Name:	**Jackson Shaw Company**
Agency Code:	**333**	Address:	**AC Hotel Marriot Symphony Park**
Appropriation Unit:	**2979-33**		**330 Grand Central Parkway**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	Adrian Rosales 702-530-5990
		Vendor No.:	T32018711
		NV Business ID:	NV20222510002

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	**X**	Fees	**76.00 %**	**Registration Fees**
X	Federal Funds	**24.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 333

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/27/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **153 days**

4. Type of contract: **Contract**
   Contract description: **Conference Venue**

5. Purpose of contract:

This is a new contract is to provide a conference venue for the biannual State Arts Conference.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$20,937.50**

Other basis for payment: Upon receipt of invoices as deliverables are met.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract satisfies the need for conference room space and catering services in which to conduct and host the biannual Nevada State Arts Conference as part of the National Endowment for the Arts program objectives.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This type of space is not available withing a state facility in the desired region for hosting the conference with up to 200 attendees.

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):

Rio Las Vegas
Nevada State Museum
Marriot Symphony Park

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor met the criteria for required space to host the conference at the most reasonable price.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Michellle Patrick, Program Staff Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmoren1	12/01/2025 09:54:26 AM
Division Approval	mmoren1	01/21/2026 14:47:58 PM
Department Approval	sterr2	01/21/2026 14:53:53 PM
Contract Manager Approval	sterr2	01/21/2026 14:53:55 PM
Budget Analyst Approval	tday2	01/27/2026 16:01:14 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: **31736**

		Legal Entity Name:	VIMO, INC.
Agency Name:	**DHS - HUMAN SERVICES DIRECTOR'S OFFICE**	Contractor Name:	**VIMO, INC.**
Agency Code:	**400**	Address:	**112 NORTH CURRY STREET**
Appropriation Unit:	**3150-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	LAURA HOBBELMAN 804/815-3003
		Vendor No.:	T32002127
		NV Business ID:	NV20081498280

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 10032

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/02/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/12/2026**
   Contract term: **68 days**

4. Type of contract: **Contract**
   Contract description: **Program Evaluation**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides executive-level advisory and operational support to assist the Department of Human Services leadership team in assessing current operations and identifying improvement options, with a particular focus on child welfare and related programs.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$64,500.00**
   Payment for services will be made at the rate of $215.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

   Assessments and evaluations of current operations will identify improvement options in order to offer operational support to the Nevada Department of Human Services leadership team. This support will increase, enhance and expand the capacity of child welfare and other related programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the expertise to complete this work.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with various DHS agencies. Service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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	slabranc	01/26/2026 10:32:30 AM
Division Approval	slabranc	01/26/2026 10:32:32 AM
Department Approval	slabranc	01/26/2026 10:32:34 AM
Contract Manager Approval	chadwic1	01/26/2026 10:32:52 AM
Budget Analyst Approval	mgassawa	01/29/2026 08:06:08 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: **31379**

		Legal Entity Name:	ALARMCO, INC.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**ALARMCO, INC.**
Agency Code:	**406**	Address:	**2007 LAS VEGAS BLVD SOUTH**
Appropriation Unit:	**3161-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89104**
If "No" please explain:	Not Applicable	Contact/Phone:	7023825000
		Vendor No.:	PUR0004868
		NV Business ID:	NV19641000258

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18666

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2028**
   Contract term: **2 years and 159 days**

4. Type of contract: **Contract**
   Contract description: **Fire Alarms**

5. Purpose of contract:

   This is a new contract to provide ongoing services including monitoring and maintenance to existing alarm systems.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$29,616.60**
   Other basis for payment: See Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

   This contract provides fire and theft protection of the facilities to ensure life, health and safety of both patients and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The agency does not have staff qualified or available to monitor the alarms 24/7.

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):

   A3 Communications
   Intraworks, Inc.
   Johnson Controls FP LP

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was selected by an independently appointed evaluation committee.

d. Last bid date: 06/14/2023 Anticipated re-bid date: 06/14/2028

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	11/21/2025 10:34:56 AM
Division Approval	msilzell	11/21/2025 10:34:58 AM
Department Approval	msilzell	11/21/2025 10:35:00 AM
Contract Manager Approval	lstidha1	12/17/2025 12:50:28 PM
Budget Analyst Approval	pokeefe	01/22/2026 08:05:40 AM

ATTACHMENT DD

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	251201 (a

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	**Agency Contact Information - Note: Approved copy will be sent to ONLY the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*Division of Public and Behavioral Health* *Southern Nevada Adult Mental Health Services*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Jessica Gurley, Administrative Services Officer II	*702-486-6099*	*jgurley@health.nv.gov*

1b	**Vendor Information:**	
	Vendor Name:	*Alarmco, Inc.*
	Contact Name:	*Gary Greenblott*
	Complete Address: City, State, and Zip Code	*2007 Las Vegas Blvd. South, Las Vegas, NV 89104*
	Telephone Number:	*702-382-5000*
	Email Address:	*greenblott@alarmco.com*

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	
	Professional Service Exemption:	*X*

1d	**Contract Information:**				
	Is this a new Contract? Check One:	Yes:	*X*	No:	
	If 'No' Enter Amendment Number:				
	Enter CETS Number:				

1e	**Term:**				
	One (1) Time Purchase? Check One:	Yes:		No:	*X*
	Contract:	Start Date:	*Upon Approval*	End Date:	*06/30/2028*

1f	**Funding:**	
	State Appropriated:	*X*
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Resubmission 12/16/25

Purchasing Use Only:	
Approval #:	251201 (2)

1g	**Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:**
	$29,616.60

2	**Provide a description of work/services to be performed or services with goods to be purchased:**
	Services by the contractor includes inspecting, testing and maintenance to the existing alarm systems; providing fire and theft protection of the facilities to ensure life, health and safety of both patients and staff. The contractor will clean components ensuring continued performance reducing the risk of system failure; make necessary minor repairs during scheduled visits.

3	**What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?**
	Vendor must have the electronic hookups, 24/7 electronic surveillance, the knowledge to interpret alarm signals, expertise to conduct appropriate testing and drills to maintain certifications. SNAMHS contracted with Alarmco to install alarms on its campus.

4	**Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:**
	Alarmco installed the equipment/system. The equipment associated with the alarms is proprietarily owned by Alarmco. Agency intent is to build a replacement system into the 2027 budget to be approved by the legislature.

5	**Were alternative services or commodities evaluated?**	**Check One:**	
		Yes	No
			X
	a. ***<u>If yes</u>**, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*		
	NA		
	b. ***<u>If not</u>**, why were alternatives not evaluated?*		
	The existing installed equipment is proprietary to Alarmco; they are the only vendor authorized to monitor and service the equipment.		

Docusign Envelope ID: BC9E0C06-E8D9-4240-B9B2-A01485774D84

Purchasing Use Only:	
Approval #:	251201 (2)

6	**Has the agency purchased these services/services with goods in the past? Check One:** ***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>.***	**Yes** *X*	**No**

a. *If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each</u>:*

Term		*Value*	*Short Description*	*Provide Type of Procurement RFP#, RFQ#, Waiver #*	*CETS #*
Start Date	*End Date*				
11/1/23	*10/31/25*	*$26,104*	*Alarm system service*	*Sole Source #230605*	*28026*
11/8/19	*10/31/23*	*$25,344*	*Amendment extend term; increase amount*	*Amendment*	*22401*
11/8/19	*10/31/21*	*$24,000*	*Alarm system service*	*Informal solicitation*	*22401*
7/1/13	*6/30/17*	*$47,280*	*Alarm system service*	*Sole Source #130201*	*14505*
7/1/09	*6/30/13*	*$50,000*	*Alarm system service*	*Sole Source #08-1114*	*Con6009*

7	**What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?**
	There would be risk and liability to the state. SNAMHS would be without fire and theft protection of its facilities, placing the life, health and safety of both patient and staff at risk.

8	**What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?**
	The equipment installed at this agency is proprietary to Alarmco; competition was not solicitated.

9	**Will this purchase obligate the State to this vendor for future purchases? Check One:** ***<u>NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.</u>***	**Yes**	**No**

a. *If yes, please provide details regarding future obligations or needs.*

SNAHMS has a continued need for these services. However, it is the intent of the agency to seek funding in the 2027 budget to cover the anticipated expense for a replacement system. Upon legislative funding approval the agency will commence a Purchasing RFP.

Docusign Envelope ID: BC9E0C06-E8D9-4240-B9B2-A01485774D84

Purchasing Use Only:	
Approval #:	251201

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. *NOTE: The same individual cannot provide approval signatures in both sections.*

Signed by:
F5F00AF0196C4B5...
Signature of Agency Representative Initiating Request

Jessica Gurley — 12/15/2025

Print Name of Agency Representative Initiating Request — Date

DocuSigned by:
Susan Lynch
BC56B2B1723F40E...
Signature of Agency Head Authorizing Request

Susan Lynch — 12/15/2025

Print Name of Agency Head Authorizing Request — Date

FOR PURCHASING USE ONLY – PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence,* ***State Purchasing*** *may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided.* ***This signature does not exempt your agency from any other processes that may be required.***

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review — Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at cstoeffler@admin.nv.gov.

NOTE: If this box is checked, the agency must include the TIE approval or approval update as an attachment in CETS.	

Approved by:

Administrator, Purchasing Division or Designee — 12.16.25

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: **31712**

		Legal Entity Name:	ANYTIME PLUMBING, LLC
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**ANYTIME PLUMBING, LLC**
Agency Code:	**406**	Address:	**4690 W POST RD STE 130**
Appropriation Unit:	**3161-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118**
If "No" please explain:	Not Applicable	Contact/Phone:	702-362-9300
		Vendor No.:	
		NV Business ID:	NV20222570469

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18665

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/30/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/31/2028**
   Contract term: **2 years and 1 day**

4. Type of contract: **Contract**
   Contract description: **Plumbing Service**

5. Purpose of contract:

   This is a new contract to provide ongoing plumbing maintenance services to the Southern Nevada Adult Mental Health Services campus.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$45,900.00**
   Other basis for payment: As invoiced by the contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Routine and emergency plumbing maintenance is necessary to prevent system failures, mitigate operational disruptions, and maintain compliance with state and federal building codes, Joint Commission, CMS, and Life Safety standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Currently there are no available FTE employees with the training, knowledge or equipment to perform these duties.

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):

ACTIVE PLUMBING
ANYTIME PLUMBING, LLC
PRECISION PLUMBING

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/20/2025 Anticipated re-bid date: 11/20/2029

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:
    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	01/21/2026 16:51:10 PM
Division Approval	msilzell	01/21/2026 16:51:12 PM
Department Approval	msilzell	01/21/2026 16:51:15 PM
Contract Manager Approval	lstidha1	01/27/2026 15:44:36 PM
Budget Analyst Approval	pokeefe	01/30/2026 14:27:13 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: **31334**

		Legal Entity Name:	JOHNSON CONTROLS FIRE PROTECTION LIMITED PARTNERSHIP
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**JOHNSON CONTROLS FIRE PROTECTION LIMITED PARTNERSHIP**
Agency Code:	**406**	Address:	**7225 BELCASTRO STR. #150**
Appropriation Unit:	**3161-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89113**
If "No" please explain:	Not Applicable	Contact/Phone:	509-216-7412
		Vendor No.:	PUR0003182
		NV Business ID:	NV20011155948

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18648

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **07/31/2028**
   Contract term: **2 years and 190 days**

4. Type of contract: **Contract**
   Contract description: **Fire Safety Repairs**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-17915 which provides security and fire protection services. This service agreement provides repair services for fire dampers.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,249.59**
   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?

   To protect the safety and welfare of consumers and visitors at the facilities, the fire alarms will need to function properly with preventive maintenance performed on systems and equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The agency does not have staff qualified in the area of fire 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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-S1820, and in accordance with NRS 333, the selected vendor was selected by an independently appointed evaluation committee.

d. Last bid date: 01/01/2023 Anticipated re-bid date: 01/03/2028

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has worked with the State since 2016 for NNAMHS and SNAMHS, as has provided satisfactory services to both budget accounts.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LP

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	11/20/2025 16:48:28 PM
Division Approval	msilzell	11/20/2025 16:48:29 PM
Department Approval	msilzell	11/20/2025 16:48:32 PM
Contract Manager Approval	lstidha1	01/22/2026 08:37:07 AM
Budget Analyst Approval	pokeefe	01/22/2026 08:41:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20208**

Amendment Number: **3**

Legal Entity Name: NETSMART TECHNOLOGIES, INC.

Agency Name: **DHS - PUBLIC AND BEHAVIORAL HEALTH**

Contractor Name: **NETSMART TECHNOLOGIES, INC.**

Agency Code: **406**

Address: **11100 NALL AVENUE**

Appropriation Unit: **3161-26**

Is budget authority available?: **Yes**

City/State/Zip **OVERLAND PARK, KS 66211**

If "No" please explain: Not Applicable

Contact/Phone: JEFF MATTHEWS 913-202-1660

Vendor No.: PUR0003686

NV Business ID: NV20101021052

To what State Fiscal Year(s) will the contract be charged? **2019-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16496

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2018**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **7 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Laboratory Info Ser.**

5. Purpose of contract:

This is the third amendment to the original contract to provide onsite laboratory information services system that integrates with the existing electronic health record system, myAVATAR. This amendment increases the maximum amount from $1,007,149.81 to $1,043,549.81 for a one-time support services cost.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$545,328.10	$545,328.10	$545,328.10	Yes - Action
	a. Amendment 1:	$1,500.00	$1,500.00	$1,500.00	No
	b. Amendment 2:	$460,321.71	$461,821.71	$461,821.71	Yes - Action
2.	Amount of current amendment (#3):	$36,400.00	$36,400.00	$36,400.00	Yes - Info
3.	New maximum contract amount:	$1,043,549.81			

II. JUSTIFICATION

7. What conditions require that this work be done?

The amendment integrates systems with the SNAMHS Rawson Neal Laboratory Information System which will replace current manual processes of delivery and storage of patient laboratory orders and results data.

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 proprietary rights to perform these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 180203
Approval Date: 02/22/2018

c. Why was this contractor chosen in preference to other?

d. Last bid date: 02/22/2018 Anticipated re-bid date: 06/30/2027

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over $50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DPBH since 2008 - 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	msilzell	12/17/2025 11:11:12 AM
Division Approval	msilzell	12/17/2025 11:11:15 AM
Department Approval	msilzell	12/17/2025 11:11:17 AM
Contract Manager Approval	lstidha1	12/30/2025 09:51:22 AM

EITS Approval	ljean	12/31/2025 07:10:03 AM
Budget Analyst Approval	pokeefe	01/21/2026 15:09:32 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
GOVERNOR'S OFFICE
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Susan Lynch, SNAMHS Hospital Administrator, DHHS
Luis Espinoza, Administrative Services Officer III, DHHS
Nadine Ow, ITP III – myAvatar Team, DHHS
Lorraine McMullen, ITM I - PMO Manager, DHHS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Darla Dodge, Deputy CIO - Chief Operations Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO
Adam Miller, Administrator, OCDC

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DHHS – TIN 88 – *Laboratory Information System Ongoing Services* – BA 3161 – Update B

DATE: April 22, 2025

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health's (DPBH) – *Laboratory Information System Ongoing Services* – TIN 88, Update B.

The submitted TIN, for an estimated value of $229,992.94 in the FY24/FY25 biennium and $155,141.35 in the FY26/FY27 biennium (100% General Fund), is to update cost and contact information for continued, uninterrupted use of the Laboratory Information Service (LIS) project.

This upgrade replaces the aged Ruby and Architect Instruments with the Vitros 5600 Chemistry and Immunoassay Analyzer and McKesson Sysmex Hematology Analyzer instruments and includes

integration with the existing Orchard Harvest LIS.

Ongoing licensing, support, and maintenance of this system is critical to the Southern Nevada Adult Mental Health Services (SNAMHS) inhouse laboratory, as well as Rawson-Neal clinicians who depend on myAvatar Lab eOE and myAvatar EHR, for automation of laboratory testing and results management.

The solution transports and stores PII and is subject to federal security and/or other security standards. The agency considers this investment and final implementation to have an ongoing moderate security risk, therefore the DPBH ISO will conduct pre- and post-implementation security reviews.

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 continue to follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	180203

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	**Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:**			
	State Agency:	*Public and Behavioral Health*		
	Rick Morse, MA III		*(775)684-5932*	*rmorse@health.nv.gov*
	Joanne Malay, Hospital Administrator		*(702)486-8894*	*jmalay@health.nv.gov*
	Erin Williams, IT Manager III		*(775)684-4213*	*williams@health.nv.gov*

	Vendor Information:	
1b	Identify Vendor:	*Netsmart*
	Contact Name:	*Bryan Wempen*
	Address:	*4950 College Blvd, Overland Park, KS 66211*
	Telephone Number:	*(913)202-1660*
	Email Address:	*bwempen@ntst.com*

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	*X*
	Professional Service Exemption:	

	Contract Information:				
1d	Is this a new Contract?	Yes	*X*	No	
	Amendment:	#			
	CETS:	#			

	Term:				
1e	One (1) Time Purchase:				
	Contract:	Start Date:	*Upon approval*	End Date:	*6/30/2022*

	Funding:	
1f	State Appropriated:	*X*
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$574,916.00

2	**Provide a description of work/services to be performed or commodity/good to be purchased:** *Southern Nevada Adult Mental Health Services (SNAMHS) developed an onsite medical laboratory testing solution to improve patient care and reduce laboratory expenditures. The current process lacks seamless integration into the existing Division of Public and Behavioral Health's (DPBH) electronic health record (EHR), a proprietary suite of applications called myAVATAR.* *Netsmart Technologies will configure, implement and maintain an integrated Laboratory Information System (LIS) to automate and streamline patient reporting. This automation will reduce potential for errors in the manual processing that is used today.* *The following services and licensing are included in this request:* • *Project management* • *Licensing for the Laboratory Information System (LIS) application* • *Lab user licenses (4)* • *Implementation* • *Training and documentation* • *Bi-directional interfaces (HL7) to Netsmart's proprietary suite of applications including myAVATAR (EHR) and RxConnect (Pharmacy dispensing)* • *Annual support and hosting costs*

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:** *Netsmart has a comprehensive suite of solutions and services that further extends the connectivity, interoperability and functionality designed and tailored specifically for behavioral health agencies. The suite of solutions is proprietary and, as such, a comprehensive, secure, cost-effective and seamless integration of the existing electronic health record (DPBH myAVATAR) and a laboratory information system from another company cannot be achieved.* *Netsmart has successfully implemented laboratory information systems with myAVATAR integration at other state hospitals including Oregon, North Dakota and Wyoming.*

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:** *Utilization of a vendor other than Netsmart would require the procurement of an entirely new and comprehensive EHR system. Selecting, coordinating and implementing a new EHR would first require legislative approval and, if approved, would be a massive undertaking involving tremendous budgetary funding, human resources, project management and user re-training. The magnitude of this investment would nullify any return on investment that SNAMHS has gained by implementing their onsite laboratory testing solution and would significantly increase the ongoing biennial budgetary requirements of DPBH.* *Using Netsmart to implement the LIS would result in a highly-reduced investment in project budget, familiarization, development, integration, implementation and training. Project risk would be greatly minimized because Netsmart would be performing the integration into their own proprietary products. This inherently reduces system errors and increases patient safety.*

5	***Were alternative services or commodities evaluated? Check One.***	*Yes:*		*No:*	*X*
	a. ***If yes**, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*				
	b. ***If not**, why were alternatives not evaluated?*				
	Netsmart created the existing DPBH electronic health record system, myAVATAR, and has previously implemented the integrated LIS solution with other institutions. As a result, Netsmart has proven that they have built, implemented and maintained a comprehensive, unified solution that can be integrated into SNAMHS' existing EHR. Netsmart's intimate knowledge of the software integration process will result in significant savings to the State regarding this project's investments relating to budget, development, implementation and maintenance. Having Netsmart integrate the LIS solution into the existing EHR will also result in a considerable reduction to project risk which, most importantly, increases patient safety and customer satisfaction.				

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***		Yes:		No:	*X*
	a. *If yes, starting with the most recent contract and working backward, for the **entire** relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:*					
	Term Start and End Dates		*Value*	*Short Description*	*Type of Procurement (RFP#, RFQ#, Waiver #)*	
			$			
			$			
			$			
			$			
			$			

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	*The Division of Public and Behavioral Health's **only** option in procuring a laboratory information system that integrates with the Division's existing electronic health record, Netsmart's myAVATAR, is to implement Netsmart's LIS solution. There are no other LIS solutions that integrate with Netsmart's myAVATAR and the existing SNAHMS system.*
	If this waiver request were denied, the amount of time necessary to select a new electronic health record vendor, implement the new electronic health record, re-train staff and then create a new laboratory information system interface would significantly impact several areas of the solution. Most importantly, the project budget would increase significantly, the date of implementation would be pushed out for many years and the staff resources necessary to dedicate to the selection, implementation and re-training would increase tremendously. Additionally, any savings now realized from the implementation of the existing SNAMHS site-based laboratory testing solution would be lost. If SNAMHS were required to revert back to using an outsourced laboratory provider, expensive

	laboratory services would have to be included in SNAMHS' annual operations budget, staff would experience greater latency in receiving critical lab results and there would be no integration of patient laboratory information with the corresponding myAVATAR patient electronic health record. All of these factors would impede provider care and subsequently negatively impact client care.

8	**What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?** *DPBH's existing EHR, myAVATAR, is proprietary to Netsmart. Because there are no other LIS solutions that integrate with Netsmart's myAVATAR, Netsmart would be performing the integration into their own proprietary products.* *Costs for Netsmart's professional services are comparable to the State of Nevada's MSA contractor negotiated rates.*

9	**Will this purchase obligate the State to this vendor for future purchases?** ***Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.***	Yes:	*X*	No:	
	a. *If yes, please provide details regarding future obligations or needs.*				
	Future obligations include ongoing annual maintenance, support and application upgrade costs.				

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.

Richard Morse

Agency Representative Initiating Request

Rick Morse, Division Contract Manager, MA III — 2/6/18

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV — 2-6-18

Print Name of Agency Head Authorizing Request — Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

TIR ATTACHED

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 (2) (a) (b) (c), 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 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

Administrator, Purchasing Division or Designee — 2-22-2018

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: **31256**

		Legal Entity Name:	ARC GENERATOR SERVICE
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**ARC GENERATOR SERVICE**
Agency Code:	**406**	Address:	**1240 ICEHOUSE AVENUE**
Appropriation Unit:	**3162-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	STEPHEN ARCOUETTE 775-376-3736
		Vendor No.:	T32013697
		NV Business ID:	NV20253412388

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 40DHHS-S3448

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2025**
   Anticipated BOE meeting date 03/2026

   Retroactive? **Yes**

   If "Yes", please explain

   I have added a retro memo as an attachment. If this work does not begin before contract execution it could cause disruptions to NNAMHS/Lakes facility operations. I have received training on the RFP process, including timelines, threshold requirements, and documentation protocols.

3. Termination Date: **12/31/2029**
   Contract term: **4 years and 31 days**

4. Type of contract: **Contract**
   Contract description: **GENERATORS**

5. Purpose of contract:

   This is a new contract to provide scheduled maintenance services to the back-up generators for Northern Nevada Adult Mental Health Services and Lakes Crossing Center.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$99,000.00**
   Payment for services will be made at the rate of $99,000.00 per ATTACHMENT DD
   Other basis for payment: Contract or installments payable at $3,900.00 per quarter at time of service

II. JUSTIFICATION

7. What conditions require that this work be done?

   The back-up generators routine maintenance services are recommended by SPWD project manager to ensure the Detroit Diesel generators work 100%.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Our current maintenance staff are not licensed or qualified to perform the scope of work.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

EMPIRE
ARC GENERATOR
CD POWER

b. Soliciation 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: 10/06/2025 Anticipated re-bid date: 06/01/2029

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:

    Randall Arnett, Facility Supervisor Ph: 775-688-2125

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	12/22/2025 15:03:19 PM
Division Approval	msilzell	12/22/2025 15:03:21 PM
Department Approval	msilzell	12/22/2025 15:03:23 PM
Contract Manager Approval	lstidha1	12/30/2025 09:08:35 AM
Budget Analyst Approval	pokeefe	01/22/2026 08:39:53 AM

Joe Lombardo
Governor

Rique Robb
Interim Director

DEPARTMENT OF HUMAN SERVICES

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers, *MS*
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: 12/19/2025

TO: Roxana Gifford, Executive Budget Officer I
Governor's Finance Office, Budget Division

THROUGH: Ronna J. Dillinger, Ph.D., ABPP *Ronna J. Dillinger, Ph.D.*
Deputy Administrator of Clinical Services, Division of Public and Behavioral Health

FROM: Julie Lindesmith, MPH
Agency Manager, Northern Nevada Adult Mental Health Services

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL FOR ARC GENERATOR SERVICE

This memorandum requests that the following RFP be approved for a retroactive start.

The following information is required:

- Name of Contractor: ARC Generator Service
- Services to be provided: Back Up Generators
- Funding source and expenditure category: BA#3162 & 3645 CAT07
- Requested start date of work: 12/1/2025
- Expected execution date of agreement (IFC approval date or N/A): N/A
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - ❖ Reason(s) why the agreement was not submitted timely:
    This RFP differed from the process I was originally trained on. Because of vendor questions, the site walk, and the committee meeting, I needed support from Purchasing to ensure the RFP remained fair.
  - ❖ Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
    The agency is required by The Joint Commission and our Emergency Operation Plan that the generators are functioning and ready in case of an emergency. If work does begin prior to the execution of the contract, it could jeopardize our accreditation through Joint Commission.
  - ❖ Explain how the program/bureau will prevent future retroactive requests:
    - To prevent future retro active memos, I created an RFP procedure and will have clear timelines going forward.

If you have any questions, please contact Bobbie Jo Guillot at (775) 688-2031or bjguillot@health.nv.gov
cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31404**

		Legal Entity Name:	HERO ENVIRONMENTAL LLC
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**HERO ENVIRONMENTAL LLC**
Agency Code:	**406**	Address:	**4900 Mill Street #7**
Appropriation Unit:	**3162-59**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	Gary Grimes 775-690-3464
		Vendor No.:	
		NV Business ID:	NV20201797547

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18669

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2030**
   Contract term: **4 years and 38 days**

4. Type of contract: **Contract**
   Contract description: **Campus Clean Up**

5. Purpose of contract:

This is a new contract to provide ongoing biohazard clean up at Northern Nevada Adult Mental Health Services (NNAMHS) and Lakes Crossing Center (LCC).

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,999.99**
   Payment for services will be made at the rate of $24,999.99 per ATTACHMENT AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Northern Nevada Adult Mental Health and Lakes Crossing facility received complaints of human waste from the homeless population.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work is biohazardous clean up. State Employees don't have the required equipment to do biohazard clean up.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/15/2025 Anticipated re-bid date: 08/01/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been used by the division in the past with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    RANDALL ARNETT, FACILITIES SUPERVISOR Ph: 775-688-2125

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	12/24/2025 15:13:11 PM
Division Approval	msilzell	12/24/2025 15:13:13 PM
Department Approval	msilzell	12/24/2025 15:13:15 PM
Contract Manager Approval	lstidha1	01/08/2026 09:01:56 AM
Budget Analyst Approval	pokeefe	01/22/2026 08:50:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31551**

		Legal Entity Name:	NEVADA PUBLIC HEALTH FOUNDATION, INC.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**NEVADA PUBLIC HEALTH FOUNDATION, INC.**
Agency Code:	**406**	Address:	**716 N. CARSON STREET**
Appropriation Unit:	**3218-22**		**SUITE #100**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	775-884-0392
		Vendor No.:	
		NV Business ID:	NV19961104052

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18671

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **158 days**

4. Type of contract: **Other (include description): Service Agreement**
   Contract description: **PHP Training**

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 to provide conference support for the Rural Preparedness Summit that addresses the needs of rural partners to establish a unified emergency preparedness response.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$50,172.36**
   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 summit will continue the work needed to align counties with the state and continue to focus on communication and partnership development.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees within the program lack the experience needed to coordinate and conduct all logistical activities.

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. Soliciation 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: 08/11/2023 Anticipated re-bid date: 06/30/2028

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been used by the division in the past with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	12/23/2025 17:24:23 PM
Division Approval	msilzell	12/23/2025 17:24:25 PM
Department Approval	msilzell	12/23/2025 17:24:27 PM
Contract Manager Approval	lstidha1	01/07/2026 10:02:08 AM
Budget Analyst Approval	pokeefe	01/22/2026 14:06:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31068**

		Legal Entity Name:	SYDION, LLC
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**SYDION, LLC**
Agency Code:	**406**	Address:	**22301 FELICIA DR**
Appropriation Unit:	**3218-23**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPICEWOOD, TX 78669-9507**
If "No" please explain:	Not Applicable	Contact/Phone:	512-771-1157
		Vendor No.:	T27042569
		NV Business ID:	NV20253406630

To what State Fiscal Year(s) will the contract be charged? **2026-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**100.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: C 18640

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2030**

Contract term: **4 years and 332 days**

4. Type of contract: **Contract**

Contract description: **Inventory Mgt**

5. Purpose of contract:

This is a new contract to provide ongoing medical equipment and pharmaceutical inventory management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$16,396.00**

Other basis for payment: As invoiced by the contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The CDC requires the implementation of an inventory management system as one criteria for the Operational Readiness Review (ORR).

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 experience to perform the necessary tasks.

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):

Preston Solutions and Support LLC
Sydion, LLC
inFlow Inventory

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per the CDC's requirements for the ORR, the selected vendor best fulfills the specific criteria required of an inventory management system.

d. Last bid date: 07/01/2019 Anticipated re-bid date: 01/14/2031

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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	msilzell	01/21/2026 11:56:27 AM
Division Approval	msilzell	01/21/2026 11:56:29 AM
Department Approval	msilzell	01/21/2026 11:56:31 AM
Contract Manager Approval	lstidha1	01/30/2026 14:51:50 PM
Budget Analyst Approval	pokeefe	02/03/2026 11:30:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30776**

		Legal Entity Name:	STOREY, COUNTY
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**STOREY, COUNTY**
Agency Code:	**406**	Address:	**PO BOX 176**
Appropriation Unit:	**3234-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**VIRGINIA CITY, NV 89440**
If "No" please explain:	Not Applicable	Contact/Phone:	Stacy York 775-847-0968
		Vendor No.:	T80054670D
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18586

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/16/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 164 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Storey Co SPHF**

5. Purpose of contract:

   This is a new interlocal agreement to provide ongoing public health services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$19,040.06**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Pursuant to the Governor's Executive Budget and based on SB118 of the 82nd Legislative Session, specified entities are allocated funds for the improvement of public health.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the capacity to provide the necessary services, and the funding is specific to provide flexible public health funding for Local Health Authorities, Nevada Counties, and the Tribal Health Authority Council.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Exempt (Per statute)**
   c. Why was this contractor chosen in preference to other?

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?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	12/22/2025 12:31:25 PM
Division Approval	msilzell	12/22/2025 12:31:27 PM
Department Approval	msilzell	12/22/2025 12:31:29 PM
Contract Manager Approval	lstidha1	12/22/2025 12:33:56 PM
Budget Analyst Approval	rgiffor1	01/16/2026 14:40:11 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: **31413**

		Legal Entity Name:	Simple Learning Systems
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Simple Learning Systems**
Agency Code:	**409**	Address:	**200 Auburn Folsom Road**
Appropriation Unit:	**3146-12**		**Suite 300**
Is budget authority available?:	**Yes**	City/State/Zip	**Auburn, CA 95603**
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Santana 877-476-4769
		Vendor No.:	
		NV Business ID:	NV20212200703

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/23/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2029**
   Contract term: **3 years and 343 days**

4. Type of contract: **Contract**
   Contract description: **Mandated Reporter**

5. Purpose of contract:
   This is a new contract to provide updates to the mandated reporter training modules and create versions of the training in multiple foreign languages.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$30,000.00**
   Other basis for payment: $12,000 (updates) + $18,000 (foreign language version)

II. JUSTIFICATION

7. What conditions require that this work be done?
   NRS requires Mandated Reporter training align with current statutes and programmatic procedures.

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 experience.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation 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:

    DCFS contracted with the vendor from 12/7/21-10/31/2022. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Ronda Miller, Fiscal Monitor Ph: null

    Dylan Nall, Program Monitor Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille10	11/21/2025 06:46:18 AM
Division Approval	dfrohlic	12/12/2025 15:43:55 PM
Department Approval	dfrohlic	12/12/2025 15:43:57 PM
Contract Manager Approval	dfrohlic	01/22/2026 16:39:23 PM
Budget Analyst Approval	mgassawa	01/23/2026 09:50:43 AM

Purchasing Use Only:	
Approval #:	251102 @

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	**Agency Contact Information - Note: Approved copy will be sent to ONLY the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*DHS- Division of Child and Family Services*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Denise Frohlich, MA4	*775-684-4449*	*Dfrohlich@dcfs.nv.gov*
	Contracts Inbox		*Contracts@dcfs.nv.gov*

1b	**Vendor Information:**	
	Vendor Name:	*Simple Learning Systems*
	Contact Name:	*Natalie Santana*
	Complete Address: City, State, and Zip Code	*200 Auburn Folsom Rd, Ste 300* *Auburn, CA 95603*
	Telephone Number:	*877-476-4769*
	Email Address:	*Natalie@simplelearning.com*

1c	**Type of Waiver Requested – Check the appropriate type:**				
	Sole or Single Source:	*X*			
	Professional Service Exemption:				

1d	**Contract Information:**				
	Is this a new Contract? Check One:	Yes:	*X*	No:	
	If 'No' Enter Amendment Number:	#			
	Enter CETS Number:	#			

1e	**Term:**				
	One (1) Time Purchase? Check One:	Yes:		No:	*X*
	Contract:	Start Date:	*Upon approval*	End Date:	*12/31/2029*

1f	**Funding:**	
	State Appropriated:	

11/24/25 Resubmission

Purchasing Use Only:	
Approval #:	251102 (2)

	Federal Funds:	
	Grant Funds:	100%
	Other (Explain):	

1g	**Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:**
	$30,000

2	**Provide a description of work/services to be performed or services with goods to be purchased:**
	To update the Mandatory Reporter Training modules with updates to NRS and Nevada procedures. Modules are the existing Nevada/DCFS-specific series developed by this vendor under a prior contract. In addition, vendor is to develop a Spanish language version of the training.

3	**What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?**
	DCFS contracted with this vendor from 12/7/2021-10/31/2022 to develop Nevada/DCFS-specific modules. The vendor owns the content in these modules and DCFS cannot provide a new vendor with this intellectual property. This vendor also provides the learning management system (LMS) and hosts the training at no cost to DCFS.

4	**Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:**
	This purchase is economically only available from a single source because alternative vendors will charge "from scratch" development fees and LMS/hosting fees.

5	**Were alternative services or commodities evaluated?**	**Check One:**	
		Yes	No
		x	
	a. *<u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*		
	Alternative vendor Vector Solutions only provided services that included LMS/hosting requirements with fees and would require DCFS to work with the vendor to develop the training from scratch. Alternative vendor Mandated Reporter Academy did not respond.		
	b. *<u>If not</u>, why were alternatives not evaluated?*		

6	**Has the agency purchased these services/services with goods in the past? Check One:** ***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>***	**Yes**	**No**
		x	

Purchasing Use Only:	
Approval #:	251102

a. *If yes, starting with the most **recent contract** and working backward, for the **entire relationship with this vendor, or any other vendor** for these services/services with goods, the following information **must be provided along with the CETS contract number(s) associated with each**:*

Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
Start Date	End Date				
12/7/2021	10/31/2022	$24,000	Mandatory Reporter Training	Informal Solicitation	25164

	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
7	***The State will pay a higher price for this project and duplicate costs already incurred to develop the initial training. Staff time needed to assist in the development will also be greater than time allocated to small updates and a Spanish version.***

	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?
8	***Research on vendor websites and outreach to three vendors was conducted (Vector Solutions, Simple Learning Systems, and Mandated Reporter Academy). This research confirmed that no other vendor will offer comparable services without additional costs and services that would significantly exceed the costs quoted by Simple Learning Solutions.***

		Yes	No
9	**Will this purchase obligate the State to this vendor for future purchases? Check One:** ***NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.***	*X*	

a. *If yes, please provide details regarding future obligations or needs.*

Mandatory Reporter Training is needed for Nevadans that is accessible at all times and provides consistent information to individuals who are mandated to report child abuse and neglect. Future requests may occur to update the training if NRS or related requirements change or if additional language translations are needed. Pricing is likely to remain consistent or lower than this request.

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. *NOTE: The same individual cannot provide approval signatures in both sections.*

Signature of Agency Representative Initiating Request

Denise Frohlich, obo Dylan Nall — Print Name of Agency Representative Initiating Request

11/20/25 — Date

Purchasing Use Only:	
Approval #:	25102 @

Marla McDade Williams
Signature of Agency Head Authorizing Request

Marla McDade Williams, MPA — 11/20/2025
Print Name of Agency Head Authorizing Request — Date

FOR PURCHASING USE ONLY – PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence,* ***State Purchasing*** *may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided.* ***This signature does not exempt your agency from any other processes that may be required.***

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review — Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at cstoeffler@admin.nv.gov.

NOTE: If this box is checked, the agency must include the TIE approval or approval update as an attachment in CETS.	

Approved by:

Administrator, Purchasing Division or Designee — 11.25.2025 — 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: **31514**

		Legal Entity Name:	Harmony Family Center
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Harmony Family Center**
Agency Code:	**409**	Address:	**118 Mabry Hood Rd**
Appropriation Unit:	**3229-13**		**Ste 400**
Is budget authority available?:	**Yes**	City/State/Zip	**Knoxville, TN 37922**
If "No" please explain:	Not Applicable	Contact/Phone:	Michelle Whaley 423-773-4748
		Vendor No.:	
		NV Business ID:	Out of State Vendor

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/30/2030**

Contract term: **4 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Out of State Visits**

5. Purpose of contract:

This is a new contract to provide ongoing federally mandated visitation and reporting for Nevada youth placed in out of state residential treatment facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$48,000.00**

Payment for services will be made at the rate of $1,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal requirements, the state must provide for monthly visits and reporting for Nevada youth placed in out of state residential facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is not cost effective to send NV employees for monthly visits out of state.

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):

Destiny Adoptions
Agape
Harmony Family Center

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor selected through informal solicitation based on ability to conduct visits across the entire state of TN.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contracted with DCFS since 2022. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

    Non-profit Corporation

Vendor conducts 100% of services in TN and is registered with the TN SOS and in good standing.

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    No b. If "NO", please explain.

Vendor conducts 100% of services in TN and is registered with the TN SOS and in good standing.

19. Agency Field Contract Monitor:

    Maria Hickey, Program Monitor Ph: null

    Alexa Cooper Chadwick, Fiscal Monitor Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sknigge	01/07/2026 11:39:56 AM
Division Approval	sknigge	01/07/2026 11:39:59 AM
Department Approval	dfrohlic	01/08/2026 14:16:15 PM
Contract Manager Approval	dfrohlic	01/16/2026 12:15:50 PM
Budget Analyst Approval	mgassawa	01/21/2026 11:47:13 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: **31596**

		Legal Entity Name:	Solix, Inc.
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Solix, Inc.**
Agency Code:	**409**	Address:	**10 Lanidex Plaza West**
Appropriation Unit:	**3229-26**		
Is budget authority available?:	**Yes**	City/State/Zip	**Parsippany, NJ 07054**
If "No" please explain:	Not Applicable	Contact/Phone:	Eric Seguin 973-581-7676
		Vendor No.:	
		NV Business ID:	NV20051804228

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Cost Allocation**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/15/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

Retroactive start date of 12/15/25 is requested. Amendment to 26351 was attempted but was not ready for submission until two days after the contract expired on 12/14/25. Cost allocation and random moment in time services are required by federal funding sources.

3. Termination Date: **12/31/2026**

Contract term: **1 year and 16 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

This is a new service agreement to provide cost allocation and random moment time study services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$90,252.00**

Payment for services will be made at the rate of $22,563.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The division requires consulting services and software to effectively manage its cost allocation plan.

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 experience.

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):

Fuselogix
Solix
PCG

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S1568, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes
    b. Is the contract part of an IT investment project over $50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?
    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHS DO and all divisions have contracted with the vendor since July 2022. 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:
    Alexa Cooper-Chadwick, Program Monitor Ph: null
    Ronda Miller, Fiscal Monitor Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dfrohlic	01/13/2026 14:41:50 PM
Division Approval	dfrohlic	01/13/2026 14:41:52 PM
Department Approval	dfrohlic	01/13/2026 14:41:54 PM
Contract Manager Approval	dfrohlic	01/13/2026 14:41:56 PM
EITS Approval	ljean	01/14/2026 07:13:29 AM
Budget Analyst Approval	mgassawa	02/03/2026 09:17:09 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Christina Hadwick, Deputy Director, Fiscal Services, DHS
Sophia Allec, Administrative Services Officer IV, DHS
Lorraine McMullen, IT Manager I/ PMO Manager, DHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DHS – Cost Allocation – TIE 314 Revision 2 – BA(s) 3143, 3150, 3151, 3158, 3168, 3223, 3228, 3229, 3646

DATE: November 3, 2025

We have completed our review of the Department of Human Services (DHS) investment, which has an estimated total value of $2,437,003.80 allocated through the current biennium as follows:

Cost Type	FY22	FY23	FY24	FY25	FY26
One-Time Cost	**$ 270,075.80**				
Services - Other	$ 116,047.80				
Services - Project Management	$ 24,028.00				
Services - Vendor Implementation	$ 130,000.00				
Ongoing Cost		**$ 537,541.00**	**$ 537,541.00**	**$ 544,229.00**	**$ 547,617.00**
Software - Annual Maintenance/Subsc		$ 537,541.00	$ 537,541.00	$ 544,229.00	$ 547,617.00
Grand Total	**$ 270,075.80**	**$ 537,541.00**	**$ 537,541.00**	**$ 544,229.00**	**$ 547,617.00**

The funding source is 100% Other, based on agency resources.

DHS is pursuing a one-year, no-cost contract extension for the e-SivicCAP and e-SivicMACS systems. These web-based solutions provide automated tools for cost allocation, time and effort reporting, and Random Moment Time Studies (RMTS), which are essential for producing accurate quarterly claims under the Public Assistance Cost Allocation Plan (PACAP).

The e-SivicCAP platform automates the Cost Allocation Plan (CAP) claim development process, enabling management to upload expenditure and statistical data efficiently through a secure web interface. It provides full audit documentation and integrates with the Division's accounting system in compliance with federal and state guidelines. Users can enter and review time reporting data, import financial or statistical information from external systems, and generate standardized reports supporting CMS-64, TANF, and DOL RJM requirements, as well as CB-496 Title IV-E claims. The system's design supports complex cost allocation methodologies required for Title IV-E, Medicaid, and TANF programs.

Built with ASP.NET and C#.NET, the system employs a browser-based interface compatible with laptops, tablets, and smartphones. Its database connectivity layer supports multiple databases without requiring code changes, while hosting occurs in a HIPAA-compliant U.S. data center.

The business case for this investment centers on standardization and efficiency across five DHS divisions: Aging and Disability Services (ADSD), Child and Family Services (DCFS), Health Care Financing and Policy (DHCFP), Public and Behavioral Health (DPBH), and Welfare and Supportive Services (DWSS). Replacing disparate RMTS and Time and Effort (TE) systems.

Overall, the extension preserves an established, compliant, and cost-efficient platform that supports critical financial operations for DHS while maintaining readiness for future expansion and regulatory updates.

The TIE investment implementation risk score indicates a low level of risk, and the technology risk score indicate a moderate security risk due to high dependency and vulnerability to technology becoming outdated or obsolete.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

Joe Lombardo
Governor

Rique Robb
Interim Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES

Helping people. It's who we are and what we do.

Marla McDade Williams, MPA
Administrator

DATE: December 18, 2025

TO: Philene O'Keefe, Executive Branch Budget Officer I
Governor's Finance Office, Budget Division

Kelsey McCann-Navarro

THROUGH: Kelsey McCann-Navarro, Administrative Services Officer IV
Division of Child and Family Services

FROM: Denise Frohlich, Management Analyst IV
Division of Child and Family Services

RE: Retroactive Service Agreement Request – Solix, Inc.

A retroactive effective date of December 15, 2025 is requested for a service agreement between the Division of Child and Family Services (DCFS) and Solix, Inc. to continue to provide a cost allocation and random moment time study services for the cost allocation plan.

An amendment for CETS# 26351 was prepared but was not submitted to GFO until two days after the contract termination date because the termination date was misremembered. DCFS has updated its internal controls to include verifying the termination date on the contract at the time approval is granted to send the contract packet to the Governor's Finance Office.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4449.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31431**

		Legal Entity Name:	Direct Mobile Imaging, LLC
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Direct Mobile Imaging, LLC**
Agency Code:	**409**	Address:	**2921 N Tenaya Way**
Appropriation Unit:	**3646-27**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89128**
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Pinegar 702-506-8126
		Vendor No.:	
		NV Business ID:	NV20141496906

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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.

X	General Funds	**55.00 %**	Fees	0.00 %
X	Federal Funds	**45.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2030**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Medical Imaging**

5. Purpose of contract:

This is a new contract to provide ongoing medical imaging and diagnostic services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$17,391.00**

Payment for services will be made at the rate of $4,347.57 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Imaging services are necessary when requested by the attending physician for the health and well-being of the youth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools or knowledge.

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):

Quality Medical Imaging
Apex Mobile Imaging
Direct Mobile Imaging

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor to submit a bid

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DCFS has contracted with this vendor since 2022. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Candy Bradley, Program Monitor Ph: null

Rick Rassier, Fiscal Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	12/03/2025 12:17:49 PM
Division Approval	dfrohlic	01/08/2026 16:02:03 PM
Department Approval	dfrohlic	01/08/2026 16:02:05 PM
Contract Manager Approval	dfrohlic	01/16/2026 09:17:05 AM
Budget Analyst Approval	mgassawa	01/21/2026 15:37:55 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: **31604**

		Legal Entity Name:	Division of Social Services
Agency Name:	**NVHA - HEALTH CARE FACILITY REG**	Contractor Name:	**Division of Social Services**
Agency Code:	**412**	Address:	**1470 College Parkway**
Appropriation Unit:	**3216-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89706**
If "No" please explain:	Not Applicable	Contact/Phone:	Monique Pomerleau 775-684-7200
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 % 3601FEES**	
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 **07/01/2025**

Anticipated BOE meeting date 02/2026

Retroactive? **Yes**

If "Yes", please explain

NVHA acquired HCQC as of 7/1/25. We were unable to assess contracts and MOU's until the agency was acquired under NVHA. A thorough evaluation was only possible after legislation was enacted, and agencies were established under NVHA authority. Due to the volume of work, this submission was delayed.

3. Termination Date: **03/31/2028**
   Contract term: **2 years and 274 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **licensing fees**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing access to the Aithent Licensing System to the Division of Social Services so that the division will be able to perform inspections of healthcare provider licenses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$29,040.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Software maintenance and support for billing for software platform fees related to the ALiS Licensing system for use by DSS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to perform software maintenance and support.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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:

HCQC previously with DPBH now NVHA as of 7/1/25. 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	bvezina	01/16/2026 15:17:44 PM
Division Approval	ttilto1	01/16/2026 15:54:25 PM
Department Approval	cleech	01/27/2026 09:30:14 AM
Contract Manager Approval	ltuttl1	01/27/2026 09:35:29 AM
Budget Analyst Approval	spowel3	01/30/2026 10:29:26 AM

Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIRECTOR'S OFFICE
4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV

Stacie Weeks
Director

MEMORANDUM

DATE: January 15, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority Cynthia Leech Cynthia Leech (Jan 26, 2026 16:21:54 PST) 01/26/2026

RE: Request for Retroactive Start Date of July 1, 2025, for Division of Social Services CETS #31604 Interlocal Agreement for Reimbursement of Software Platform Fees

Nevada Health Authority (NVHA), Health Care Quality and Compliance (HCQC) is requesting a retroactive start date of July 1, 2025, for Interlocal Contract #31604 with the Division of Social Services (DSS) for Clerk of the Board approval. This Interlocal Contract establishes payment from DSS to NVHA-HCQC for 8% share of 27084 Advanced GRC, Inc. contract for billing for software platform fees related to the ALiS Licensing System.

Key Details:

- Budget**:** 3216-04
- Funding: Fully supported through 3601FEES
- Purpose: Replaces previous MOU between Division of Public and Behavioral Health (DPBH), HCQC and DSS, which became obsolete following the reorganization under the Nevada Health Authority resulting from the 83rd Legislative Session.

The retroactive request ensures billing for DSS' share of usage by the Bureau of Child Care Licensing. Continued inclusion of this bureau is critical, as the licensing tool is essential for verifying provider compliance.

NVHA is currently reviewing all HCQC agreements in need of transition from DPBH to NVHA. A thorough evaluation was only possible after legislation was enacted, and agencies were established under NVHA authority. Due to the volume of work, this submission was delayed.

NVHA recognizes that retroactive requests are not standard practice. Please direct any questions to Tom Tilton at ttilton@nvha.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: **27703**

Amendment Number: **1**

Legal Entity Name: EIDE BAILLY LLP

Agency Name: **NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM**

Contractor Name: **EIDE BAILLY LLP**

Agency Code: **416**

Address: **5441 KIETZKE LANE**

Appropriation Unit: **1338-04**

SUITE 150

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89511**

If "No" please explain: Not Applicable

Contact/Phone: KURT SCHLICKER 775-689-9234

Vendor No.: T29026023B

NV Business ID: NV20201801760

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**PREMIUM AND SUBSIDY REVENUE**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 95PEBP-S1445

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 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2026**

Contract term: **3 years and 174 days**

4. Type of contract: **Contract**

Contract description: **Financial Auditor**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing annual financial, compliance and performance audit services. This amendment increases the maximum amount from $386,500 to $417,250 due to the addition of two new schedules to be audited.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$386,500.00	$386,500.00	$386,500.00	Yes - Action
2.	Amount of current amendment (#1):	$30,750.00	$30,750.00	$30,750.00	Yes - Info
3.	New maximum contract amount:	$417,250.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 287.043 Public Employees' Benefits Program must appoint an independent certified public accountant to perform annual audits of the program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Financial audits require services to be performed by an independent certified public accountant.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

Clifton Larson terminated our contract two years early.

   d. Last bid date: 02/28/2022 Anticipated re-bid date: 05/11/2023

10. a. Does the contract contain any IT components? No
    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?
    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	rrussum	11/12/2025 13:23:44 PM
Division Approval	tcarste2	11/12/2025 13:39:53 PM
Department Approval	staciew5	11/25/2025 10:05:02 AM
Contract Manager Approval	egonzal4	01/14/2026 12:58:57 PM
Budget Analyst Approval	klay0	01/30/2026 15:15:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31675**

		Legal Entity Name:	ARC GENERATOR SERVICE
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**ARC GENERATOR SERVICE**
Agency Code:	**431**	Address:	**1240 ICEHOUSE AVENUE**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	STEVE ARCOUETTE 775-376-3736
		Vendor No.:	T32013697
		NV Business ID:	NV20253412388

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/02/2028**
   Contract term: **1 year and 341 days**
4. Type of contract: **Contract**
   Contract description: **Generator Fuel Pump**
5. Purpose of contract:

This is a new contract to provide the replacement of a generator fuel transfer pump at the Office of the Adjutant General (OTAG).

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$15,758.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Generator fuel transfer pump at OTAG needs to be replaced.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools nor the skill set to be able to do the work.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

LA Perks Plumbing
ARC Generator
Empire Southwest

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ARC Generator Service provided the best price for the work needed.

d. Last bid date: 10/17/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	01/08/2026 10:34:04 AM
Division Approval	csnido1	01/08/2026 10:34:06 AM
Department Approval	ctyle1	01/13/2026 12:57:59 PM
Contract Manager Approval	csnido1	01/21/2026 12:08:19 PM
Budget Analyst Approval	lramire7	01/26/2026 14:19:38 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: **31676**

		Legal Entity Name:	ARC GENERATOR SERVICE
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**ARC GENERATOR SERVICE**
Agency Code:	**431**	Address:	**1240 ICEHOUSE AVENUE**
Appropriation Unit:	**3650-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	STEVE ARCOUETTE 775-376-3736
		Vendor No.:	T32013697
		NV Business ID:	NV20253412388

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**100.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/02/2028**

Contract term: **1 year and 341 days**

4. Type of contract: **Contract**

Contract description: **Generator Fuel Pump**

5. Purpose of contract:

This is a new contract to provide the replacement of a generator fuel transfer pump at the United States Property & Fiscal Office (USPFO).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$15,411.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Generator fuel transfer pump at USPFO needs to be replaced.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools nor the skill set to be able to do the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Empire Southwest
LA Perks Plumbing
ARC Generator

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ARC Generator Service provided the best price for the work needed.

d. Last bid date: 10/17/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	01/08/2026 10:39:53 AM
Division Approval	csnido1	01/08/2026 10:39:54 AM
Department Approval	ctyle1	01/13/2026 12:57:35 PM
Contract Manager Approval	csnido1	01/21/2026 12:07:52 PM
Budget Analyst Approval	lramire7	01/26/2026 14:22:55 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: **31110**

		Legal Entity Name:	AMERICAN LAWN AND LANDSCAPING, LLC
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**AMERICAN LAWN AND LANDSCAPING, LLC**
Agency Code:	**431**	Address:	**3810 FAIRVIEW ROAD**
Appropriation Unit:	**3655-20**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	DAVID HARGROVE JR. 775-443-8989
		Vendor No.:	T32015096
		NV Business ID:	NV20201869846

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**BUILDING RENT**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/06/2026**
   Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 143 days**
4. Type of contract: **Contract**
   Contract description: **Landscape**
5. Purpose of contract:

This is a new contract to provide removal of all existing rock, old irrigation, old weed fabric, dead plants and trees for the Emergency Operations Center (EOC).

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$61,875.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Removal of all existing rock, old irrigation, old weed fabric, dead plants and trees for the Emergency Operations Center (EOC).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have all the necessary tools not skillset for the work 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):

All Seasons Lawn and Landscaping
Legends Landscaping
American Lawn and Landscaping

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was chosen as they were the only one to submit a bid and the pricing fit the need.

d. Last bid date: 09/12/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 two previous contracts with the company before (29741 and 30470). They have provided excellent work in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	09/24/2025 11:12:50 AM
Division Approval	csnido1	09/24/2025 11:12:54 AM
Department Approval	ctyle1	09/25/2025 14:55:10 PM
Contract Manager Approval	csnido1	10/21/2025 16:49:03 PM
Budget Analyst Approval	lramire7	02/06/2026 09:34:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31653**

		Legal Entity Name:	Joyce Elaine Bridschge
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**Joyce Elaine Bridschge**
Agency Code:	**440**	Address:	**Rising Sun Auditing Service, L**
Appropriation Unit:	**3710-16**		**PO Box 66**
Is budget authority available?:	**Yes**	City/State/Zip	**Valley Farms, AZ 85191**
If "No" please explain:	Not Applicable	Contact/Phone:	Elaine Bridschge 520-702-6610
		Vendor No.:	T29049816
		NV Business ID:	NV20243258923

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/27/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **153 days**

4. Type of contract: **Contract**
   Contract description: **PREA audits 2026**

5. Purpose of contract:

   This is a new contract to provide auditing services of the Prison Rape Elimination Act for Ely State Prison, Pioche Conservation Camp, Stewart Conservation Camp, and Northern Nevada Transitional Housing facilities.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$21,250.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   PREA audits are federally mandated.
   (a) An audit shall be conducted by:
   (1) A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);
   (2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the agency; or
   (3) Other outside individuals with relevant experience.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   (a) An audit shall be conducted by:
   (1) A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);
   (2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the agency; or
   (3) Other outside individuals with relevant experience.
   (b) All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Brenda Larson
Rising Sun Auditing Services LLC
KDM Consults

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost, most comprehensive bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	mschobe2	01/13/2026 11:54:35 AM
Division Approval	jsalmo1	01/15/2026 09:08:57 AM
Department Approval	wquenga	01/16/2026 10:20:40 AM
Contract Manager Approval	blewalle	01/27/2026 08:55:01 AM
Budget Analyst Approval	vyoungb	01/27/2026 09:09:41 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: **30973**

Amendment Number: **1**

Legal Entity Name: CDW Government LLC

Agency Name: **DEPARTMENT OF CORRECTIONS**

Agency Code: **440**

Appropriation Unit: **3711-10**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Contractor Name: **CDW Government LLC**

Address: **120 S Riverside Plaza**

City/State/Zip **Chicago, IL 60606**

Contact/Phone: Mitch Funk 312-705-5635

Vendor No.: PUR0000186

NV Business ID: NV20101017707

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**GOWINN Grant**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2025**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2026**

Contract term: **1 year and 23 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Network install S NV**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV21-8313 which provides computer equipment peripherals. This service agreement provides network installation at Casa Grande Transitional Housing, Jean Conservation Camp, and Florence McClure Women Correctional Center. This amendment reduces the maximum amount from $45,869 to $35,051 due to the removal of Jean Conservation Camp from the scope of work.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$45,869.00	$45,869.00	$45,869.00	Yes - Info
2.	Amount of current amendment (#1):	-$10,818.00	-$10,818.00	$35,051.00	Yes - Info
3.	New maximum contract amount:	$35,051.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Network configuration for the GOWINN project.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state agency offers this service.

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. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   State contract 99SWC-NV21-8313

   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	mschobe2	01/08/2026 10:04:25 AM
Division Approval	jsalmo1	01/08/2026 10:09:00 AM
Department Approval	wquenga	01/12/2026 14:51:51 PM
Contract Manager Approval	blewalle	01/14/2026 07:41:53 AM
EITS Approval	ljean	01/14/2026 07:56:08 AM
Budget Analyst Approval	vyoungb	01/14/2026 10:42:31 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Jason Giesler, Chief Financial Officer – ASO IV, NDOC
Dan Erlendson, Chief IT Manager, NDOC
Kali Baldridge, Business Process Analyst II, NDOC

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIN Administrator, GTO

SUBJECT: TIN Completion Memo – NDOC – TIN 1176 – *GOWINN* –BA 3710

DATE: July 11, 2025

We have completed our review for the Nevada Department of Corrections (NDOC) – *GOWINN* – TIN 1176.

The submitted TIN, for an estimated value of $160,309.10 in the FY24/FY25 biennium and $141,046.72 in the FY26/FY27 biennium (100% State Grant funding), is to invest in secure, technology-enabled education labs in three NDOC correctional facilities.

The Governor's Office of Workforce Innovation (GOWINN) is installing education labs for women offenders at three NDOC facilities: Florence McClure Women's Correctional Center, Casa Grande Transitional Housing, and Jean Conservation Camp. This investment aligns with GOWINN's mission to enhance Nevada's workforce development system by equipping all Nevadans with the skills necessary for long-term success.

GOWINN is committed to creating secure, technology-enabled education labs within these correctional

facilities. These labs will offer incarcerated individuals access to online career and technical education, digital literacy programs, and industry-recognized certifications, to prepare the women for successful reintegration into the workforce. This initiative supports NDOC's goal of reducing recidivism through rehabilitation and aligns with GOWINN's objective of improving employment outcomes across the state.

The investment includes new LAN equipment, firewalls, and wiring to ensure the labs are fully operational and secure.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify GTO 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: **30902**

Amendment Number: **1**

Legal Entity Name: STOUT ELECTRIC

Agency Name: **DEPARTMENT OF AGRICULTURE**

Agency Code: **550**

Appropriation Unit: **2691-23**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Contractor Name: **STOUT ELECTRIC**

Address: **3570 W Dewey Dr**

City/State/Zip **LAS VEGAS, NV 89118**

Contact/Phone: 702-898-5239

Vendor No.: T32017828

NV Business ID: NV20001421492

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 26-04

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2025**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2026**

Contract term: **1 year and 178 days**

4. Type of contract: **Contract**

Contract description: **Electrical work**

5. Purpose of contract:

This is the first amendment to the original contract which provides electrical installation at the food warehouse in Las Vegas. This amendment revises Attachment AA - Scope of Work and adds services as needed and extends the termination date from January 31, 2026, to January 31, 2027, and increases the maximum amount from $9,555 to $10,055, to disconnect and reconnect forklift chargers not included in the original scope of work.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$9,555.00	$9,555.00	$9,555.00	No
2.	Amount of current amendment (#1):	$500.00	$10,055.00	$10,055.00	Yes - Info
3.	New maximum contract amount:	$10,055.00			
	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?

The newly purchased food warehouse in Las Vegas has multiple items that must be purchased and services completed before we can move in and bring over food. Addition of new equipment requiring high-voltage power and need for reliable and dedicated power/circuits and to avoid circuit overloads to ensure safety.
Inadequate lighting in the back warehouse area, affecting visibility and safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers do not have expertise to perform this work.

9. Were quotes or proposals solicited? Yes

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   This vendor gave the lowest bid.

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Nevada Deptartment of Agriculture 2025, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	01/20/2026 11:18:52 AM
Division Approval	jwilkin3	01/20/2026 11:18:54 AM

Department Approval	cbalcon	01/23/2026 11:35:49 AM
Contract Manager Approval	jfromm	01/23/2026 11:37:51 AM
Budget Analyst Approval	dspeed1	01/23/2026 17:20:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31759**

		Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Name:	**DPS-INVESTIGATION DIVISION**	Contractor Name:	**CARAHSOFT TECHNOLOGY CORPORATION**
Agency Code:	**653**	Address:	**11493 SUNSET HILLS RD STE 100**
Appropriation Unit:	**3743-44**		
Is budget authority available?:	**Yes**	City/State/Zip	**RESTON, VA 20190-5230**
If "No" please explain:	Not Applicable	Contact/Phone:	ALEX VILLATORO 703-921-4089
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/06/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2027**

Contract term: **1 year and 22 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Zero Fox**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides online access to ZeroFox Physical Intelligence portal to assist with criminal and terrorism-based investigations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$27,588.96**

II. JUSTIFICATION

7. What conditions require that this work be done?

The online access to the ZeroFox Physical Intelligence portal will help the Investigation Division enhance information collection, threat based analysis, finish intelligence productions, and it will assist with criminal and terrorism based investigations.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Carahsoft has a statewide contract, #99SWC-NV24-17504.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Carahsoft is used by the Office of Traffic Safety and is currently used by Investigations/NTAC as well. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Selby Marks, NTAC Deputy Director Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	02/03/2026 09:49:41 AM
Division Approval	cjackson	02/03/2026 09:49:44 AM
Department Approval	mcosenti	02/05/2026 11:41:52 AM
Contract Manager Approval	mcosenti	02/05/2026 11:41:55 AM
EITS Approval	ljean	02/05/2026 11:51:14 AM
Budget Analyst Approval	rmayhall	02/06/2026 11:02:09 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Coley McCann, Chief, ID, DPS
Selby Marks, NTAC Deputy Director, DPS
Connie Chambers, Administrative Services Officer II, ID, DPS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *Zero Fox* – TIE 1467, Revision 1 – BA(s) 3743

DATE: December 11, 2025

We have completed our review of the Department of Public Safety (DPS) investment, which has an estimated total value of $27,588.96, allocated to FY2026.

Funding source(s): 100% Federal Grant.

ZeroFox is a cloud-based web intelligence platform that monitors emerging threats across the surface, deep, and dark web using customer-defined search parameters. Its capabilities include curated threat intelligence, near real-time alerts tied to specific locations, visualization of physical security incidents, and geopolitical situational awareness. The service is designed to help organizations detect and respond to online risks quickly and with greater context.

The Nevada Threat Analysis Center (NTAC), the state's DHS-recognized intelligence fusion center, relies on timely and reliable threat information to fulfill its role as the hub for receiving, analyzing, and

distributing intelligence to federal, state, local, tribal, and territorial partners. ZeroFox supports this mission by supplying a continuous feed of web-sourced intelligence relevant to criminal activity, terrorism indicators, and other emerging threats. By enabling analysts to identify and validate threat information across otherwise inaccessible parts of the internet, the service strengthens NTAC's ability to produce actionable intelligence products and enhances information-sharing efforts with law enforcement partners statewide.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall low level of cybersecurity risk for this investment.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31617**

		Legal Entity Name:	INSIGHT PUBLIC SECTOR, INC.
Agency Name:	**DPS-INVESTIGATION DIVISION**	Contractor Name:	**INSIGHT PUBLIC SECTOR, INC.**
Agency Code:	**653**	Address:	**2701 E INSIGHT WAY**
Appropriation Unit:	**3743-44**		
Is budget authority available?:	**Yes**	City/State/Zip	**CHANDLER, AZ 85286-1930**
If "No" please explain:	Not Applicable	Contact/Phone:	CRYSTAL MCBRIDE 501-505-4155
		Vendor No.:	PUR0004545B
		NV Business ID:	NV20021477454

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **339 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Fog Data**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software value-added resources. This service agreement provides online access to Fog Data Science portal to assist with criminal and terrorism-based investigations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$12,046.30**

II. JUSTIFICATION

7. What conditions require that this work be done?

The online access to the Fog Data Science Retrieval Portal will help the Investigation Division enhance information collection, threat based analysis, finish intelligence productions, and it will assist with criminal and terrorism based investigations.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Insight Public Sector has a statewide contract, #99SWC-NV23-12500

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:

Highway Patrol currently has two contracts with Insight Public Sector; one for their Azure Database and one for their Virtual Sign network. The work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Selby Marks, NTAC Deputy Director Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	01/08/2026 11:26:16 AM
Division Approval	cjackson	01/08/2026 11:26:21 AM
Department Approval	bsalisbu	01/09/2026 12:19:27 PM
Contract Manager Approval	mcosenti	01/12/2026 13:50:34 PM
EITS Approval	ljean	01/12/2026 13:53:52 PM
Budget Analyst Approval	tsmorra	01/26/2026 16:01:18 PM

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M E M O R A N D U M

TO: Coley McCann, Chief, ID, DPS
Selby Marks, NTAC Deputy Director, DPS
Connie Chambers, Administrative Services Officer II, ID, DPS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *Fog Data Science* – TIE 1466, Revision 1 – BA(s) 3743

DATE: December 11, 2025

We have completed our review of the Department of Public Safety (DPS) investment, which has an estimated total value of $12,046.30, allocated to FY2026.

Funding source(s): 100% Federal Grant.

Fog Data Science offers a commercially sourced geospatial intelligence service that aggregates and analyzes digital device application data to reveal patterns of movement and location-based behaviors. Its value lies in transforming broad, commercially available data into actionable geospatial insight through a cloud-delivered portal that supports validation of investigative leads, correlation of events, and enhanced situational understanding.

For the Nevada Threat Analysis Center (NTAC), this capability aligns with its mandate as the state's DHS-recognized intelligence fusion center. NTAC's mission depends on timely, reliable information that

can be shared across federal, state, local, tribal, and territorial partners. Fog Data Science strengthens that mission by providing a toolset that allows analysts to examine geospatial trends, corroborate threat indicators, and refine intelligence products with greater precision. The service also supports NTAC's operational need for scalable, on-demand analytics without requiring new infrastructure or specialized in-house development.

The investment positions NTAC to improve both the efficiency and quality of its intelligence workflow. By introducing commercially derived geospatial datasets and integrated analytic tools, the center gains broader visibility into potential criminal and terrorism activities while reducing manual data validation efforts. This investment supports interagency coordination by enabling analysts to deliver clearer, evidence-based intelligence that can be readily shared with law enforcement partners.

The GTO TIE investment and implementation risk score indicates a low risk, and the technology risk score indicates an overall low level of cybersecurity risk for this investment.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31652**

		Legal Entity Name:	FIRETREX INC
Agency Name:	**EMERGENCY MANAGEMENT**	Contractor Name:	**FIRETREX INC**
Agency Code:	**654**	Address:	**10621 NE 194TH ST**
Appropriation Unit:	**3673-53**		
Is budget authority available?:	**Yes**	City/State/Zip	**BOTHELL, WA 98011-3043**
If "No" please explain:	Not Applicable	Contact/Phone:	206/452-1976
		Vendor No.:	T29039255
		NV Business ID:	NV20253402184

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2029**
   Contract term: **3 years and 353 days**

4. Type of contract: **Contract**
   Contract description: **Maintenance**

5. Purpose of contract:

   This is a new contract to provide annual maintenance, hosting, and technical support for the Statewide Credential and Learning Management System.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$36,000.00**
   Payment for services will be made at the rate of $9,000.00 per Annually

II. JUSTIFICATION

7. What conditions require that this work be done?

   The state in unable to provide maintenance for this software database.

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 level of expertise to maintain this 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. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
   Approval #: null
   Approval Date: 12/18/2025

   c. Why was this contractor chosen in preference to other?

This Vendor was chosen as they are the original developer and sole provider of the software, and able to provide maintenance.

d. Last bid date: 05/14/2019 Anticipated re-bid date: 09/30/2029

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gypsy Sonny, MA I Ph: 775-687-0324

Jared Franco, ASOIII Ph: 775-687-0304

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlyma2	01/09/2026 11:31:14 AM
Division Approval	jfranc5	01/09/2026 12:53:35 PM
Department Approval	jfranc5	01/09/2026 12:53:38 PM
Contract Manager Approval	gsonny10	01/09/2026 13:11:21 PM
EITS Approval	ljean	01/12/2026 07:15:03 AM
Budget Analyst Approval	lramire7	01/13/2026 14:00:56 PM

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	251202C

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	**Agency Contact Information - Note: Approved copy will be sent to ONLY the contact(s) listed below:**			
	ENTER STATE AGENCY NAME:	*Office of Emergency Management*		
	Contact Name and Title		*Phone Number*	*Email Address*
	Gypsy Sonny MA I		*775-291-9623*	g.sonny@dem.nv.gov
	Jared Franco ASO III		*775-687-0304*	jaredfranco@dem.nv.gov

1b	**Vendor Information:**	
	Vendor Name:	**FireTrex, Inc**
	Contact Name:	***Dave Monahan***
	Complete Address: City, State, and Zip Code	*3757 N Paseo Del Sol Mesa, AZ 85207*
	Telephone Number:	*206-501-4480*
	Email Address:	*davem@firetrex.com*

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	***Sole Source***
	Professional Service Exemption:	

1d	**Contract Information:**				
	Is this a new Contract? Check One:	Yes:	*X*	No:	
	If 'No' Enter Amendment Number:	#			
	Enter CETS Number:	#			

1e	**Term:**				
	One (1) Time Purchase? Check One:	Yes:	*X*	No:	
	Contract:	Start Date:	***Upon BOE Approval***	End Date:	*12/31/2029*

1f	**Funding:**	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	100%
	Other (Explain):	

Submission 12/15/25

Purchasing Use Only:	
Approval #:	251202

1g	**Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:**
	$ 36,000.00 ($9,000.00 Annually)

2	**Provide a description of work/services to be performed or services with goods to be purchased:**
	FireTrex, Inc. will provide annual maintenance, hosting, and technical support for the Statewide Credential and Learning Management System, including system updates, data security, user support, and quarterly performance reporting for the Nevada Office of Emergency Management.

3	**What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?**
	FireTrex, Inc. developed and customized the existing Statewide Credential and Learning Management System specifically for OEM. The company maintains the proprietary software, database structure, and hosting environment, making it the only vendor capable of providing compatible maintenance, updates, and technical support without disrupting existing data or system functionality.

4	**Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:**
	These services cannot be competitively bid because FireTrex, Inc. is the original developer and sole provider of the proprietary Statewide Credential and Learning Management System used by OEM. The system's source code, database architecture, and hosting environment are owned and maintained exclusively by FireTrex. Engaging another vendor would require full system replacement, data migration, and retraining, resulting in significant cost, downtime, and risk to statewide training and credentialing operations.

5	**Were alternative services or commodities evaluated?**	**Check One:**	
		Yes	No
			X
	a. *<u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*		
	b. *<u>If not</u>, why were alternatives not evaluated?*		
	FireTrex, Inc. is the original developer and sole provider of the proprietary and would require full system replacement.		

Purchasing Use Only:	
Approval #:	251202 ED

6	**Has the agency purchased these services/services with goods in the past? Check One:** ***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>***	**Yes** *X*	**No**

a. *If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each</u>:*

Term		*Value*	*Short Description*	*Provide Type of Procurement RFP#, RFQ#, Waiver #*	*CETS #*
Start Date	*End Date*				
5/14/2019	*6/30/2022*	*$99,858.00*	*Data Management*	*RFQ*	*21600*
		$			
		$			
		$			
		$			

7	**What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?** ***If the waiver request is denied and the services are competitively bid, OEM would face significant operational disruptions. A new vendor would be unable to access or maintain the proprietary FireTrex system, requiring complete system replacement, data migration, and user retraining. This would cause loss of historical training and credential records, extended system downtime, increased costs, and delays in certifying and deploying qualified emergency management personnel statewide.***

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?** ***Alternate credential and learning management platform pricing is significantly over what the decision unit can cover and confirmed none are compatible with the proprietary FireTrex system architecture. Market research and vendor outreach verified that FireTrex is the only provider capable of maintaining and updating the existing system without replacement.***

#2512080

9	**Will this purchase obligate the State to this vendor for future purchases? Check One:** ***NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.***	**Yes**	**No**
		X	
	a. *If yes, please provide details regarding future obligations or needs.*		
	The Agency will be reaching out to their assigned Purchasing Officer to facilitate the RFP process prior to the requested term date of 12.31.2029.		

Purchasing Use Only:	
Approval #:	25\202

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. *NOTE: The same individual cannot provide approval signatures in both sections.*

Signature of Agency Representative Initiating Request

Gypsy Sonny — 12/9/25

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

Jared Franco — 12/9/25

Print Name of Agency Head Authorizing Request — Date

FOR PURCHASING USE ONLY – PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, **State Purchasing** may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.***

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review — Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at cstoeffler@admin.nv.gov.

NOTE: If this box is checked, the agency must include the TIE approval or approval update as an attachment in CETS.	

Approved by:

Administrator, Purchasing Division or Designee — 12.16.2025 — 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: **31670**

		Legal Entity Name:	SIERRA PEAKS ENTERPRISES LLC
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**SIERRA PEAKS ENTERPRISES LLC**
Agency Code:	**704**	Address:	**1075 FOOTHILL RD**
Appropriation Unit:	**4103-43**		
Is budget authority available?:	**Yes**	City/State/Zip	**GARDNERVILLE, NV 89460-6512**
If "No" please explain:	Not Applicable	Contact/Phone:	775/265-8444
		Vendor No.:	T27041515
		NV Business ID:	NV20091194343

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**50.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**50.00 % 4184 Conserve Nevada & 4103 LWCF**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/25/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **02/25/2026**
   Contract term: **31 days**

4. Type of contract: **Other (include description): Work Plan**
   Contract description: **MS Tree removal**

5. Purpose of contract:

   This is a new work plan under statewide contract 99SWC-NV21-8445 to provide tree removal at Mormon Station State Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,200.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Division of State Parks seeks to utilize the services of Sierra Peaks for tree removal and cleanup at the Kinsey House into the Mormon Station State Historic Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   In accordance with the statewide contract for Fire Fuels Reduction, Sierra Peaks is authorized to perform this work (Bid Solicitation #99SWC-S1426).

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   HEALTHY TREES
   BATTLE BORN TREE SERVICE
   SIERRA PEAKS

   b. Soliciation 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:

    NDSP 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	ethick1	01/14/2026 09:45:21 AM
Division Approval	ethick1	01/14/2026 09:45:23 AM
Department Approval	ethick1	01/14/2026 09:45:25 AM
Contract Manager Approval	ethick1	01/20/2026 08:38:40 AM
Budget Analyst Approval	rmayhall	01/20/2026 11:50:32 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: **31799**

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: Weddings and Events by Emily, LLC
Contractor Name: **Weddings and Events by Emily, LLC**
Address: **7718 JASMINE FALLS DR**
City/State/Zip **LAS VEGAS, NV 89179**
Contact/Phone: 702-683-7288
Vendor No.:
NV Business ID: NV20151195977

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**REVENUE**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/05/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**
If "Yes", please explain
Not Applicable

3. Termination Date: **03/31/2028**
   Contract term: **2 years and 54 days**

4. Type of contract: **Revenue Contract**
   Contract description: **VOF Weddings**

5. Purpose of contract:
This is a new revenue contract to conduct wedding ceremonies at Valley of Fire State Park.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **$25,000.00**

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. Soliciation 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	02/02/2026 12:26:36 PM
Division Approval	ethick1	02/02/2026 12:26:38 PM
Department Approval	ethick1	02/02/2026 12:26:40 PM
Contract Manager Approval	ethick1	02/02/2026 12:26:43 PM
Budget Analyst Approval	rmayhall	02/05/2026 13:43:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30502**

Amendment Number: **1**

Legal Entity Name: NEVADA CHILLER AND BOILER INC

Agency Name: **DCNR - PARKS DIVISION**

Contractor Name: **NEVADA CHILLER AND BOILER INC**

Agency Code: **704**

Address: **10 HARDY DR**

Appropriation Unit: **4605-11**

Is budget authority available?: **Yes**

City/State/Zip **SPARKS, NV 89431-6307**

If "No" please explain: Not Applicable

Contact/Phone: 775/432-1331

Vendor No.: T32006651

NV Business ID: NV20151141050

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Utility Surcharge**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/24/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2028**

Contract term: **3 years and 7 days**

4. Type of contract: **Contract**

Contract description: **TR Boiler**

5. Purpose of contract:

This is the first amendment to the original contract which provides boiler replacement and maintenance at Tahoe Region State Parks. This amendment increases the maximum amount from $30,000 to $42,000 due to additional work that is needed to ensure system use.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$30,000.00	$30,000.00	$30,000.00	Yes - Info
2.	Amount of current amendment (#1):	$12,000.00	$12,000.00	$42,000.00	Yes - Info
3.	New maximum contract amount:	$42,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The replacement of obsolete/non-functional boilers and annual servicing and repairs of boilers and hydronic heating systems at the Lake Tahoe Nevada State Parks for a period of three calendar years.
NDSP received a bid in the amount of $28,953 but is requesting a contract for $30,000 to allow for flexibility in covering any unforeseen expenses that may arise during the term of the contract.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees don't possess the necessary skills or expertise to complete these tasks.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/11/2025 Anticipated re-bid date: 04/05/2028

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	01/28/2026 07:07:36 AM
Division Approval	ethick1	01/28/2026 07:07:38 AM
Department Approval	ethick1	01/28/2026 07:07:40 AM
Contract Manager Approval	ethick1	01/28/2026 07:07:42 AM
Budget Analyst Approval	rmayhall	02/05/2026 14:03:52 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: **31750**

		Legal Entity Name:	SIERRA PEAKS ENTERPRISES LLC
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**SIERRA PEAKS ENTERPRISES LLC**
Agency Code:	**704**	Address:	**1075 FOOTHILL RD**
Appropriation Unit:	**4605-06**		
Is budget authority available?:	**Yes**	City/State/Zip	**GARDNERVILLE, NV 89460-6512**
If "No" please explain:	Not Applicable	Contact/Phone:	775/265-8444
		Vendor No.:	T27041515
		NV Business ID:	NV20091194343

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**User Fee overage - 4605**
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 **02/05/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2026**
   Contract term: **53 days**

4. Type of contract: **Other (include description): Service Agreement**
   Contract description: **Tree Trimming RP**

5. Purpose of contract:

   This is a new service agreement under statewide contract 99SWC-NV21-8445 to provide tree removal at Rye Patch State Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The project consists of three days of tree trimming and removal of sick and hazardous trees within Rye Patch State Park. Work will focus on identifying and trimming trees infected with cystospore fungus, as well as removing dead, diseased, or structurally compromised branches that pose a risk to public safety.

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 equipment

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Healthy Trees
   Sierra Peaks
   Battle Born Tree Service

   b. Soliciation 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:

NDSP 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	ethick1	01/26/2026 12:45:22 PM
Division Approval	ethick1	01/26/2026 12:45:25 PM
Department Approval	ethick1	01/26/2026 12:45:26 PM
Contract Manager Approval	ethick1	01/26/2026 12:45:28 PM
Budget Analyst Approval	rmayhall	02/05/2026 09:54:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31549**

Agency Name: **DCNR - PARKS DIVISION**

Agency Code: **704**

Appropriation Unit: **4605-06**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: WALKER RIVER MECHANICAL GROUP

Contractor Name: **WALKER RIVER MECHANICAL GROUP**

Address: **12 STATE ROUTE 208**

City/State/Zip **YERINGTON, NV 89447-2420**

Contact/Phone: 775/463-9698

Vendor No.: T32004427

NV Business ID: NV20161072666

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 %	**X**	Fees	**100.00 %**	**User Fee Overage 4605-06**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/16/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2029**

Contract term: **3 years and 16 days**

4. Type of contract: **Contract**

Contract description: **WR HVAC On Call**

5. Purpose of contract:

This is a new contract to provide on call HVAC services as needed for all Western Region State Parks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$80,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide on-call / Emergency HVAC services as needed on the various heating, cooling systems and components throughout the Western Region of Nevada State Parks. Servicing, Lahontan State Recreation Area, located in Fallon and Silver Springs NV. Fort Churchill State Historic Park, located in Silver Springs and Weeks NV. and Walker River Recreation Area (Pitchfork, Rafter 7 and The Flying M ranches) located in Yerington NV.

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 expertise or materials 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):

Marraccini Plumbing, Heating, Cooling & Controls, Inc.
Just in Time
Walker River Mechanical

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 10/28/2025 Anticipated re-bid date: 10/02/2028

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	01/08/2026 09:48:55 AM
Division Approval	ethick1	01/08/2026 09:48:57 AM
Department Approval	ethick1	01/08/2026 09:48:58 AM
Contract Manager Approval	ethick1	01/08/2026 09:49:00 AM
Budget Analyst Approval	rmayhall	01/16/2026 10:49:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31735**

		Legal Entity Name:	HOLDS WATER LLC
Agency Name:	**DCNR - DIVISION OF WATER RESOURCES**	Contractor Name:	**HOLDS WATER LLC**
Agency Code:	**705**	Address:	**886 VALLEY VISTA DRIVE**
Appropriation Unit:	**4171-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89705**
If "No" please explain:	Not Applicable	Contact/Phone:	JASON KING, P.E. 7757217838
		Vendor No.:	T29051851
		NV Business ID:	nv20201689335

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/28/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **152 days**
4. Type of contract: **Contract**
   Contract description: **HOLDS WATER LLC**
5. Purpose of contract:

This is a new contract to provide consultative services to the Division of Water Resources, specifically to evaluate permit processes, provide recommendations on permitting decisions, and review candidate information.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$73,500.00**
   Payment for services will be made at the rate of $175.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to a vacancy in the State Engineer's Office, the Director's Office of the Department of Conservation and Natural Resources requires professional services from a Professional Engineer to provide services to the Division of Water Resources to evaluate current water permitting processes, provide recommendations on permitting decisions, and provide technical assistance in review candidate information for the high level positions in the Water Resources Division. The Division does not currently have employees with the technical and leadership experience to fill this knowledge gap.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is insufficient state staff with the skills and knowledge available to assist in these areas.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This solicitation was not adapted to competitive solicitation as the skills and knowledge required for this work are held by a Professional Engineer that has been previously been employed by the Division of Water Resources.

d. Last bid date: 01/16/2026 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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:

    null, null Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	01/28/2026 09:56:50 AM
Division Approval	hbugg	01/28/2026 09:56:54 AM
Department Approval	hbugg	01/28/2026 09:56:57 AM
Contract Manager Approval	vchrist1	01/28/2026 10:00:49 AM
Budget Analyst Approval	rmayhall	01/28/2026 10:23:34 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: **30849**

		Legal Entity Name:	Clark County Fire Department
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**Clark County Fire Department**
Agency Code:	**706**	Address:	**575 Flamingo Road**
Appropriation Unit:	**4196-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89119**
If "No" please explain:	Not Applicable	Contact/Phone:	702-455-0000 702-455-0000
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Revenue**

Agency Reference #: WFPP-005

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 09/2025

Retroactive? **Yes**

If "Yes", please explain

NDF and Clark County Fire Department have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2025 as the current contract for this service expires on June 30, 2025.

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**
   Contract description: **WFPP Agreement**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing wildland fire services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$21,770.00**

Payment for services will be made at the rate of $2,721.25 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Clark County Fire Department will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? No

   Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal Agreement

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    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:
    Ron Bollier, FMO Ph: 775-684-2556
    Maria Munoz, MAII Ph: 775-684-2516

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	02/03/2026 11:59:18 AM
Division Approval	jkemmere	02/03/2026 11:59:20 AM
Department Approval	jkemmere	02/03/2026 11:59:22 AM
Contract Manager Approval	mmcdani5	02/05/2026 10:46:12 AM
Budget Analyst Approval	rmayhall	02/05/2026 10:51:14 AM

NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Kacey KC, *State Forester/Firewarden*

DATE: 7/18/2025

MEMORANDUM

TO: **Rosa Rogula**
Budget Officer
Governor's Finance Office

FROM: **Kacey KC**
State Forester / Fire Marshall
Nevada Division of Forestry

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – WFPP-005 (CETS #30849)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Nevada Division of Forestry
- **Services to be provided:** This is a renewed interlocal agreement to provide services under the Wildland Fire Protection Program for Clark County Fire Department
- **Funding source and expenditure category:** BA 4196 – CAT 00 Revenue
- **Requested start date of work:** July 1, 2025
- **Expected execution date of agreement (BOE approvals):** October 14, 2025
- **Detailed explanation as to why a retroactive agreement is necessary, including: Reason(s) why the agreement was not submitted timely:** The finalization of the contract scope of work language was delayed due to multiple revisions to NDF's wildfire suppression account at the end of the 83rd session of the Nevada Legislature both through SB 499 and NDF's overall budget approval. SB 19 and AB 57 also required contractual changes. The WFPP contract modifications ensure the agreements follow all state, local and federal policies and guidelines regarding incident billing, including compliance with the 13 recommendations identified in LA26-04. In addition, it ensures understanding of NDF's newly designed Out-of-State budget account, BA 4193. NDF began the modification process immediately upon final approval in early June, allowing for discussion and language clarification with participating entities. On July 16th, NDF sent all participating entities the final agreed upon contract for signature. Some entities can sign immediately, others have boards that must approve, which will cause further delays. It is NDF's intent to cover the costs of suppression back to July 1, 2025, as we have in the past, to match the last agreement for all that continue participation in this biennium.
- **Describe the impact to the program/services if this work is not started prior to the execution of the agreement**: These contracts are renewed on a biennial basis. It is imperative to the counties/fire protection districts budgets to cover these costs back to July 1 to ensure fire suppression continues in and out of state by the closest available resources to reduce catastrophic loss of homes, lives and ecosystems.
- **Explain how the program/bureau will prevent future retroactive requests**: NDF and members of the WFPP will continue to improve the program throughout the next two years. NDF will continue to work with the executive committee, as outlined in the agreement. The executive committee will be responsible for updating the WFPP formula, agreement revisions, and other matters pertaining to the WFPP partnership. The executive committee must have a final updated draft WFPP agreement template for membership review no later than January 31 of the renewal year. This timeline should allow for all agreements to be signed and in place prior to July 1 in future biennia, barring any changes in legislature that require immediate updates.

If you have any questions, please contact Matthew McDaniel at (775) 684-2506 or NDFContracts@forestry.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: **30875**

		Legal Entity Name:	North Lyon County Fire Protection District
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**North Lyon County Fire Protection District**
Agency Code:	**706**	Address:	**195 E Main Street**
Appropriation Unit:	**4196-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Fernley, NV 89408**
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Bunn 775-575-3310
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Revenue**

Agency Reference #: WFPP-022

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 09/2025

Retroactive? **Yes**

If "Yes", please explain

NDF and Lincoln County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2025 as the current contract for this service expires on June 30, 2025.

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 364 days**
4. Type of contract: **Revenue Contract**
   Contract description: **WFPP Agreement**
5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing wildland fire services under the Wildland Fire Protection Program.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$10,254.00**
   Payment for services will be made at the rate of $1,281.75 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and North Lyon County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal Agreement

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    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:
    Ron Bollier, FMO Ph: 775-684-2556
    Maria Munoz, MAII Ph: 775-684-2516

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	01/05/2026 17:08:07 PM
Division Approval	jkemmere	01/05/2026 17:08:09 PM
Department Approval	jkemmere	01/05/2026 17:08:11 PM
Contract Manager Approval	mmcdani5	01/06/2026 08:43:55 AM
Budget Analyst Approval	rmayhall	01/16/2026 09:46:33 AM

NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Kacey KC, *State Forester/Firewarden*

DATE: 7/18/2025

MEMORANDUM

TO: **Rosa Rogula**
Budget Officer
Governor's Finance Office

FROM: **Kacey KC**
State Forester / Fire Marshall
Nevada Division of Forestry

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – WFPP-022 (CETS #30875)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Nevada Division of Forestry
- **Services to be provided:** This is a renewed interlocal agreement to provide services under the Wildland Fire Protection Program for North Lyon County Fire Protection District
- **Funding source and expenditure category:** BA 4196 – CAT 00 Revenue
- **Requested start date of work:** July 1, 2025
- **Expected execution date of agreement (BOE approvals):** October 14, 2025
- **Detailed explanation as to why a retroactive agreement is necessary, including: Reason(s) why the agreement was not submitted timely:** The finalization of the contract scope of work language was delayed due to multiple revisions to NDF's wildfire suppression account at the end of the 83rd session of the Nevada Legislature both through SB 499 and NDF's overall budget approval. SB 19 and AB 57 also required contractual changes. The WFPP contract modifications ensure the agreements follow all state, local and federal policies and guidelines regarding incident billing, including compliance with the 13 recommendations identified in LA26-04. In addition, it ensures understanding of NDF's newly designed Out-of-State budget account, BA 4193. NDF began the modification process immediately upon final approval in early June, allowing for discussion and language clarification with participating entities. On July 16th, NDF sent all participating entities the final agreed upon contract for signature. Some entities can sign immediately, others have boards that must approve, which will cause further delays. It is NDF's intent to cover the costs of suppression back to July 1, 2025, as we have in the past, to match the last agreement for all that continue participation in this biennium.
- **Describe the impact to the program/services if this work is not started prior to the execution of the agreement**: These contracts are renewed on a biennial basis. It is imperative to the counties/fire protection districts budgets to cover these costs back to July 1 to ensure fire suppression continues in and out of state by the closest available resources to reduce catastrophic loss of homes, lives and ecosystems.
- **Explain how the program/bureau will prevent future retroactive requests**: NDF and members of the WFPP will continue to improve the program throughout the next two years. NDF will continue to work with the executive committee, as outlined in the agreement. The executive committee will be responsible for updating the WFPP formula, agreement revisions, and other matters pertaining to the WFPP partnership. The executive committee must have a final updated draft WFPP agreement template for membership review no later than January 31 of the renewal year. This timeline should allow for all agreements to be signed and in place prior to July 1 in future biennia, barring any changes in legislature that require immediate updates.

If you have any questions, please contact Matthew McDaniel at (775) 684-2506 or NDFContracts@forestry.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: **31669**

		Legal Entity Name:	NEVADA ALTERNATIVE SOLUTIONS, INC.
Agency Name:	**B&I - INSURANCE DIVISION**	Contractor Name:	**NEVADA ALTERNATIVE SOLUTIONS, INC.**
Agency Code:	**741**	Address:	**9506 W FLAMINGO RD STE 102**
Appropriation Unit:	**3802-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89147**
If "No" please explain:	Not Applicable	Contact/Phone:	CHARLES NORT 702/796-1333
		Vendor No.:	T81042202
		NV Business ID:	NV19931097191

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Worker's Compensation Insolvency Fund**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/21/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2026**
   Contract term: **98 days**

4. Type of contract: **Contract**
   Contract description: **SI Insolvencies**

5. Purpose of contract:
   This is a new contract to provide ongoing claims administration of insolvent self-insured employers and insolvent self-insured associations

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   A third party administrator (TPA) is required to manage the Worker's Compensation Insolvency claims.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   This is a specialized field and requires a third party to complete the duties assigned to the third party administrator for payment and collection of insolvency funds from self insured employers and insurers.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

This vendor was the incumbent and the go live period to transition to the new TPA required longer than planned. The new vendor is prepared to take over the TPA responsibilities within 2 months. This bridge contract will

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	dpoppeng	01/08/2026 13:54:46 PM
Division Approval	dpoppeng	01/08/2026 13:55:38 PM
Department Approval	rvradenb	01/21/2026 14:33:32 PM
Contract Manager Approval	rvradenb	01/21/2026 14:33:37 PM
Budget Analyst Approval	njohnst3	01/21/2026 15:33:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31544**

		Legal Entity Name:	FAIR Health, Inc.
Agency Name:	**B&I - INDUSTRIAL RELATIONS DIV**	Contractor Name:	**FAIR Health, Inc.**
Agency Code:	**742**	Address:	**800 Third Ave, Suite 900**
Appropriation Unit:	**4680-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**New York,, NY 10022**
If "No" please explain:	Not Applicable	Contact/Phone:	Thomas Swift 212-257-2383
		Vendor No.:	T29051799
		NV Business ID:	NV20253307658

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**

Agency Reference #: 74BAI-S3470 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/21/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **344 days**

4. Type of contract: **Contract**

Contract description: **Medical Fee Study**

5. Purpose of contract:

This is a new contract to provide a study relating to Nevada Workers Compensation Medical Fee Schedule Study services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$44,700.00**

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?

Division of Industrial Relations, Workers&#65533; Compensation Section needs for a 2025 Nevada Workers Compensation Medical Fee Schedule Study to be provided to collect data necessary to better assist the collection of more applicable medical fees for Nevadans.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency personnel does not have the time or required skills to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3470, 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: 11/17/2025 Anticipated re-bid date: 06/01/2026

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lpined3	12/10/2025 10:09:37 AM
Division Approval	lpined3	12/10/2025 10:09:42 AM
Department Approval	rvradenb	12/19/2025 13:45:45 PM
Contract Manager Approval	kcoo2	01/21/2026 07:32:01 AM
Budget Analyst Approval	njohnst3	01/21/2026 14:09:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31518**

		Legal Entity Name:	Blackacre Mediation Services, LLC
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**Blackacre Mediation Services, LLC**
Agency Code:	**748**	Address:	**11700 W. Charleston Blvd, #170**
Appropriation Unit:	**3820-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Lehman 702-337-6455
		Vendor No.:	T29051467
		NV Business ID:	NV20243090523

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3523 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/12/2030**

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

This is a new contract to provide mediation services for the Nevada Real Estate Division8.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$53,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The current panel of Mediators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3523, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	bhowar6	01/05/2026 09:07:49 AM
Division Approval	bhowar6	01/05/2026 09:07:51 AM
Department Approval	rvradenb	01/05/2026 09:11:10 AM
Contract Manager Approval	rvradenb	01/05/2026 09:11:11 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:18:39 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31523**

		Legal Entity Name:	Blackacre Mediation Services, LLC
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**Blackacre Mediation Services, LLC**
Agency Code:	**748**	Address:	**11700 W. Charleston Blvd, #170**
Appropriation Unit:	**3820-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Lehman 702-337-6455
		Vendor No.:	T29051467
		NV Business ID:	NV20243090523

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3305 JW

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **01/12/2030**
   Contract term: **4 years and 1 day**

4. Type of contract: **Contract**
   Contract description: **Referee/Arbitrator**

5. Purpose of contract:
   This is a new contract to provide the Business and Industry, Nevada Real Estate Division, referee/arbitrator services mandated by NRS 38.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$53,000.00**
   Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?
   The current panel of Referees/Arbitrators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3305, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	bhowar6	01/05/2026 09:08:32 AM
Division Approval	bhowar6	01/05/2026 09:08:33 AM
Department Approval	rvradenb	01/05/2026 09:12:06 AM
Contract Manager Approval	rvradenb	01/05/2026 09:12:08 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:15:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31519**

		Legal Entity Name:	LAW OFFICES OF DONALD E LOWREY
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**LAW OFFICES OF DONALD E LOWREY**
Agency Code:	**748**	Address:	**PLLC**
Appropriation Unit:	**3820-15**		**7473 W. Lake Mead Blvd. #101**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128**
If "No" please explain:	Not Applicable	Contact/Phone:	Donald E. Lowrey 702-769-5299
		Vendor No.:	T27033924A
		NV Business ID:	NV20131678251

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3305 JW

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/12/2030**
   Contract term: **3 years and 358 days**

4. Type of contract: **Contract**
   Contract description: **Mediation Services**

5. Purpose of contract:

   This is a new contract to provide mediation service for the Nevada Real Estate Division.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$53,000.00**
   Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   The current panel of Mediators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3523, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	bhowar6	01/05/2026 09:08:00 AM
Division Approval	bhowar6	01/05/2026 09:08:02 AM
Department Approval	rvradenb	01/05/2026 09:11:29 AM
Contract Manager Approval	rvradenb	01/05/2026 09:11:31 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:23:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31524**

		Legal Entity Name:	LAW OFFICES OF DONALD E LOWREY
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**LAW OFFICES OF DONALD E LOWREY**
Agency Code:	**748**	Address:	**7473 W. Lake Mead Blvd. #101**
Appropriation Unit:	**3820-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128**
If "No" please explain:	Not Applicable	Contact/Phone:	Donald E. Lowrey 702-769-5299
		Vendor No.:	T27033924A
		NV Business ID:	NV20131678251

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3305 JW

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/12/2030**
   Contract term: **3 years and 358 days**

4. Type of contract: **Contract**
   Contract description: **Referee/Arbitrator**

5. Purpose of contract:

   This is a new contract to provide referee/arbitrator services for the Nevada Real Estate Division.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$53,000.00**
   Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

   The current panel of Referees/Arbitrators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3305, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	bhowar6	01/05/2026 09:08:41 AM
Division Approval	bhowar6	01/05/2026 09:08:43 AM
Department Approval	rvradenb	01/05/2026 09:12:20 AM
Contract Manager Approval	rvradenb	01/05/2026 09:12:22 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:24:18 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: **31517**

		Legal Entity Name:	TROST, JANET DBA
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**TROST, JANET DBA**
Agency Code:	**748**	Address:	**JANET TROST ESQ**
Appropriation Unit:	**3820-15**		**501 S RANCHO DR STE H56**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89106-4836**
If "No" please explain:	Not Applicable	Contact/Phone:	JANET TROST 702/257-2889
		Vendor No.:	T81103488
		NV Business ID:	NV20101195480

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3523 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/12/2030**
   Contract term: **3 years and 358 days**

4. Type of contract: **Contract**
   Contract description: **Mediation Services**

5. Purpose of contract:

This is a new contract to provide mediation services for the Nevada Real Estate Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$53,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The current panel of Mediators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3523, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?
    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bhowar6	01/05/2026 09:07:30 AM
Division Approval	bhowar6	01/05/2026 09:07:32 AM
Department Approval	rvradenb	01/05/2026 09:10:57 AM
Contract Manager Approval	rvradenb	01/05/2026 09:10:58 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:26:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31522**

		Legal Entity Name:	TROST, JANET DBA
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**TROST, JANET DBA**
Agency Code:	**748**	Address:	**JANET TROST ESQ**
Appropriation Unit:	**3820-15**		**501 S RANCHO DR STE H56**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89106-4836**
If "No" please explain:	Not Applicable	Contact/Phone:	JANET TROST 702/257-2889
		Vendor No.:	T81103488
		NV Business ID:	NV20101195480

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3305 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/12/2030**
   Contract term: **3 years and 358 days**

4. Type of contract: **Contract**
   Contract description: **Referee/Arbitrator**

5. Purpose of contract:

This is a new contract to provide referee/arbitrator services for the Nevada Real Estate Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$53,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The current panel of Referees/Arbitrators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3305, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bhowar6	01/05/2026 09:08:21 AM
Division Approval	bhowar6	01/05/2026 09:08:22 AM
Department Approval	rvradenb	01/05/2026 09:11:55 AM
Contract Manager Approval	rvradenb	01/05/2026 09:11:57 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:29:58 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: **31521**

		Legal Entity Name:	Yan Zhang
Agency Name:	**B&I - REAL ESTATE DIVISION**	Contractor Name:	**Yan Zhang**
Agency Code:	**748**	Address:	**349 Queensbridge Way**
Appropriation Unit:	**3820-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	Yan Zhang 281-912-4280
		Vendor No.:	T29043643
		NV Business ID:	NV20222613229

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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 %	**X**	Fees	**100.00 %**	**Licensing & Administrative**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 74BAI-S3523 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/20/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/12/2030**

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

This is a new contract to provide mediation services for the Nevada Real Estate Division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$53,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The current panel of Mediators have contracts that have expired. A rolling enrollment solicitation would help avoid any interruption to the ADR Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The total project value is over $100,000 and requires a Rolling Enrollment Solicitation.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 74BAI-S3523, 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: 11/13/2025 Anticipated re-bid date: 06/12/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Business and Industry

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bhowar6	01/05/2026 09:08:11 AM
Division Approval	bhowar6	01/05/2026 09:08:13 AM
Department Approval	rvradenb	01/05/2026 09:11:41 AM
Contract Manager Approval	rvradenb	01/05/2026 09:11:43 AM
Budget Analyst Approval	njohnst3	01/20/2026 12:21:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31395**

		Legal Entity Name:	SAN DIEGO STATE UNIVERSITY FOUNDATION
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**SAN DIEGO STATE UNIVERSITY FOUNDATION**
Agency Code:	**901**	Address:	**5250 Campanile Drive**
Appropriation Unit:	**3265-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**San Diego , CA 92182**
If "No" please explain:	Not Applicable	Contact/Phone:	Renee Lechner 619/594-4349
		Vendor No.:	T81037053B
		NV Business ID:	NV20161368948

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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.

X	General Funds	**21.30 %**	Fees	0.00 %
X	Federal Funds	**78.70 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP# 90DETR-S3390 LF/ Ref# 3986-30-REHAB

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/04/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **10/31/2029**
   Contract term: **3 years and 269 days**

4. Type of contract: **Contract**
   Contract description: **2026 CSNA**

5. Purpose of contract:

   This is a new contract to provide ongoing technical assistance for the completion of the Statewide Needs Assessment, as required in the guidelines published in the Federal Rehabilitation Services Administration's Vocational Rehabilitation Needs Assessment Guide.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$70,098.00**

   Other basis for payment: Total Contract or installments payable at: As Invoiced and Approved by the State. Total Contract Not to Exceed: $70,098.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Per 34 CFR 361.29, the State plan is required to include results of a comprehensive, statewide assessment every 3 years describing the rehabilitation needs of individuals with disabilities residing with the State of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The Comprehensive Statewide Needs Assessment requires the assistance of skilled technical experts. State employees are not technically skilled in this manner.

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):

San Diego State University
BerryDunn
Utah State University
Public Consulting Group, LLC
RMC Research Corporation

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 333, the selected vendor was the highest scorer proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/11/2025 Anticipated re-bid date: 08/01/2029

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to Vocational Rehabilitation since 1999.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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:

    Mechelle Merrill, Deputy Administrator Ph: 775-687-6862

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ejohns16	01/28/2026 11:32:57 AM
Division Approval	cjacob	01/28/2026 11:54:43 AM
Department Approval	cjacob	01/28/2026 11:54:45 AM
Contract Manager Approval	wcune1	01/28/2026 13:59:10 PM
Budget Analyst Approval	lramire7	02/04/2026 09:59:03 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: **31690**

		Legal Entity Name:	ALL-AMERICAN FENCE CO INC
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**ALL-AMERICAN FENCE CO INC**
Agency Code:	**902**	Address:	**4845 W Reno Ave**
Appropriation Unit:	**4771-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118**
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Lundstrom 702-454-4279
		Vendor No.:	T32006558A
		NV Business ID:	NV20021424491

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**PENALTIES**

Agency Reference #: 4020-27-OM

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/21/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/08/2027**
   Contract term: **352 days**

4. Type of contract: **Contract**
   Contract description: **Iron Fence S. NV**

5. Purpose of contract:

   This is a new contract to provide an iron fence at the St. Louis Avenue location in Las Vegas, Nevada.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$37,000.00**

   Other basis for payment: As invoiced by the Contractor and approved for payment by the State. Contract not to exceed: $37,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The department requires the current fencing at this location to be replaced due to vagrant activity cutting into the current chain-link fence to gain access to our facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the expertise or equipment to perform this work.

9. Were quotes or proposals solicited? Yes

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

All American Fence
A1 Fence
General Fence Inc
Budget Fence
Tiberti Fence

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

DETR has contracted with this vendor in the past and have been very pleased with their work and reliability.

d. Last bid date: 12/22/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 has worked with this vendor previously as a result of contact# 3991-27-OM. DETR was happy with the outcome of the contract and found the vendors work 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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	eparra	01/16/2026 12:33:22 PM
Division Approval	mmellow	01/16/2026 13:30:38 PM
Department Approval	rkin5	01/16/2026 13:42:14 PM
Contract Manager Approval	wcune1	01/16/2026 13:46:05 PM
Budget Analyst Approval	lramire7	01/21/2026 09:39:12 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: **30155**

Amendment Number: **2**

Legal Entity Name: ESTIPONA GROUP

Agency Name: **DETR - EMPLOYMENT SECURITY**

Contractor Name: **ESTIPONA GROUP**

Agency Code: **902**

Address: **PO BOX 10606**

Appropriation Unit: **4772-20**

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89510-0606**

If "No" please explain: Not Applicable

Contact/Phone: Edward Estipona 775/624-8720

Vendor No.: T29035435

NV Business ID: NV19951042070

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3927-26-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2026**

Contract term: **2 years and 111 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Estipona Group UI**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing and education services. This amendment extends the termination date from 03/31/2026 to 06/30/2027 and increases the maximum amount from $1,202,883.92 to $1,300,383.92 due to continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,202,883.92	$1,202,883.92	$1,202,883.92	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#2):	$97,500.00	$97,500.00	$97,500.00	Yes - Info
3.	New maximum contract amount:	$1,300,383.92			
	and/or the termination date of the original contract has changed to:	06/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR UI website is out of date and does not align with the revamp of UINV to NUI.

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 or knowledge to do a multiple tier marketing campaign.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State-Wide Contract 99SWC-NV23-17892

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 has provided satisfactory services to the Housing Division since August 2014 and other state agencies since August 2016.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	eparra	02/05/2026 08:38:40 AM
Division Approval	mmellow	02/05/2026 10:24:56 AM
Department Approval	zhoeflin	02/05/2026 10:31:33 AM

Contract Manager Approval	wcune1	02/05/2026 10:35:04 AM
EITS Approval	ljean	02/05/2026 11:51:26 AM
Budget Analyst Approval	lramire7	02/06/2026 09:45:26 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Chris Sewell, Director, DETR
Scott Jeffries, IT Manager, DETR
Colleen Kiechler, Contract Manager, DETR
Ericka Parra, Management Analyst III, DETR

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DETR– *Estipona Group* – TIE 1084, Revision 3 – BA(s) 4772

DATE: February 4, 2026

We have completed our review of the Department of Employment, Training and Rehabilitation (DETR) investment which has an estimated total value of $1,300,303.92, allocated as follows:

Cost Type	FY25	FY27	Grand Total
One-Time Cost	**$ 1,202,803.92**		**$ 1,202,803.92**
Services - Contracts	$ 1,202,803.92		$ 1,202,803.92
Ongoing Cost		**$ 97,500.00**	**$ 97,500.00**
		$ 97,500.00	$ 97,500.00
Grand Total	**$ 1,202,803.92**	**$ 97,500.00**	**$ 1,300,303.92**

Funding source(s): 100% Federal Grant.

This TIE revision is to extend the Estipona Group service agreement because of a continuing need for services. Estipona Group (EG) will continue providing ongoing monitoring, video editing, and Google

Ads management to support the NUI system.

The GTO investment and implementation risk and technology risk scores indicate a low level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27001**

Amendment Number: **1**

Legal Entity Name: Casey Neilon, Inc.

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**

Contractor Name: **Casey Neilon, Inc.**

Agency Code: **BDC**

Address: **6770 S McCarran Blvd Suite 200**

Appropriation Unit: **B001 - All Categories**

Is budget authority available?: **Yes**

City/State/Zip **Reno, NV 89509**

If "No" please explain: Not Applicable

Contact/Phone: Suzanne Olsen, CPA 775-283-5555

Vendor No.: T29010569

NV Business ID: NV20061293367

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 %	**X**	Fees	**100.00 %**	**Licensure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/19/2022**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2026**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides financial statement audits for the Nevada State Board of Accountancy as required within Nevada Revised Statutes (218G.400). This amendment increases the maximum amount from $47,300 to $70,050 due to the addition of the 2026 financial statement audit.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$47,300.00	$47,300.00	$47,300.00	Yes - Info
2.	Amount of current amendment (#1):	$22,750.00	$22,750.00	$70,050.00	Yes - Info
3.	New maximum contract amount:	$70,050.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statues (NRS) 218G.400 requires an independent audit be conducted of the Board's financial statements and position. Results of the audit must be provided to the Legislative Counsel Bureau every December 1st.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

An audit must be conducted by an Independent Certified Public Accountant in accordance with Governmental Auditing Standards. An employee would not be able to provide this work as it would require (1) a licensed CPA and (2) an employee would not be independent as the audit must remain independent and objective.

9. Were quotes or proposals solicited? No

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Medical Examiners, Nevada State Board of Pharmacy, and many other Professional Boards.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	vwind10	12/08/2025 14:44:42 PM
Division Approval	vwind10	12/08/2025 14:44:45 PM
Department Approval	vwind10	12/08/2025 14:44:47 PM
Contract Manager Approval	vwind10	12/08/2025 14:44:50 PM
Budget Analyst Approval	pokeefe	01/22/2026 09:07:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31705**

		Legal Entity Name:	McNutt Law Firm, A Professional Corporation
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**McNutt Law Firm, A Professional Corporation**
Agency Code:	**BDC**	Address:	**11441 Allerton Park Dr., #100**
Appropriation Unit:	**B015 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	Dan McNutt 702-384-1172
		Vendor No.:	
		NV Business ID:	NV20041603581

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licnesure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 336 days**

4. Type of contract: **Contract**
   Contract description: **McNutt 2026**

5. Purpose of contract:
   This is a new contract to provide ongoing legal services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$90,000.00**
   Payment for services will be made at the rate of $600.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?
   In certain situations it is necessary to engage independent legal counsel to represent the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The contractor is a subject matter expert in complex civil litigation.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Nevada State Board of Medical Examiners, 08-08-25 to 12-31-25, work 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	djenkin9	01/20/2026 10:45:17 AM
Division Approval	djenkin9	01/20/2026 10:45:20 AM
Department Approval	djenkin9	01/20/2026 10:45:23 AM
Contract Manager Approval	djenkin9	01/20/2026 10:45:25 AM
Budget Analyst Approval	pokeefe	01/29/2026 09:44:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31641**

		Legal Entity Name:	The Ferraro Group, LTD
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**The Ferraro Group, LTD**
Agency Code:	**BDC**	Address:	**165 W. Liberty #210**
Appropriation Unit:	**B015 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Mike Sullivan 775-331-4555
		Vendor No.:	T27023338A
		NV Business ID:	NV20041598724

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licensure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2027**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Ferraro Group 26/27**

5. Purpose of contract:

This is a new contract to provide government relations services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$96,000.00**

Payment for services will be made at the rate of $4,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board of Medical Examiners is involved in legislative issues in each legislative session and is also involved in interim committees and the promulgation of regulations. All of this work requires special skills, expertise, and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board lack the expertise and capacity necessary to properly represent the Board at the Legislature and advice on legislative matters.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Arc Dom Strategies
Tri-Strategies, LTD
The Ferraro Group

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price, experience, knowledge of processes, qualifications.

d. Last bid date: 11/24/2025 Anticipated re-bid date: 06/01/2027

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:

January 2025-June 2025, Nevada State Board of Medical Examiners, work 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	djenkin9	12/31/2025 14:39:07 PM
Division Approval	djenkin9	12/31/2025 14:39:10 PM
Department Approval	djenkin9	12/31/2025 14:39:13 PM
Contract Manager Approval	djenkin9	12/31/2025 14:39:16 PM
Budget Analyst Approval	pokeefe	01/13/2026 10:49:19 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: **31778**

		Legal Entity Name:	Colleen Platt DBA Platt Law Group
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Colleen Platt DBA Platt Law Group**
Agency Code:	**BDC**	Address:	**11025 Bondshire Drive**
Appropriation Unit:	**B029 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	Colleen Platt 775-303-6005
		Vendor No.:	
		NV Business ID:	NV20151428689

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licensure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2027**

Contract term: **1 year and 331 days**

4. Type of contract: **Contract**

Contract description: **Attorney Services**

5. Purpose of contract:

This is a new contract to provide legal representation and assistance as required by the board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$45,000.00**

Payment for services will be made at the rate of $125.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The board has disciplinary cases that need consultation and completion.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no attorneys employed in the office. The Attorney General's Office will continue to provide assistance as well. There are several disciplinary cases that need completion.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vericks8	01/29/2026 13:17:34 PM
Division Approval	vericks8	01/29/2026 13:17:38 PM
Department Approval	vericks8	01/29/2026 13:17:43 PM
Contract Manager Approval	vericks8	02/02/2026 12:46:24 PM
Budget Analyst Approval	pokeefe	02/03/2026 11:32:19 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: **31757**

		Legal Entity Name:	Summit Government Affairs, LTD
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Summit Government Affairs, LTD**
Agency Code:	**BDC**	Address:	**708 University Way**
Appropriation Unit:	**B029 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel Giudici 775-843-6649
		Vendor No.:	
		NV Business ID:	NV20253371752

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licensure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/30/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 335 days**

4. Type of contract: **Contract**
   Contract description: **Government Relations**

5. Purpose of contract:
   This is a new contract to provide government relation services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$40,000.00**
   Payment for services will be made at the rate of $2,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Board is in need of experience in government affairs to monitor, review, analyze and report on legislative proposals and regulatory matters.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The Board does not have state employees with this specialized experience.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation 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:

    Board of Examiners for Social Workers from January 2024-December 2025. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vericks8	01/27/2026 15:48:58 PM
Division Approval	vericks8	01/27/2026 15:49:07 PM
Department Approval	vericks8	01/27/2026 15:49:15 PM
Contract Manager Approval	vericks8	01/29/2026 10:52:13 AM
Budget Analyst Approval	pokeefe	01/30/2026 14:03:55 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: **31662**

		Legal Entity Name:	Connie Christiansen
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Connie Christiansen**
Agency Code:	**BDC**	Address:	**PO Box 33875**
Appropriation Unit:	**B038 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89533**
If "No" please explain:	Not Applicable	Contact/Phone:	Connie Christiansen 775-413-4084
		Vendor No.:	
		NV Business ID:	NV20201790297

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Licensure**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: BDC

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2025**
   Anticipated BOE meeting date 02/2026

   Retroactive? **Yes**

   If "Yes", please explain

   Nevada Applied Behavior Analysis staff was unable to find a CCM to submit on our behalf. Training was unavailable until September 2025 and access to the state's purchasing system was delayed due to system approvals for VPN and CETS. In addition, the August 2025 IT interruption delayed progress of obtaining CCM status. The Audit was due to LCB, December 1, 2025. We started the process in Spring of 2025 and encountered delays beyond our control.

3. Termination Date: **09/30/2027**
   Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
   Contract description: **Fiscal Audit FY24-25**

5. Purpose of contract:

   This is a new contract to provide biennial auditing services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$12,600.00**
   Payment for services will be made at the rate of $12,600.00 per Completed Audit
   Other basis for payment: Upon invoice at completion and acceptance

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS 218G.400 requires an audit of financial statements

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The audit must be conducted by a CPA. Christiansen Accounting provided these services previously and had availability to conduct the audit within the identified timelines.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The vender is a licensed CPA, the proposal met the needs of the Board, was cost effective and had previous experience with the ABA Board.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wknorr9	01/06/2026 16:38:54 PM
Division Approval	wknorr9	01/06/2026 16:38:57 PM
Department Approval	wknorr9	01/06/2026 16:39:02 PM
Contract Manager Approval	wknorr9	01/06/2026 16:39:04 PM
Budget Analyst Approval	pokeefe	01/14/2026 08:29:22 AM

January 13, 2026

TO: Philene O'Keefe, Executive Branch Budget Officer II

From: Wendy Knorr, Executive Director
Nevada Board of Applied Behavior Analysis

RE: Retroactive Contract Request – Connie Christensen Accounting

A retroactive effective date of October 1, 2025, is requested for the contract between Connie Christiansen/Christiansen Accounting Network and the NVABA Board to provide the required biennial fiscal audit.

Christiansen Accounting Network provided the Board's first fiscal audit in 2023. The Board was established Oct.1, 2021. Communication with Christiansen Accounting Network took place in June 2025 to confirm their availability and interest in providing professional services again for the required audit.

This audit was due to the LCB on December 1, 2025 and has yet to be completed. Efforts to submit a contract were delayed by the inability of the Executive Director to become certified as a contract manager due to the lack of training available in 2023-2025; the inability to even secure a contract manager to work on the Board's behalf; and the widespread disruption of the State's IT breach in August.

The Executive Director received the CCM training in September of 2025 but was unable to obtain access to CETS until a VPN was approved and issued. That access was obtained January 5, 2026. The new contract was submitted by the Executive Director on 1/7/26 for review.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at 775-746-9429.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31663**

		Legal Entity Name:	Numbers Inc.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Numbers Inc.**
Agency Code:	**BDC**	Address:	**1285 Baring Blvd.**
Appropriation Unit:	**B038 - All Categories**		**#309**
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89434**
If "No" please explain:	Not Applicable	Contact/Phone:	Carol Woods 775-742-2962
		Vendor No.:	
		NV Business ID:	NV20031345377

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	**X**	Fees	**100.00 %**	**License Fees**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: BDC

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2025**
   Anticipated BOE meeting date 02/2026

   Retroactive? **Yes**

   If "Yes", please explain

Due to inaccessibility to the state contracting system during the Aug. 2025 IT outage, the unavailability of CCM training until September 2025 and accessibility issues to CETS and establishing a VPN, this contract expired. Critical accounting/payroll services continued while the contract submission was pursued and needs to be retroactive to Oct. 1, 2025.

3. Termination Date: **09/30/2027**
   Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
   Contract description: **Accounting Services**

5. Purpose of contract:

This is a new contract to provide ongoing accounting and payroll services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,000.00**
   Payment for services will be made at the rate of $800.00 per month/billed quarterly
   Other basis for payment: Plus $400 annual software fee

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain their own financial and payroll systems. The Board is funded entirely by licensing fees and is not part of the state financial or payroll systems. NRS641D.

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 the expertise necessary to perform these functions.

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):

Frushonaccounting
Two Chicks Bookkeeping, LLC
Reno Tax

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

We have worked with Numbers, Inc. for the previous four years and have an established working relationship. The other venders contacted declined interest in our scope of work, or were not taking on new clients.

d. Last bid date: 09/03/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Board of Applied Behavior Analysis - verified as satisfactory
Board of Occupational Therapy - verified as satisfactory
Funeral and Cemetery Services Board - 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	wknorr9	01/08/2026 11:32:32 AM
Division Approval	wknorr9	01/08/2026 11:32:38 AM
Department Approval	wknorr9	01/08/2026 11:32:40 AM
Contract Manager Approval	wknorr9	01/08/2026 11:32:43 AM
Budget Analyst Approval	pokeefe	01/13/2026 15:39:11 PM

January 13, 2026

TO: Philene O'Keefe, Executive Branch Budget Officer II

From: Wendy Knorr, Executive Director
Nevada Board of Applied Behavior Analysis

RE: Retroactive Contract Request – Numbers, Inc.

A retroactive effective date of October 1, 2025, is requested for the contract between Numbers, Inc and the NVABA Board to continue critical financial and payroll services for the Board.

An amended contract was submitted August 27, 2025, on behalf of the NVABA Board by State Purchasing staff, and it was rejected as it was submitted incorrectly as an amendment to the original contract.

Efforts to renew/amend and submit a contract prior to the September 30, 2025 expiration date were compounded by the inability of the Executive Director to become certified as a contract manager due to the lack of training available in 2023-2025; the inability to even secure a contract manager to work on the Board's behalf; and the widespread disruption of the State's IT breach in August.

The Executive Director received the CCM training in September of 2025 but was unable to obtain access to CETS until a VPN was approved and issued. That access was obtained January 5, 2026. The new contract was submitted by the Executive Director on 1/9/26 for review.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at 775-746-9429.

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: March 4, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Tiffany Day, 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, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of February 12, 2026, for fiscal year 2026. 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, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund supplement funding for eligible agencies within statutory authority.

Below is the realized funding available balance for each account:

Tort Claim Fund	$ 2,693,155.74
Statutory Contingency Account	$ 837,237.15
Stale Claims Account	$ 2,689,429.00
Emergency Account	$ 162,073.00
Disaster Relief Account	$ 15,887,168.12
IFC Contingency Unrestricted General Fund	$ 61,010,666.90
IFC Contingency Unrestricted Highway Fund	$ 1,638,068.35
IFC Contingency Restricted General Fund	$ 147,936,678.00
IFC Contingency Restricted Highway Fund	$ 6,924,146.00
Attorney General's Office - Extradition Coordinator	$ 1,549,068.90

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735, 179.225

REVIEWED: BH
INFORMATION ITEM: _____

Fiscal Year	2026	**Tort Claim Fund**	
Fund	715	**Balance Sheet**	
Agency	030		
Budget Account	1348	**February 12, 2026**	
Statutory Authority NRS	331.187		
Receipts/Funding			**Balance**
Beginning Cash	$ 268,283.00		
Revenue from Boards	$ 183,793.24		
Cost Allocation	$ 6,034,917.11		
Loan Repayment	$ 5,000.00		
Total Receipts/Funding		$	**6,491,993.35**
Operating Expenditures - Non Claims			
Operating Expenditures	$ 110,542.23		
Tort Claims Overhead	$ 149,966.04		
Risk Management Insurance Policy	$ -		
Total Operating Expenditures		$	**260,508.27**
Net Receipts less Operating		$	**6,231,485.08**
Tort Claims			
Tort Claims - AGO Approved	$ 1,690,829.34		
Tort Claims - Board of Examiners Approved	$ 1,847,500.00		
Total Tort Claims		$	**3,538,329.34**
REALIZED FUNDING AVAILABLE		$	***2,693,155.74***
Approved Claims Pending Payment			
Total Projected Claims		$	-
Projected Realized Funding Available		$	***2,693,155.74***
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE - NDOC: Walker		$	4,599,500.00
Janaury BOE - NDOC: Scott		$	597,000.00
NOTES - Pending Transactions			
Risk Management Insurance Policy		$	1,865,814.00

Fiscal Year	2026
Fund	715
Agency	030
Budget Account	1348
Statutory Authority NRS	331.187

Tort Claims Paid

Balance Sheet

February 12, 2026

Tort Claims		Balance
L01 Budget Authority	$	3,544,384.00
Tort Fund Claims Paid	$	3,538,329.34
Tort Fund Claims Pending Payment	$	-
Statutory Contingency Fund Claims Paid	$	5,197,000.00
Statutory Contingency Fund Claims Pending Payment	$	2,000,000.00
Total Claims Paid and Pending Payment	$	10,735,329.34

Fiscal Year	2026	**Statutory Contingency Fund**	
Fund	101	**Balance Sheet**	
Agency	930		
Budget Account	4892	**February 12, 2026**	
Statutory Authority NRS	353.264		
Receipts/Funding			**Balance**
Beginning Cash	$ 7,355,586.00		
Total Receipts/Funding		$	**7,355,586.00**
Claims			
Claims - Clerk Approved	$ 506,236.74		
Claims - Board of Examiners Approved	$ 5,197,000.00		
Outside Counsel	$ 815,112.11		
Total Claims		$	**6,518,348.85**
Transfers to Agencies			
	$ -		
	$ -		
Total Transfers		$	**-**
REALIZED FUNDING AVAILABLE		$	***837,237.15***
Projected Claims			
Coyote Springs FY26 Estimate	$ 2,000,000.00		
	$ -		
Total Projected Claims		$	**2,000,000.00**
Projected Realized Funding Available		$	***(1,162,762.85)***
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE - NDOC: Walker		$	4,599,500.00
Janaury BOE - NDOC: Scott - Paid		$	597,500.00
February BOE - Rosseau Wrongful Conviction - Paid		$	110,000.00

Fiscal Year	2026
Fund	101
Agency	930
Budget Account	4888
Statutory Authority NRS	353.097

Stale Claims Account

Balance Sheet

February 12, 2026

Receipts/Funding			**Balance**
Beginning Cash	$	4,066,187.00	
Total Receipts/Funding			**$ 4,066,187.00**
Stale Claims			
Aging and Disability Services	$	7,180.60	
Agriculture	$	400.00	
Board of Examiners	$	250.00	
Child and Behavioral Health	$	3,714.00	
Child and Family Division	$	149,830.79	
Department of Corrections	$	669,254.11	
Department of Education	$	298,786.57	
Department of Native American Affairs	$	5,087.83	
Ethics Commission	$	815.44	
Forestry Division	$	26,184.78	
Governor's Office - Division of Internal Audits	$	43.03	
Governor's Office - Finance Office	$	145.00	
Health Division	$	33,749.04	
Human Resources	$	34,869.50	
Judicial Discipline Commission	$	600.00	
Lieutenant Governor	$	276.52	
Military	$	10,866.80	
Nevada Health Authority	$	10,283.23	
Nevada Health Authority - Nevada Medicaid	$	1,874.53	
Nevada Mental Health	$	2,043.75	
Office for New Americans	$	2,128.26	
Public and Behavioral Health	$	7,523.69	
Public Works Board	$	39,748.00	
Science Innovation & Technology	$	752.00	
Secretary of State	$	19,865.82	
State Library and Archives	$	514.17	
Southern Nevada Mental Health	$	3,744.80	
Welfare Division	$	46,225.74	
Total Claims			**$ 1,376,758.00**
REALIZED FUNDING AVAILABLE*			***$ 2,689,429.00***

Fiscal Year	2026	**Emergency Fund**	
Fund	101	**Balance Sheet**	
Agency	930		
Budget Account	4889	**February 12, 2026**	
Statutory Authority NRS	353.263		
Receipts/Funding			**Balance**
Beginning Cash	$ 452,338.00		
Total Receipts/Funding		$	**452,338.00**
Emergency Fund Expenditures			
Incident Insurance Deductible	$ 250,000.00		
Public and Behavioral Health	$ 40,265.00		
	$ -		
Total Claims		$	**290,265.00**
REALIZED FUNDING AVAILABLE		$	***162,073.00***

Fiscal Year	2026	**Disaster Relief Fund**	
Fund	101	**Balance Sheet**	
Agency	170		
Budget Account	1335	**February 12, 2026**	
Statutory Authority NRS	353.2735		
Receipts/Funding			**Balance**
Beginning Cash	$ 14,712,115.00		
Quarterly Transfer from General Fund	$ 1,000,000.00		
Treasurers Interest	$ 175,053.12		
Total Receipts/Funding		$	**15,887,168.12**
Disaster Relief Fund Expenditures			
	$ -		
Total Claims		$	-
REALIZED FUNDING AVAILABLE		$	**15,887,168.12**
Approved claims not processed			
Total Approved claims not processed		$	-
Disaster Relief Fund Available		$	***15,887,168.12***

Fiscal Year	2026
Fund	101
Agency	170
Budget Account	2630
Statutory Authority NRS	353.268

IFC Contingency Unrestricted Balance Sheet

February 12, 2026

UNRESTRICTED GENERAL FUND

Unrestricted General Fund Revenue				**Balance**
Beginning Cash	$	31,461,759.69		
2026 Appropriations	$	31,490,000.00		
Balance Forward	$	4,793,691.17		
Total Receipts/Funding			$	**67,745,450.86**
Unrestricted General Fund Expenditures				
LCB Meeting Costs	$	19,771.26		
Department of Corrections	$	349,125.00		
Department of Taxation	$	1,124,750.00		
Division of Forestry	$	1,290,000.00		
Division of Water Resources	$	331,841.00		
Governor's Finance Office - Food Bank	$	3,419,296.70		
Office of the Military	$	200,000.00		
Total Unrestricted General Fund Expenditures			$	**6,734,783.96**
Unrestricted General Fund Realized Funding Available			***$***	***61,010,666.90***
BOE approved IFC pending claims				
Attorney General	$	1,278,250.00		
Forestry	$	3,143,971.00		
BOE SCF	$	5,000,000.00		
DPBH	$	1,062,055.00		
DPBH	$	447,000.00		
NDE	$	1,333,148.00		
Total BOE approved IFC pending claims			$	**12,264,424.00**
Unrestricted General Fund Available			***$***	***48,746,242.90***

UNRESTRICTED HIGHWAY FUND

Unrestricted Highway Fund Revenue				**Balance**
Beginning Cash	$	1,638,068.35		
Total Receipts/Funding			$	**1,638,068.35**
Unrestricted Highway Fund Expenditures				
	$	-		
Total Unrestricted Highway Fund Expenditures			$	-
Unrestricted Highway Fund Realized Funding Available			***$***	***1,638,068.35***

Fiscal Year	2026
Fund	101
Agency	170
Budget Account	2630
Statutory Authority NRS	353.268

IFC Contingency Restricted Balance Sheet

February 12, 2026

RESTRICTED GENERAL FUND

Restricted General Fund Revenue			**Balance**
Beginning Cash	$	128,628,594.00	
2026 Appropriations	$	62,336,674.00	
Total Receipts/Funding			**$ 190,965,268.00**
Restricted General Fund Expenditures			
CoreNV	$	23,916,265.00	
State Public Charter School Authority	$	19,112,325.00	
Total Restricted General Fund Expenditures			**$ 43,028,590.00**
Restricted General Fund Realized Funding Available			***$ 147,936,678.00***
Approved claims not processed			
	$	-	
Total Approved claims not processed			**$ -**
Restricted General Fund Available			***$ 147,936,678.00***

RESTRICTED HIGHWAY FUND

Restricted Highway Fund Revenue			**Balance**
Beginning Cash	$	-	
2026 Appropriations	$	12,534,135.00	
Total Receipts/Funding			**$ 12,534,135.00**
Restricted Highway Fund Expenditures			
CoreNV	$	5,609,989.00	
Total Restricted General Fund Expenditures			**$ 5,609,989.00**
Restricted Highway Fund Realized Funding Available			***$ 6,924,146.00***
Approved claims not processed			
Total Approved claims not processed			**$ -**
Restricted Highway Fund Available			***$ 6,924,146.00***

Fiscal Year	2026
Fund	101
Agency	030
Budget Account	1002
Statutory Authority NRS	179.225

Attorney General's Office - Extradition Coordinator Balance Sheet

February 12, 2026

Receipts/Funding				**Balance**
Appropriations	$	1,676,123.00		
Recoveries	$	13,357.44		
Total Receipts/Funding			$	**1,689,480.44**
Extradition Coordinator Expenditures				
Operating Expenses	$	66,414.35		
Extradition Costs Reimbursed to Counties	$	-		
Extradition Expenses	$	73,997.19		
Total Expenditures			$	**140,411.54**
Realized Funding Available			***$***	***1,549,068.90***

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

209 E. Musser Street, Suite 200 | Carson City, NV 89701- 4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: March 4, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Tiffany Day, 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:

FISCAL YEAR 2026 – 2nd QUARTER OVERTIME REPORT

Agenda Item Write-up:

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 2nd Quarter Overtime Report and analysis for fiscal year 2026.

Additional Information:

As of the 2nd quarter of fiscal year 2026, year to date overtime pay and accrued compensatory leave accounted for a total of approximately $66.9 million, or 8.73% of total pay, a 0.48% increase from fiscal year 2025.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for the 2nd quarter accounted for 67.91% of the statewide total:

1. Department of Corrections – $16.07 million
2. Department of Human Services – $6.78 million
3. Department of Public Safety – $3.87 million
4. Department of Transportation – $634 thousand
5. Department of Veterans Services – $565 thousand

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for the 2nd quarter of FY26 were:

1. Department of Corrections – 23.29%
2. Department of Transportation – 14.10%
3. Department of Public Safety – 12.40%
4. Department of Veterans Services – 12.37%
5. Controller's Office – 8.40%

The Department of Corrections overtime and comp time increased by $1.55 million or 10.7% from the prior quarter and continued to be driven by correctional centers and medical personnel. Overtime and comp time for the 2nd quarter of FY26 were highest at these 6 locations in addition to medical care expenses, which accounted for 92.8% of the total overtime for the department:

1. High Desert State Prison – $5.16 million
2. Northern Nevada Correctional Center – $2.39 million
3. Lovelock Correctional Center – $2.08 million
4. Southern Desert Correctional Center – $1.87 million
5. Ely State Prison – $1.82 million
6. McClure Women's Correctional Center – $1.21 million
7. Prison Medical Care – $383 thousand

The Department of Corrections highest four causes of overtime accounted for 80.3% by the following event codes:

1. Vacancy Coverage – $3.84 million
2. Muster Pay – $3.46 million
3. Holiday Week Coverage – $2.11 million
4. Medical Supervision – $1.83 million

The Department of Human Services' total overtime of $6.78 million for the 2nd quarter of FY26 is a composite of its three divisions:

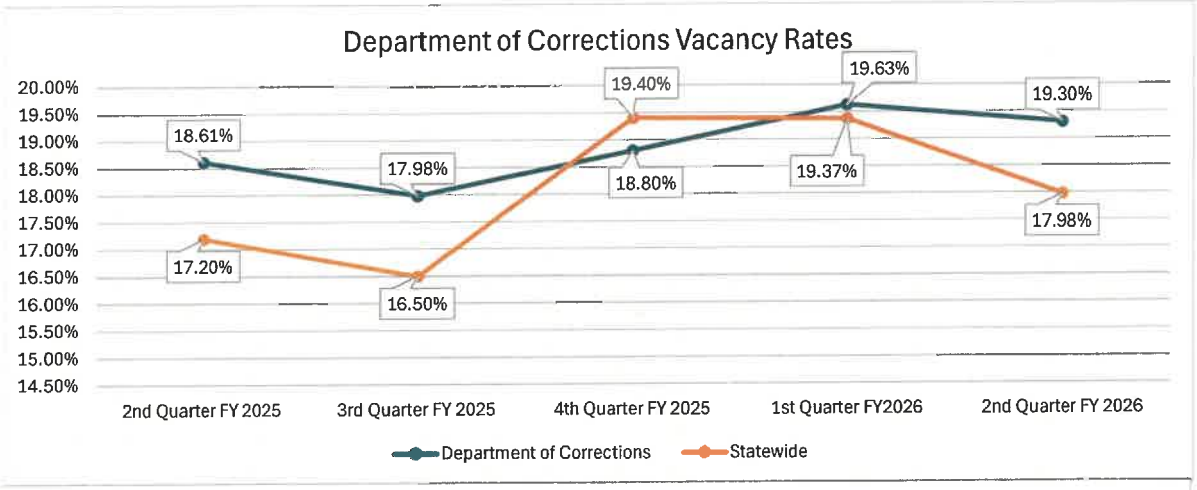
1. Division of Public and Behavioral Health – $2.78 million
2. Division of Child and Family Services – $1.78 million
3. Division of Welfare & Support Services – $1.54 million

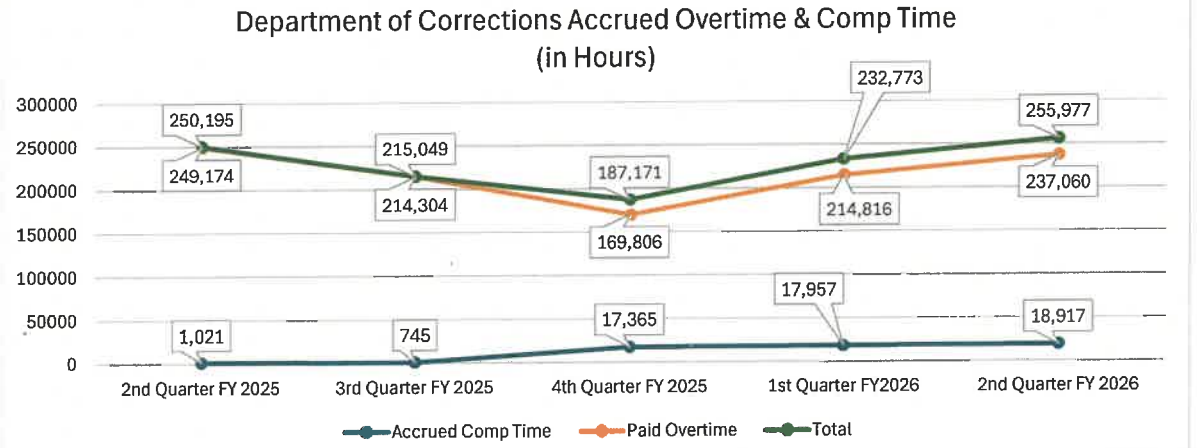
The Department of Human Services highest four causes of overtime accounted for 66.26% by the following event codes:

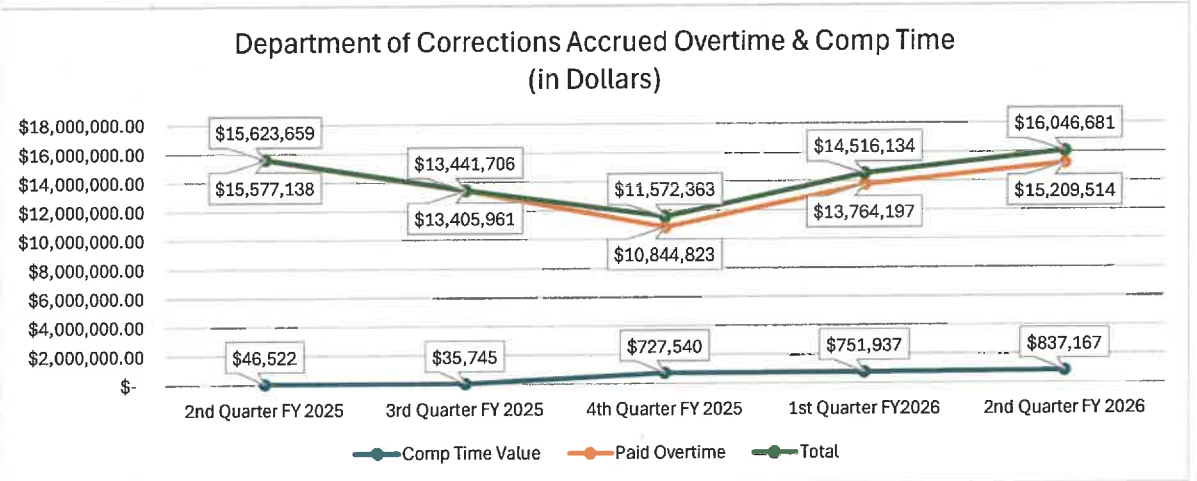
1. 24-Hour Coverage – $2.03 million
2. Increased Patient Activity – $1.38 million
3. Backlog Reduction – $1.05 million
4. Holiday Coverage – $887 thousand

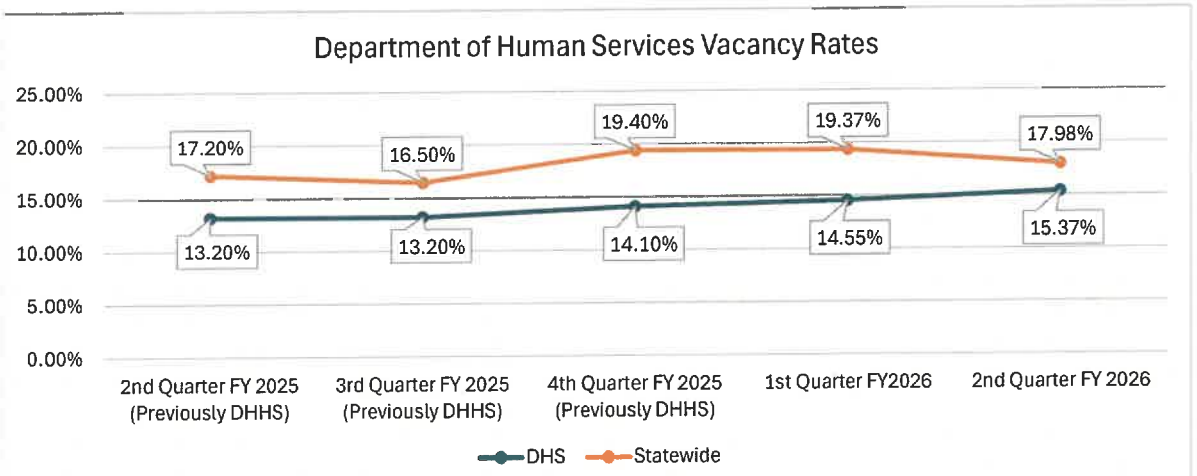
REVIEWED: RM

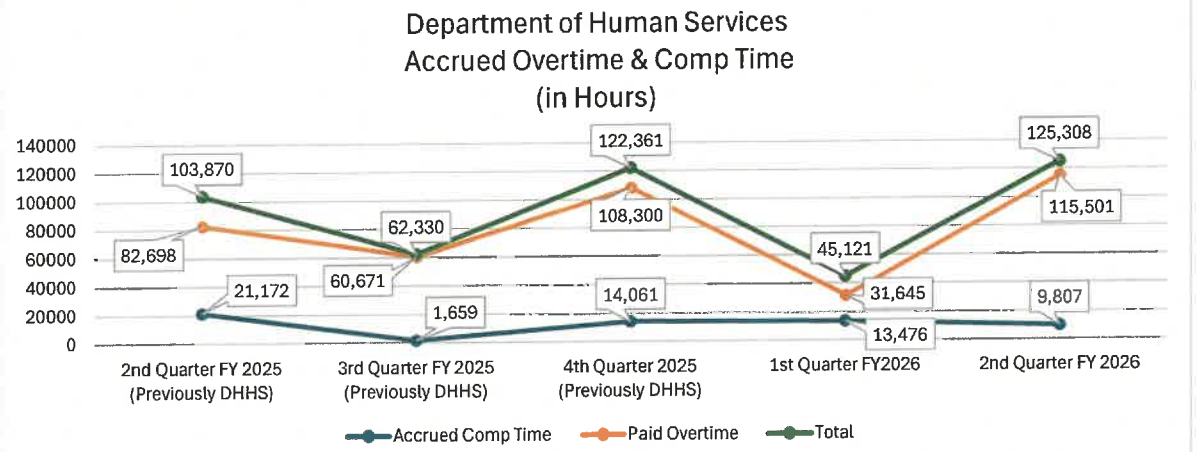
INFO ITEM: _____

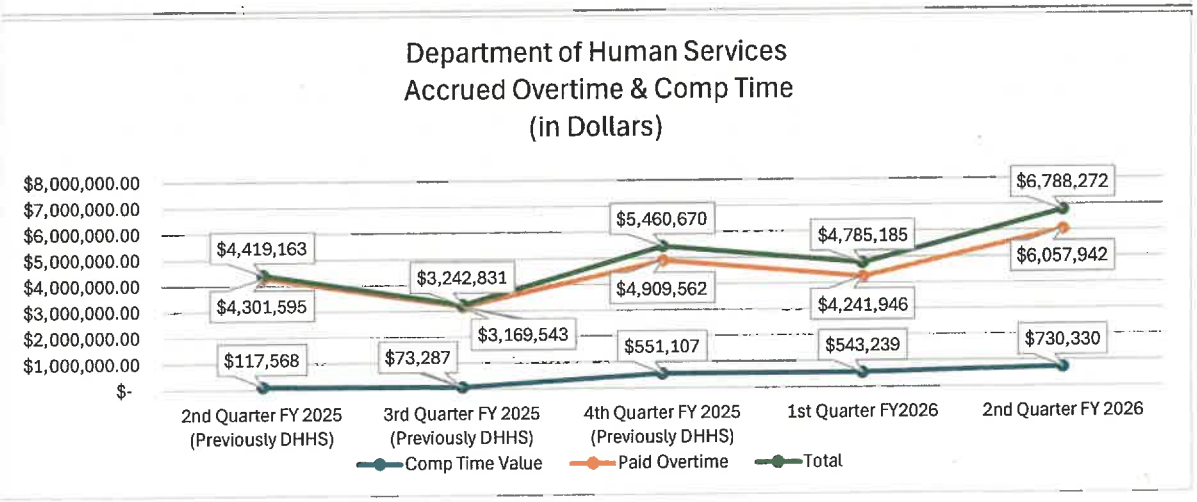

Department of Corrections Vacancy Rates
20.00%
19.50%
19.00%
18.50%
18.00%
17.50%
17.00%
16.50%
16.00%
15.50%
15.00%
14.50%
18.61%
17.98%
18.80%
19.37%
19.30%
17.20%
16.50%
19.40%
19.63%
17.98%
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Department of Corrections
Statewide

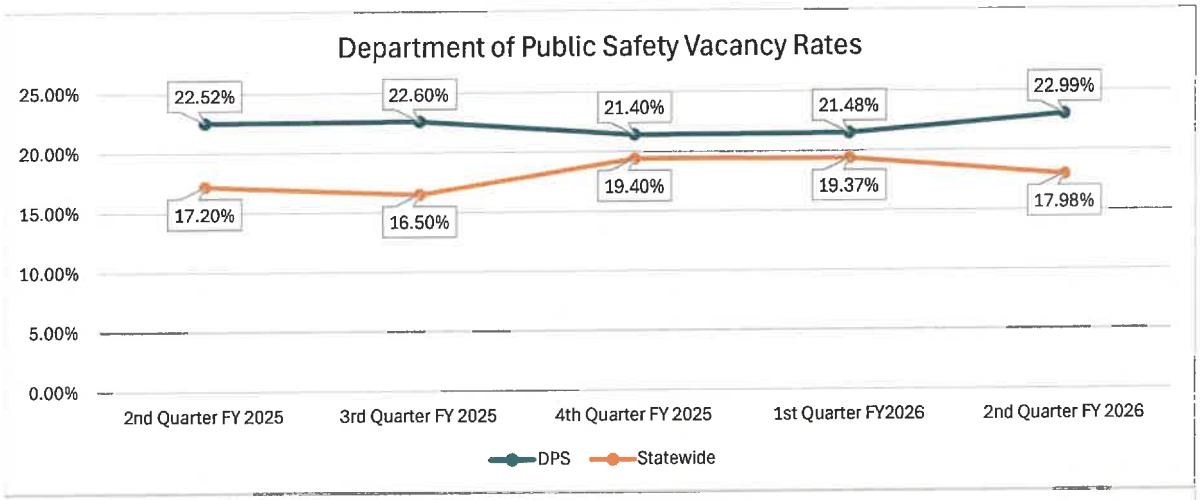

Department of Corrections Accrued Overtime & Comp Time
(in Hours)
300000
250000
200000
150000
100000
50000
0
250,195
249,174
215,049
214,304
187,171
169,806
232,773
214,816
255,977
237,060
1,021
745
17,365
17,957
18,917
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Accrued Comp Time
Paid Overtime
Total

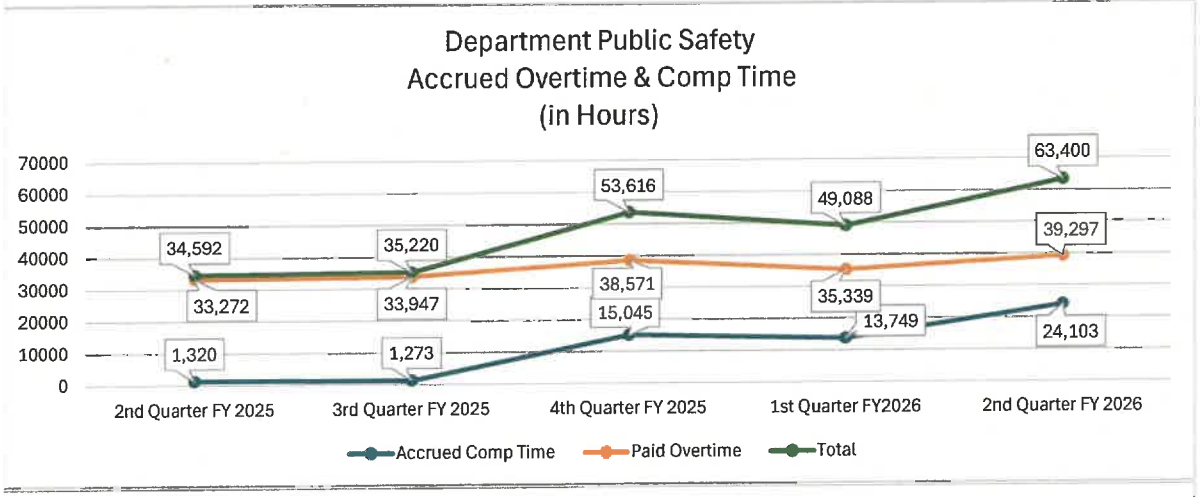

Department of Corrections Accrued Overtime & Comp Time
(in Dollars)
$18,000,000.00
$16,000,000.00
$14,000,000.00
$12,000,000.00
$10,000,000.00
$8,000,000.00
$6,000,000.00
$4,000,000.00
$2,000,000.00
$-
$15,623,659
$15,577,138
$13,441,706
$13,405,961
$11,572,363
$10,844,823
$14,516,134
$13,764,197
$16,046,681
$15,209,514
$46,522
$35,745
$727,540
$751,937
$837,167
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Comp Time Value
Paid Overtime
Total

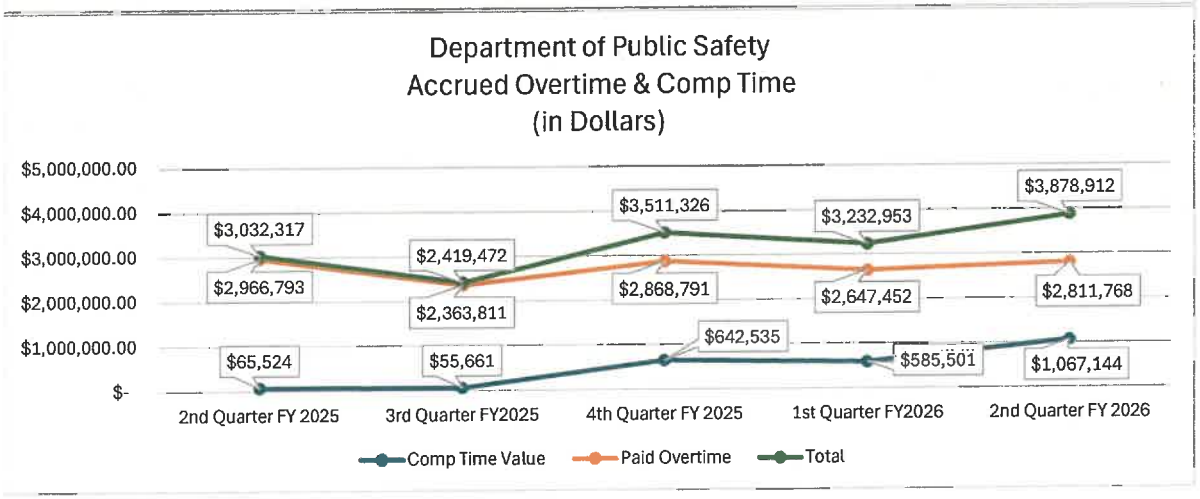

Department of Human Services Vacancy Rates
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
17.20%
16.50%
19.40%
19.37%
17.98%
13.20%
13.20%
14.10%
14.55%
15.37%
2nd Quarter FY 2025 (Previously DHHS)
3rd Quarter FY 2025 (Previously DHHS)
4th Quarter FY 2025 (Previously DHHS)
1st Quarter FY2026
2nd Quarter FY 2026
DHS
Statewide


Department of Human Services
Accrued Overtime & Comp Time
(in Hours)
140000
120000
100000
80000
60000
40000
20000
0
103,870
82,698
62,330
60,671
122,361
108,300
45,121
31,645
125,308
115,501
21,172
1,659
14,061
13,476
9,807
2nd Quarter FY 2025 (Previously DHHS)
3rd Quarter FY 2025 (Previously DHHS)
4th Quarter 2025 (Previously DHHS)
1st Quarter FY2026
2nd Quarter FY 2026
Accrued Comp Time
Paid Overtime
Total

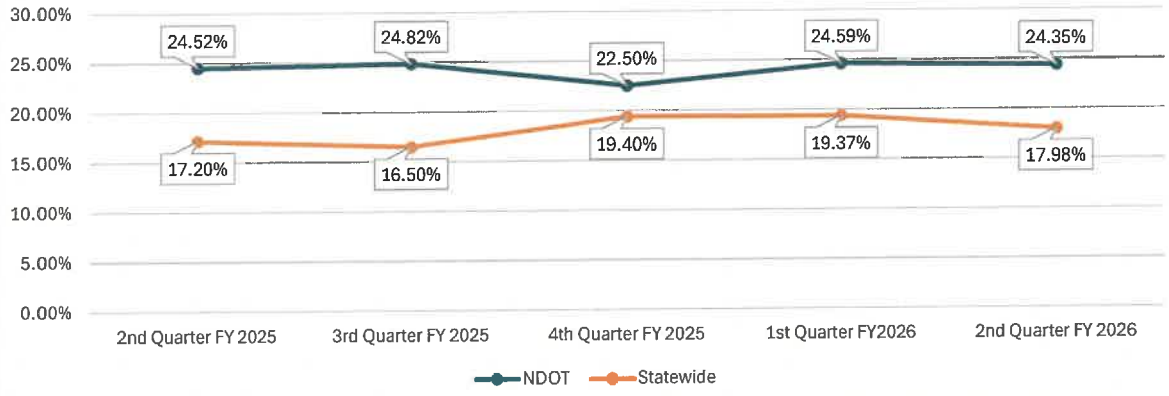

Department of Human Services
Accrued Overtime & Comp Time
(in Dollars)
$8,000,000.00
$7,000,000.00
$6,000,000.00
$5,000,000.00
$4,000,000.00
$3,000,000.00
$2,000,000.00
$1,000,000.00
$-
$4,419,163
$4,301,595
$3,242,831
$3,169,543
$5,460,670
$4,909,562
$4,785,185
$4,241,946
$6,788,272
$6,057,942
$117,568
$73,287
$551,107
$543,239
$730,330
2nd Quarter FY 2025 (Previously DHHS)
3rd Quarter FY 2025 (Previously DHHS)
4th Quarter FY 2025 (Previously DHHS)
1st Quarter FY2026
2nd Quarter FY 2026
Comp Time Value
Paid Overtime
Total


Department of Public Safety Vacancy Rates
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
22.52%
22.60%
21.40%
21.48%
22.99%
17.20%
16.50%
19.40%
19.37%
17.98%
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
DPS
Statewide

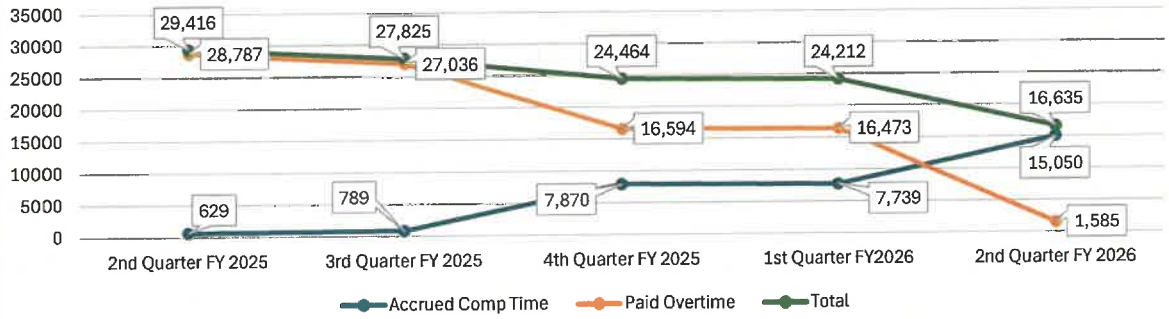

Department Public Safety
Accrued Overtime & Comp Time
(in Hours)
70000
60000
50000
40000
30000
20000
10000
0
34,592
35,220
53,616
49,088
63,400
33,272
33,947
38,571
35,339
39,297
1,320
1,273
15,045
13,749
24,103
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Accrued Comp Time
Paid Overtime
Total


Department of Public Safety
Accrued Overtime & Comp Time
(in Dollars)
$5,000,000.00
$4,000,000.00
$3,000,000.00
$2,000,000.00
$1,000,000.00
$-
$3,032,317
$2,419,472
$3,511,326
$3,232,953
$3,878,912
$2,966,793
$2,363,811
$2,868,791
$2,647,452
$2,811,768
$65,524
$55,661
$642,535
$585,501
$1,067,144
2nd Quarter FY 2025
3rd Quarter FY2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Comp Time Value
Paid Overtime
Total

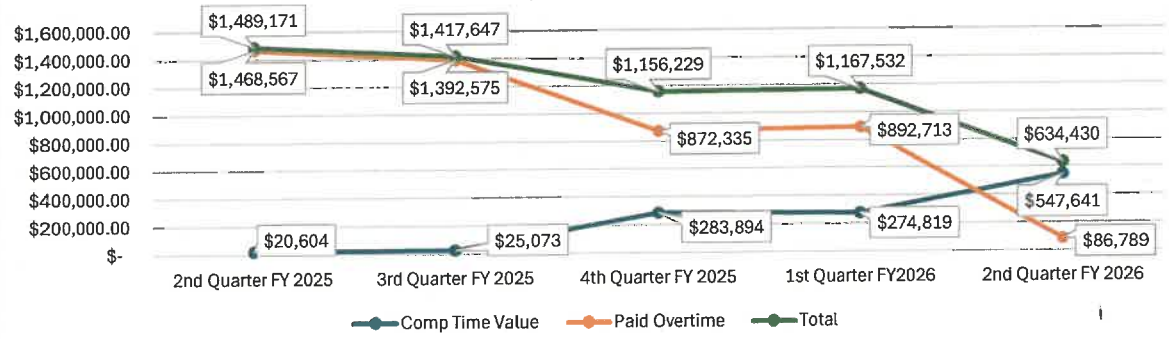
Department of Transportation Vacancy Rates

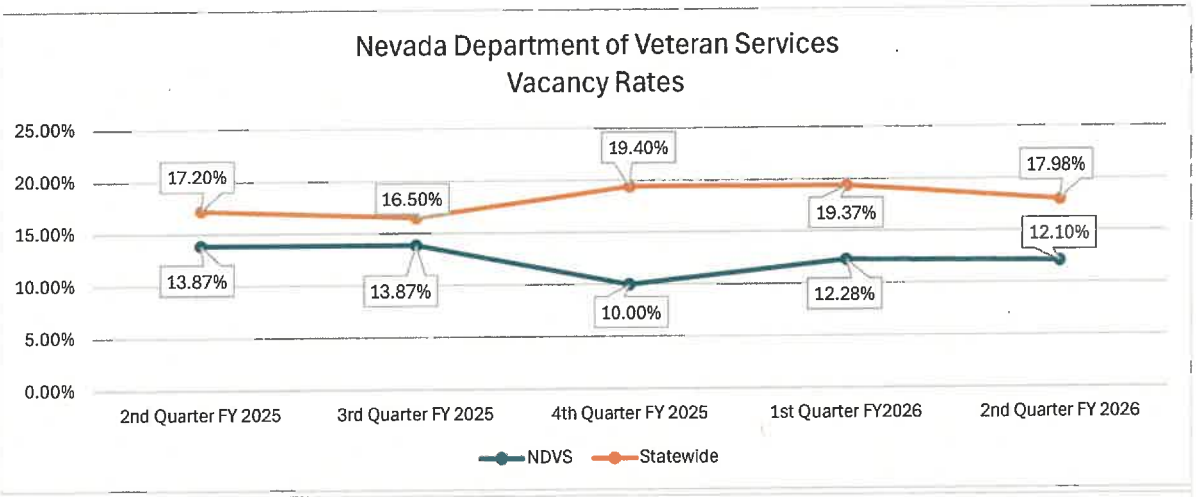


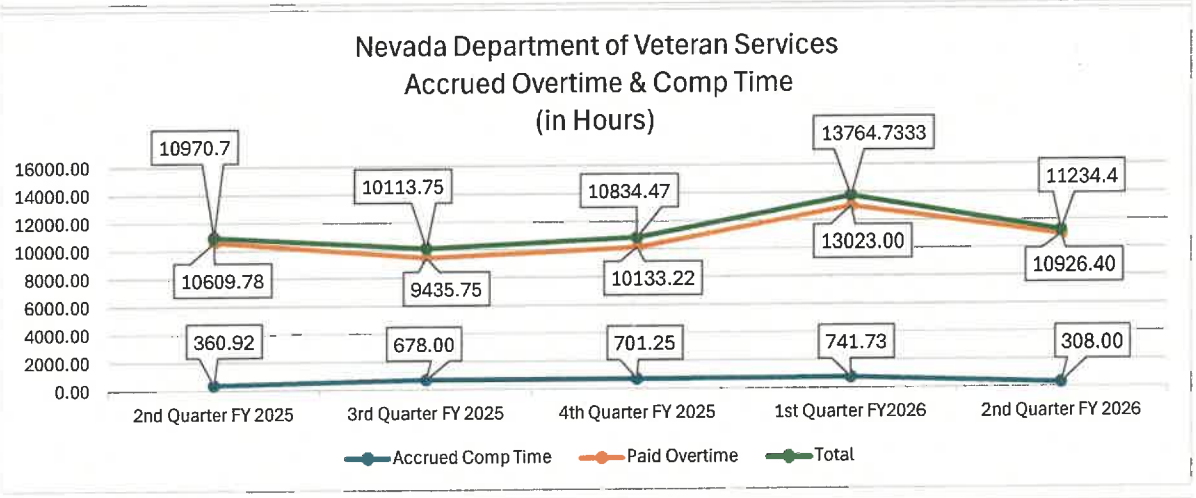
Department of Transportation Accrued Overtime & Comp Time (in Hours)

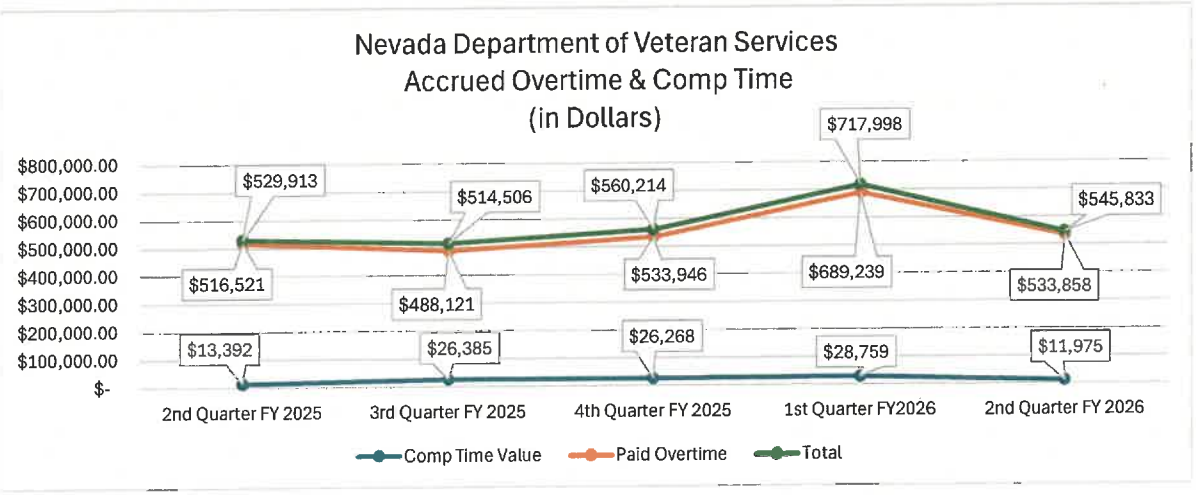


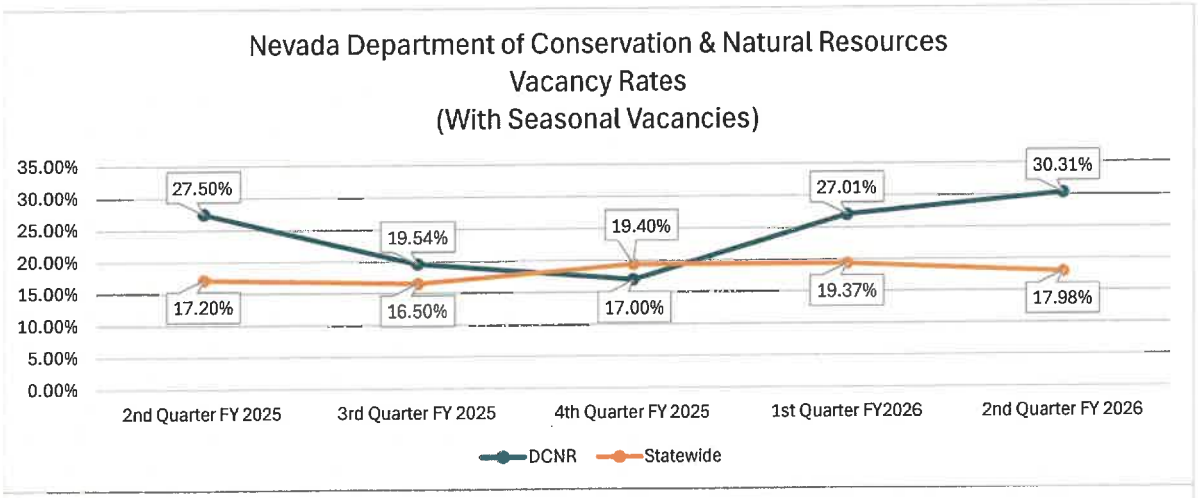
Department of Transportation Accrued Overtime & Comp Time (in Dollars)

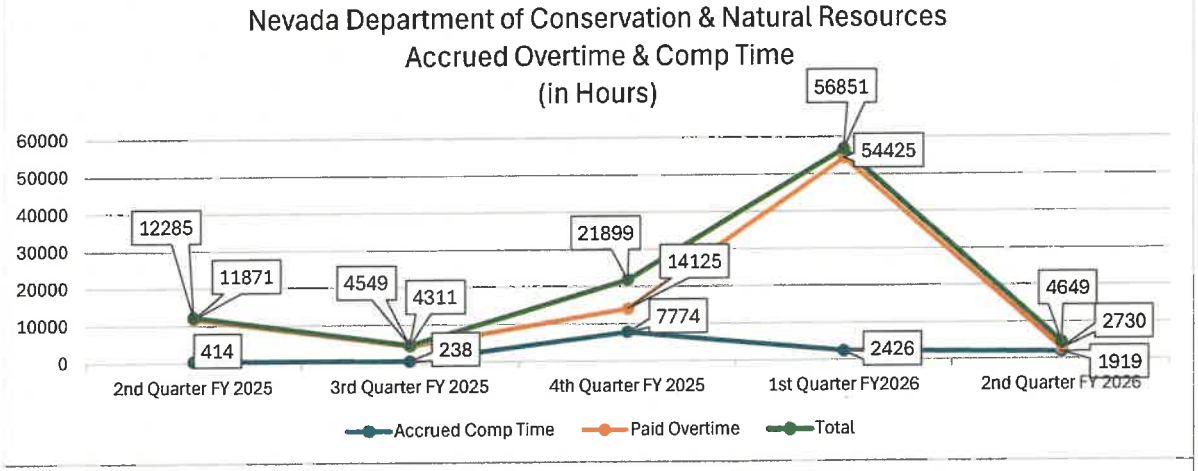


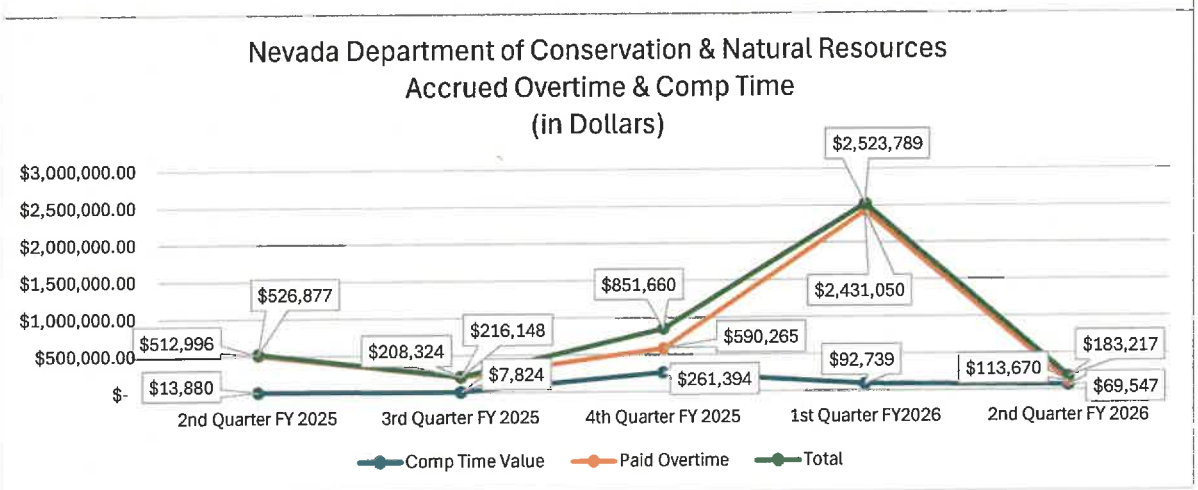

Nevada Department of Veteran Services
Vacancy Rates
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
17.20%
16.50%
19.40%
19.37%
17.98%
13.87%
13.87%
10.00%
12.28%
12.10%
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
NDVS
Statewide


Nevada Department of Veteran Services
Accrued Overtime & Comp Time
(in Hours)
16000.00
14000.00
12000.00
10000.00
8000.00
6000.00
4000.00
2000.00
0.00
10970.7
10113.75
10834.47
13764.7333
11234.4
10609.78
9435.75
10133.22
13023.00
10926.40
360.92
678.00
701.25
741.73
308.00
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Accrued Comp Time
Paid Overtime
Total


Nevada Department of Veteran Services
Accrued Overtime & Comp Time
(in Dollars)
$800,000.00
$700,000.00
$600,000.00
$500,000.00
$400,000.00
$300,000.00
$200,000.00
$100,000.00
$-
$529,913
$514,506
$560,214
$717,998
$545,833
$516,521
$488,121
$533,946
$689,239
$533,858
$13,392
$26,385
$26,268
$28,759
$11,975
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Comp Time Value
Paid Overtime
Total


Nevada Department of Conservation & Natural Resources
Vacancy Rates
(With Seasonal Vacancies)
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
27.50%
19.54%
19.40%
27.01%
30.31%
17.20%
16.50%
17.00%
19.37%
17.98%
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
DCNR
Statewide


Nevada Department of Conservation & Natural Resources
Accrued Overtime & Comp Time
(in Hours)
60000
50000
40000
30000
20000
10000
0
12285
11871
4549
4311
21899
14125
56851
54425
4649
2730
1919
414
238
7774
2426
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Accrued Comp Time
Paid Overtime
Total


Nevada Department of Conservation & Natural Resources
Accrued Overtime & Comp Time
(in Dollars)
$3,000,000.00
$2,500,000.00
$2,000,000.00
$1,500,000.00
$1,000,000.00
$500,000.00
$-
$512,996
$526,877
$208,324
$216,148
$7,824
$851,660
$590,265
$261,394
$2,523,789
$2,431,050
$92,739
$113,670
$183,217
$69,547
$13,880
2nd Quarter FY 2025
3rd Quarter FY 2025
4th Quarter FY 2025
1st Quarter FY2026
2nd Quarter FY 2026
Comp Time Value
Paid Overtime
Total

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 SUMMARY (QTR 2)

NEVADA DEPARTMENT OF ADMINISTRATION

Wednesday, December 31, 2025

CUMULATIVE STATEWIDE TOTALS (QTR 2)

	2024	2025	2026
BASE PAY	$566,288,719	$685,484,522	$700,655,960
OVERTIME PAY + ACCRUED COMP	$59,844,290	$61,656,953	$66,991,928
TOTAL PAY	$626,133,009	$747,141,475	$767,647,889
OT/COMP AS A SHARE OF TOTAL PAY	9.56%	8.25%	8.73%

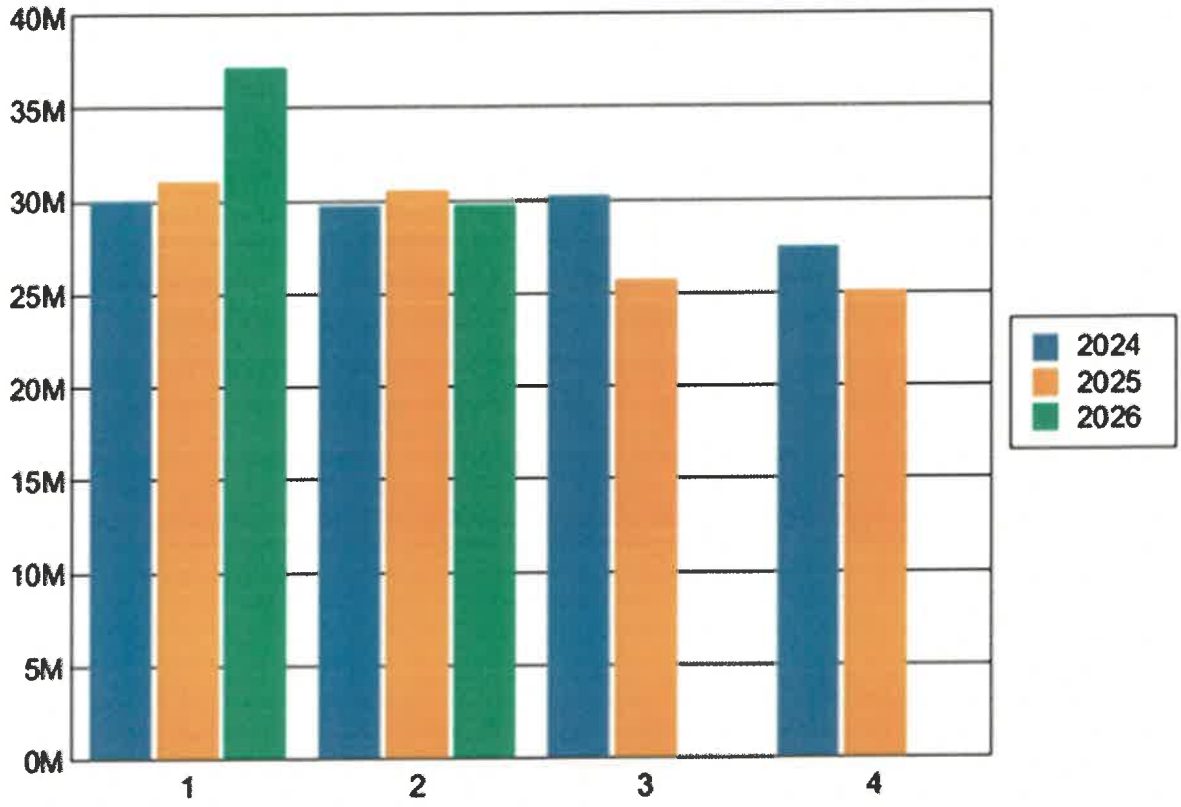
Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	$16,075,213	23.29%
80	DEPARTMENT OF TRANSPORTATION	$634,621	14.10%
65	DEPARTMENT OF PUBLIC SAFETY	$3,887,353	12.40%
24	DEPARTMENT OF VETERANS SERVICES	$565,833	12.37%
06	CONTROLLER'S OFFICE	$93,117	8.40%

Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	$16,075,213	23.29%
40	DEPARTMENT OF HUMAN SERVICES	$6,785,964	5.80%
65	DEPARTMENT OF PUBLIC SAFETY	$3,887,353	12.40%
80	DEPARTMENT OF TRANSPORTATION	$634,621	14.10%
24	DEPARTMENT OF VETERANS SERVICES	$565,833	12.37%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2024	$255,346,955	$310,941,526	$318,531,282	$307,632,440
2025	$348,145,250	$337,339,272	$371,127,054	$362,208,766
2026	$354,901,168	$345,784,930	$0	$0

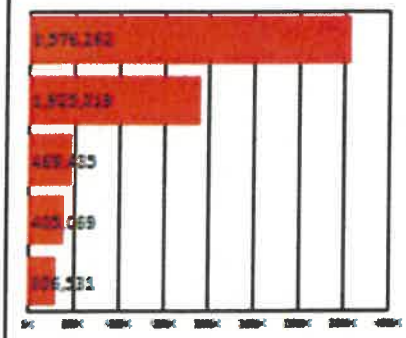
OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 QUARTERLY ANALYSIS vs FY2025

NEVADA DEPARTMENT OF ADMINISTRATION

FY2026 - QTR1

Greatest increases in OT/Comp expenditures vs FY2025



44 – Department of Corrections $3,576,262

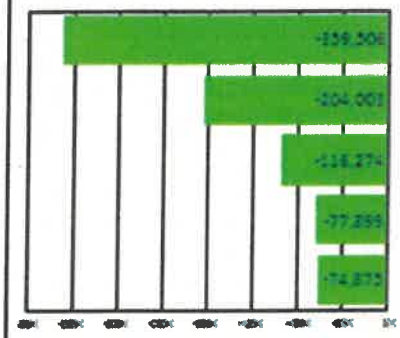
40 – Department of Human Services $1,925,219

01 – Governor's Office $469,458

65 – Department of Public Safety $405,069

70 – Department of Conservation and Natural Resources $306,531

Greatest reductions in OT/Comp expenditure vs FY2025



80 – Department of Transportation $ -359,506

90 – Department of Employment, Training, & Rehab $ -204,003

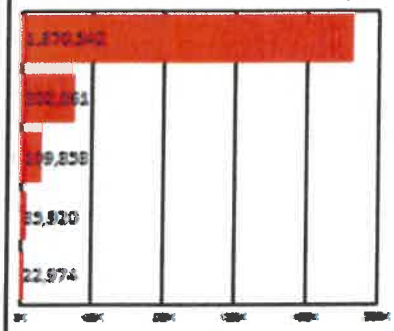
43 – Adjutant General $ -116,274

03 – Attorney General's Office $ -77,899

13 – Department of Taxation $ -74,875

FY2026 - QTR2

Greatest increases in OT/Comp expenditures vs FY2025



40 – Department of Human Services $1,870,542

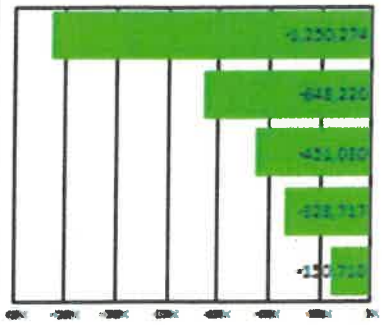
65 – Department of Public Safety $302,061

08 – Department of Administration $109,858

24 – Department of Veterans Services $35,920

06 – Controller's Office $22,974

Greatest reductions in OT/Comp expenditure vs FY2025



80 – Department of Transportation $ -1,250,274

44 - Department of Corrections $ -648,220

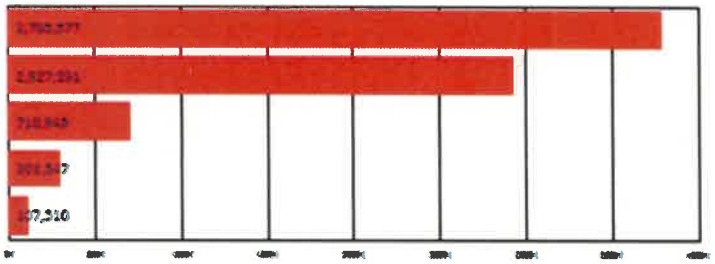
01 – Governor's Office $ -451,030

70 – State Department of Conservation and Natural Resources $ -328,717

90 – Department of Employment, Training, & Rehab $ -150,710

FY2026 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2025



40 – Department of Human Services $ 3,795,577

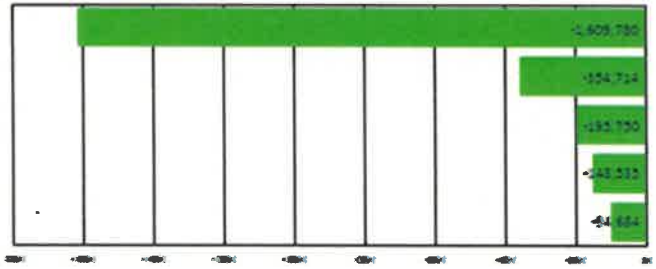
44 – Department of Corrections $ 2,927,291

65 – Department of Public Safety $ 710,945

24 – Department of Veterans Services $ 303,547

61 – Gaming Control Board $ 107,510

Greatest reductions in OT/Comp expenditure vs FY2025



80 – Department of Transportation $ -1,609,780

90 – Department of Employment, Training, & Rehab $ -354,741

43 – Adjutant General $ -195,750

13 – Department of Taxation $ -148,535

30 – Department of Education $ -94,684

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Wednesday, December 31, 2025

	FY2026QTR1				FY2026QTR2				FY2026 QTR1-QTR2			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2025 (YTD)
01 - GOVERNOR'S OFFICE	$809,678	$8,920,116	9.08%	$469,485	$241,248	$8,942,248	2.70%	$-451,030	$1,050,925.85	17,862,363.42	5.88%	$18,455
02 - LIEUTENANT GOVERNOR'S OFFICE	$0	$125,613	0.00%	$0	$0	$122,712	0.00%	$0	$0.00	$248,325.57	0.00%	$0
03 - ATTORNEY GENERAL'S OFFICE	$32,775	$9,200,066	0.36%	$-77,899	$74,066	$9,909,622	0.75%	$1,613	$106,840.22	19,109,687.69	0.56%	$-76,286
04 - SECRETARY OF STATE'S OFFICE	$21,422	$2,702,452	0.79%	$-24,686	$8,579	$2,865,633	0.30%	$-54,463	$30,001.06	$5,568,084.26	0.54%	$-79,149
05 - TREASURER'S OFFICE	$30,365	$1,221,667	2.49%	$-1,289	$31,017	$1,316,655	2.36%	$17,467	$61,381.61	$2,538,321.36	2.42%	$16,178
06 - CONTROLLER'S OFFICE	$63,046	$1,070,296	5.89%	$3,548	$93,117	$1,108,740	8.40%	$22,974	$156,163.55	$2,179,036.03	7.17%	$26,522
08 - DEPARTMENT OF ADMINISTRATION	$148,918	$7,864,062	1.89%	$-46,066	$207,589	$7,830,304	2.65%	$109,858	$356,506.74	15,694,365.23	2.27%	$63,792
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	$19,853	$2,115,128	0.94%	$-7,294	$18,618	$2,269,560	0.82%	$-13,398	$38,471.23	$4,384,687.63	0.88%	$-20,692
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	$0	$546,479	0.00%	$0	$0	$534,460	0.00%	$0	$0.00	$1,080,938.57	0.00%	$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	$0	$931,254	0.00%	$-126	$0	$904,012	0.00%	$-108	$0.00	$1,835,266.09	0.00%	$-233
13 - DEPARTMENT OF TAXATION	$48,561	$6,235,239	0.78%	$-74,875	$22,201	$6,562,696	0.34%	$-73,659	$70,762.10	12,797,934.75	0.55%	$-148,535
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	$0	$136,951	0.00%	$-157	$0	$145,917	0.00%	$-971	$0.00	$282,868.32	0.00%	$-1,128
15 - COMMISSION ON ETHICS	$286	$147,412	0.19%	$286	$1,101	$174,174	0.63%	$1,101	$1,386.38	$321,585.52	0.43%	$1,386
16 - DEPARTMENT OF SENTENCING POLICY	$0	$136,540	0.00%	$0	$0	$145,311	0.00%	$0	$0.00	$281,851.50	0.00%	$0
22 - JUDICIAL DISCIPLINE COMMISSION	$0	$152,473	0.00%	$0	$0	$185,544	0.00%	$0	$0.00	$338,017.28	0.00%	$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	$629	$320,647	0.20%	$24	$1,626	$346,053	0.47%	$104	$2,255.15	$666,699.49	0.34%	$128
24 - DEPARTMENT OF VETERANS SERVICES	$717,168	$4,504,911	15.92%	$266,797	$565,605	$4,573,863	12.37%	$35,692	$1,282,773.31	$9,078,774.49	14.13%	$302,489
27 - CANNABIS COMPLIANCE BOARD	$10,022	$1,690,600	0.59%	$1,017	$23,718	$1,785,516	1.33%	$7,488	$33,740.00	$3,476,116.80	0.97%	$8,505
30 - DEPARTMENT OF EDUCATION	$80,052	$4,206,790	1.90%	$-64,916	$56,330	$4,416,937	1.28%	$-29,768	$136,381.74	$8,623,726.69	1.58%	$-94,684
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	$16,506	$808,069	2.04%	$-4,509	$5,843	$839,513	0.70%	$-8,202	$22,349.98	$1,647,582.07	1.36%	$-12,712
40 - DEPARTMENT OF HUMAN SERVICES	$6,621,205	$110,326,688	6.00%	$1,925,219	$6,780,721	$116,891,334	5.80%	$1,865,299	13,401,926.24	27,218,022.50	5.90%	$3,790,518
41 - NEVADA HEALTH AUTHORITY	$24,391	$8,189,789	0.30%	$24,391	$14,235	$11,328,114	0.13%	$14,235	$38,626.02	19,517,902.95	0.20%	$38,626
43 - ADJUTANT GENERAL	$119,898	$2,710,911	4.42%	$-116,274	$131,197	$2,867,448	4.58%	$-79,775	$251,094.86	$5,578,358.92	4.50%	$-196,049
44 - DEPARTMENT OF CORRECTIONS	$18,956,784	$65,881,840	28.77%	$3,576,262	$16,068,638	$69,011,787	23.28%	$-654,795	35,025,422.24	34,893,627.02	25.97%	$2,921,467
50 - COMMISSION ON MINERAL RESOURCES	$17,954	$336,766	5.33%	$2,171	$1,347	$286,938	0.47%	$34	$19,300.34	$623,703.95	3.09%	$2,205
55 - STATE DEPARTMENT OF AGRICULTURE	$16,658	$3,143,617	0.53%	$-17,124	$17,561	$3,330,712	0.53%	$2,162	$34,218.74	$6,474,329.08	0.53%	$-14,962
58 - PUBLIC UTILITIES COMMISSION	$0	$2,753,971	0.00%	$0	$0	$2,919,733	0.00%	$0	$0.00	$5,673,704.63	0.00%	$0
61 - GAMING CONTROL BOARD	$361,040	$8,666,777	4.17%	$128,627	$265,241	$9,217,342	2.88%	$-21,117	$626,280.99	17,884,118.99	3.50%	$107,510
65 - DEPARTMENT OF PUBLIC SAFETY	$4,190,282	$31,075,534	13.48%	$405,069	$3,873,721	$31,337,257	12.36%	$288,428	$8,064,002.67	62,412,791.34	12.92%	$693,497
69 - COLORADO RIVER COMMISSION	$2,969	$1,077,896	0.28%	$-594	$679	$1,130,872	0.06%	$-3,467	$3,648.12	$2,208,767.56	0.17%	$-4,061
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOU	$2,523,789	$18,132,317	13.92%	$306,531	$183,217	$15,174,166	1.21%	$-330,194	$2,707,006.08	33,306,483.61	8.13%	$-23,664
72 - DEPARTMENT OF WILDLIFE	$121,077	$5,116,175	2.37%	$20,539	$98,087	$5,372,882	1.83%	$8,729	$219,163.41	10,489,057.58	2.09%	$29,268
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	$73,800	$12,557,327	0.59%	$-62,564	$58,947	$13,250,225	0.44%	$-4,670	$132,747.05	25,807,551.95	0.51%	$-67,234
80 - DEPARTMENT OF TRANSPORTATION	$1,457,628	$34,472,850	4.23%	$-359,506	$634,430	$4,499,471	14.10%	$-1,250,465	$2,092,058.50	38,972,321.20	5.37%	$-1,609,971
81 - DEPARTMENT OF MOTOR VEHICLES	$283,788	$19,114,664	1.48%	$80,753	$145,178	$19,013,838	0.76%	$-56,325	$428,965.57	38,128,502.29	1.13%	$24,428
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	$461,518	$15,532,007	2.97%	$-204,003	$136,010	$14,910,405	0.91%	$-150,710	$597,528.37	30,442,412.27	1.96%	$-354,714
Total	$37,232,061	$392,125,893	9.49%	$6,148,836	$29,759,867	$375,521,996	7.92%	$-807,934	$66,991,928	$767,647,889	8.73%	$5,340,901

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR2) VS FY2024-FY2025

NEVADA DEPARTMENT OF ADMINISTRATION

Wednesday, December 31, 2025

	FY 2024 QTR1-QTR2				FY 2025 QTR1-QTR2				FY 2026 QTR1-QTR2			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	$218,506	$12,695,778	1.72%	$-117,867	$1,032,470	$15,710,818	6.57%	$813,964	$1,050,926	$17,862,363	5.88%	$18,455
02 - LIEUTENANT GOVERNOR'S OFFICE	$0	$315,587	0.00%	$0	$0	$359,739	0.00%	$0	$0	$248,326	0.00%	$0
03 - ATTORNEY GENERAL'S OFFICE	$205,475	$15,706,461	1.31%	$140,045	$183,126	$18,513,749	0.99%	$-22,349	$106,840	$19,109,688	0.56%	$-76,286
04 - SECRETARY OF STATE'S OFFICE	$46,954	$3,983,056	1.18%	$-46,149	$109,150	$5,216,531	2.09%	$62,196	$30,001	$5,568,084	0.54%	$-79,149
05 - TREASURER'S OFFICE	$47,055	$1,689,900	2.78%	$36,937	$45,204	$2,228,705	2.03%	$-1,852	$61,382	$2,538,321	2.42%	$16,178
06 - CONTROLLER'S OFFICE	$55,695	$1,623,289	3.43%	$-30,344	$129,642	$1,938,127	6.69%	$73,947	$156,164	$2,179,036	7.17%	$26,522
08 - DEPARTMENT OF ADMINISTRATION	$181,643	$12,096,562	1.50%	$-70,836	$292,715	$15,043,222	1.95%	$111,072	$356,507	$15,694,365	2.27%	$63,792
09 - JUDICIAL BRANCH	$0	$0		$-9,821	$0	$0	0.00%	$0	$0	$0	0.00%	$0
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	$35,152	$3,421,858	1.03%	$-5,829	$59,163	$4,065,148	1.46%	$24,012	$38,471	$4,384,688	0.88%	$-20,692
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	$1,303	$628,510	0.21%	$1,303	$0	$683,609	0.00%	$-1,303	$0	$1,080,939	0.00%	$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	$0	$1,594,505	0.00%	$-570	$233	$1,820,995	0.01%	$233	$0	$1,835,266	0.00%	$-233
13 - DEPARTMENT OF TAXATION	$158,437	$10,442,861	1.52%	$86,457	$219,297	$12,417,869	1.77%	$60,860	$70,762	$12,797,935	0.55%	$-148,535
14 - DEPARTMENT OF NATIVE AFFAIRS	$0	$0	0.00%	$0	$1,128	$153,792	0.73%	$1,128	$0	$0	0.00%	$0
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$282,868	0.00%	$-1,128
15 - COMMISSION ON ETHICS	$0	$264,293	0.00%	$0	$0	$283,530	0.00%	$0	$1,386	$321,586	0.43%	$1,386
16 - DEPARTMENT OF SENTENCING POLICY	$0	$184,555	0.00%	$0	$0	$266,650	0.00%	$0	$0	$281,852	0.00%	$0
22 - JUDICIAL DISCIPLINE COMMISSION	$0	$308,293	0.00%	$0	$0	$345,460	0.00%	$0	$0	$338,017	0.00%	$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	$2,454	$532,239	0.46%	$-568	$2,127	$624,006	0.34%	$-327	$2,255	$666,699	0.34%	$128
24 - DEPARTMENT OF VETERANS SERVICES	$1,061,710	$7,183,058	14.78%	$506	$980,284	$7,965,794	12.31%	$-81,426	$1,282,773	$9,078,774	14.13%	$302,489
27 - CANNABIS COMPLIANCE BOARD	$68,323	$2,763,641	2.47%	$3,338	$25,235	$3,272,039	0.77%	$-43,088	$33,740	$3,476,117	0.97%	$8,505
30 - DEPARTMENT OF EDUCATION	$83,787	$6,730,686	1.24%	$4,188	$231,065	$8,025,204	2.88%	$147,278	$136,382	$8,623,727	1.58%	$-94,684
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	$22,197	$1,068,959	2.08%	$3,960	$35,062	$1,513,686	2.32%	$12,864	$22,350	$1,647,582	1.36%	$-12,712
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	$13,965,131	$187,736,774	7.44%	$4,136,570	$9,611,408	$222,662,933	4.32%	$-4,353,723	$0	$0	0.00%	$0
40 - DEPARTMENT OF HUMAN SERVICES	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$13,401,926	$227,218,023	5.90%	$3,790,518
41 - NEVADA HEALTH AUTHORITY	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$38,626	$19,517,903	0.20%	$38,626
43 - ADJUTANT GENERAL	$375,634	$5,241,721	7.17%	$145,810	$447,144	$6,909,058	6.47%	$71,510	$251,095	$5,578,359	4.50%	$-196,049
44 - DEPARTMENT OF CORRECTIONS	$28,189,292	$98,975,671	28.48%	$10,876,885	$32,103,955	$120,382,000	26.67%	$3,914,663	$35,025,422	$134,893,627	25.97%	$2,921,467
50 - COMMISSION ON MINERAL RESOURCES	$7,749	$432,899	1.79%	$4,211	$17,095	$585,640	2.92%	$9,347	$19,300	$623,704	3.09%	$2,205
55 - STATE DEPARTMENT OF AGRICULTURE	$57,837	$4,941,091	1.17%	$15,336	$49,181	$5,413,238	0.91%	$-8,656	$34,219	$6,474,329	0.53%	$-14,962
58 - PUBLIC UTILITIES COMMISSION	$0	$4,346,119	0.00%	$0	$0	$5,233,139	0.00%	$0	$0	$5,673,705	0.00%	$0
61 - GAMING CONTROL BOARD	$389,235	$14,269,636	2.73%	$72,041	$518,771	$16,592,353	3.13%	$129,537	$626,281	$17,884,119	3.50%	$107,510
65 - DEPARTMENT OF PUBLIC SAFETY	$7,379,213	$49,985,019	14.76%	$2,463,041	$7,370,506	$59,778,043	12.33%	$-8,707	$8,064,003	$62,412,791	12.92%	$693,497
69 - COLORADO RIVER COMMISSION	$7,333	$1,568,036	0.47%	$707	$7,709	$1,885,743	0.41%	$377	$3,648	$2,208,768	0.17%	$-4,061
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL	$1,610,507	$25,969,077	6.20%	$543,881	$2,730,670	$32,952,725	8.29%	$1,120,163	$2,707,006	$33,306,484	8.13%	$-23,664
72 - DEPARTMENT OF WILDLIFE	$118,439	$8,393,721	1.41%	$-51,577	$189,896	$9,388,237	2.02%	$71,457	$219,163	$10,489,058	2.09%	$29,268
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	$195,976	$20,564,174	0.95%	$-7,323	$199,981	$24,248,898	0.82%	$4,006	$132,747	$25,807,552	0.51%	$-67,234
80 - DEPARTMENT OF TRANSPORTATION	$3,902,539	$58,172,025	6.71%	$652,436	$3,702,029	$68,617,131	5.40%	$-200,509	$2,092,059	$38,972,321	5.37%	$-1,609,971
81 - DEPARTMENT OF MOTOR VEHICLES	$421,860	$31,512,641	1.34%	$-642,081	$404,537	$37,773,581	1.07%	$-17,322	$428,966	$38,128,502	1.13%	$24,428
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	$1,019,290	$29,105,456	3.50%	$-216,899	$952,242	$32,145,854	2.96%	$-67,048	$597,528	$30,442,412	1.96%	$-354,714
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	$13,590	$831,610	1.63%	$11,145	$4,903	$1,102,342	0.44%	$-8,687	$0	$0	0.00%	$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	$1,977	$853,250	0.23%	$515	$1,023	$1,021,886	0.10%	$-953	$0	$0	0.00%	$0
Total	$59,844,290	626,133,009.17	9.56%	$17,999,448	$61,656,953	747,141,475.10	8.25%	$1,812,663	$66,991,928	767,647,888.60	8.73%	$5,340,901

Overtime Analysis by Event Date
Overtime Analysis Settings
Agency: 440 DEPARTMENT OF CORRECTIONS
DOC 26Q2 BA

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars		Difference
3711	HR-CORRECTIONAL PROGRAMS	$2,121,413.08	12:00	$416.55	0:00	$0.00	12:00	$416.55	18:00:00	$755.43	$	(338.88)
3712	HR-TRAINING ACADEMY	$1,295,116.36	75:36	$3,307.65	3949:45	$198,064.15	4025:21	$201,371.80	10:55	$124,032.10	$	77,339.70
3715	HR-SO NEVADA CORRECTIONAL CTR	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00:00	$0.00	$	-
3716	HR-WARM SPRINGS CORRECTNL CTR	$41,864.12	0:00	$0.00	0:00	$0.00	0:00	$0.00	13.95555556	$18,956.07	$	(18,956.07)
3717	HR-NO NEVADA CORRECTNL CENTER	$5,264,704.99	1406:09	$55,820.04	36928:05	$2,333,239.84	38334:14	$2,389,059.88	35840:10	$2,214,486.75		$174,573.13
3718	HR-NEVADA STATE PRISON	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00:00	$0.00	$	-
3722	HR-STEWART CONSERVATION CAMP	$272,426.34	87:38	$3,633.28	930:30	$61,834.75	1017:08	$65,468.03	1394:24:00	$89,569.92	$	(24,101.89)
3723	HR-PIOCHE CONSERVATION CAMP	$350,810.60	63:00	$2,666.54	1279:10	$87,950.75	1342:10	$90,617.29	1615:05:00	$107,839.70	$	(17,222.41)
3724	HR-NO NV TRANSITIONAL HOUSING	$241,758.00	40:33	$2,332.73	474:00	$34,005.14	514:33	$36,337.87	559:51:00	$39,945.15	$	(3,607.28)
3725	HR-THREE LAKES VLY CNSRVTN CMP	$433,499.30	130:23	$5,207.59	2061:30	$126,997.18	2191:53	$132,204.77	2061:47:00	$122,105.53	$	10,099.24
3727	HR-PRISON RANCH	$76,940.22	0:00	$0.00	89:00	$4,245.79	89:00	$4,245.79	4.458333333	$5,347.81	$	(1,102.02)
3738	HR-SO DESERT CORRECTIONAL CTR	$5,846,965.88	1799:49	$75,025.86	28690:38	$1,796,009.90	30490:26	$1,871,035.76	24341:47	$1,459,063.84	$	411,971.92
3739	HR-WELLS CONSERVATION CAMP	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	$	-
3741	HR-HUMBOLDT CONSERVATION CAMP	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	$	-
3747	HR-ELY CONSERVATION CAMP	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00:00	$0.00	$	-
3748	HR-JEAN CONSERVATION CAMP	$362,315.44	306:21	$11,487.83	1549:27	$96,254.72	1855:45	$107,742.55	10:52	$85,124.12		$22,618.43
3749	HR-SILVER SPRNGS CONSERVATION	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0	$0.00	$	-
3752	HR-CARLIN CONSERVATION CAMP	$286,958.56	12:00	$546.48	980:45	$65,537.26	992:45	$66,083.74	924:45:00	$58,618.18	$	7,465.56
3754	HR-TONOPAH CONSERVATION CAMP	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	$	-
3760	HR-CASA GRANDE TRANS HOUSING	$695,035.94	323:41	$13,156.30	1901:55	$123,011.14	2225:36	$136,167.44	1613:54:00	$99,178.95	$	36,988.49
3762	HR-HIGH DESERT STATE PRISON	$13,630,177.74	5330:33	$216,052.43	79077:38	$4,944,349.19	84408:11	$5,160,401.62	76936:12	$4,754,117.01	$	406,284.61
3763	HR-INMATE WELFARE ACCOUNT	$6,256.82	0:00	$0.00	0:00	$0.00	0:00	$0.00	0:00:00	$0.00		$0.00
		$52,950,653.81		$838,928.13		$15,235,783.83		$16,074,711.96		$14,516,133.89	$	1,558,578.07

3762	HR-HIGH DESERT STATE PRISON	$	13,630,177.74	5330:33	$	216,052.43	79077:38	$	4,944,349.19	84408:11	$ 5,160,401.62
3717	HR-NO NEVADA CORRECTNL CENTER	$	5,264,704.99	1406:09	$	55,820.04	36928:05	$	2,333,239.84	38334:14	$ 2,389,059.88
3759	HR-LOVELOCK CORRECTIONAL CTR	$	4,134,220.73	1096:39	$	42,074.11	31746:46	$	2,037,316.08	32843:25	$ 2,079,390.19
3738	HR-SO DESERT CORRECTIONAL CTR	$	5,846,965.88	1799:49	$	75,025.86	28690:38	$	1,796,009.90	30490:26	$ 1,871,035.76
3751	HR-ELY STATE PRISON	$	3,718,996.39	1489:29	$	60,196.87	25599:44	$	1,760,075.50	27089:13	$ 1,820,272.37
3761	HR-F MCCLURE WOMENS COR CTR	$	3,994,989.72	1863:12	$	80,523.16	16707:02	$	1,129,693.12	18570:14	$ 1,210,216.28
3706	HR-PRISON MEDICAL CARE	$	5,470,312.03	2685:24	$	142,495.93	3744:08	$	240,828.78	6429:32	$ 383,324.71
											$ 14,913,700.81
											92.8%

$5.16 Million plain english for memo
$2.39 Million
$2.08 Million
$1.87 Million
$1.82 Million
$1.21 Million
$0.38 Million

percent of total

Overtime Analysis by Event Date
Overtime Analysis Settings
Agency: 440 DEPARTMENT OF CORRECTIONS
DOC 26Q2 RSN

Code	Reason	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Hrs	Total Dollars
2	ACCT/FISCAL	2:00	$50.00	0:00	$0.00	2:00	$50.00
3	ADMIN	7:20	$168.89	10:00	$345.45	17:20	$514.34
5	BACKLOG REDU	7:00	$283.50	2:00	$149.46	9:00	$432.96
10	COURT	0:00	$0.00	38:00	$2,445.08	38:00	$2,445.08
11	COVER-AL/MIL	106:10	$4,444.89	3615:45	$242,887.07	3721:55	$247,331.96
12	COVER-24 HR	0:00	$0.00	8:30	$497.50	8:30	$497.50
13	COVER-HOL/WK	541:15	$23,879.01	35852:45	$2,088,459.12	2983:55	$2,112,338.13
14	COVER-INJURY	0:00	$0.00	68:30	$3,610.08	68:30	$3,610.08
15	COVER-SICK	206:20	$9,024.40	19969:48	$1,233,124.49	20176:08	$1,242,148.89
16	COVER-TRAIN	20:00	$866.00	1159:34	$72,340.87	1179:34	$73,206.87
17	COVER-VACANT	697:45	$27,308.55	58741:08	$3,815,217.12	59438:53	$3,842,525.67
19	INVESTIGATE	20:15	$953.78	93:00	$6,616.78	113:15	$7,570.56
20	MEETINGS	5:00	$250.75	15:00	$1,557.39	20:00	$1,808.14
22	PERSONNEL	0:00	$0.00	6:30	$446.77	6:30	$446.77
23	PROGRAM DEAD	0:00	$0.00	22:00	$2,065.87	22:00	$2,065.87
24	SITE REPAIR	27:00	$1,243.79	426:25	$28,939.77	453:25	$30,183.56
25	SPECIAL EVNT	13:15	$639.09	96:30	$6,708.89	109:45	$7,347.98
26	STAFF MEET	13:30	$634.77	154:45	$11,434.09	168:15	$12,068.86
27	TRAINING	64:30	$2,657.42	3200:29	$225,536.37	3264:59	$228,193.79
28	TRAIN-PERSON	0:00	$0.00	35:45	$2,248.74	35:45	$2,248.74
29	TRAVEL	0:00	$0.00	23:00	$1,891.18	23:00	$1,891.18
30	WORKLOAD	21:25	$819.07	2138:43	$136,909.53	2160:08	$137,728.60
31	WORKSHOPS	0:00	$0.00	8:00	$426.24	8:00	$426.24
32	SHIFT TRADE	0:00	$0.00	13:30	$908.64	13:30	$908.64
34	MUSTER	6684:50	$275,510.53	49719:14	$3,184,720.66	56402:04	$3,460,231.19
50	AGNCY DEFINE	0:00	$0.00	431:15	$30,588.74	431:15	$30,588.74
51	AGNCY DEFINE	16:00	$637.44	1050:04	$63,960.84	1066:04	$64,598.28
52	AGNCY DEFINE	8:00	$318.72	426:30	$25,459.72	434:30	$25,778.44
53	AGNCY DEFINE	20:15	$836.73	640:40	$41,556.98	660:55	$42,393.71
54	AGNCY DEFINE	0:00	$0.00	9:45	$533.52	9:45	$533.52
55	AGNCY DEFINE	26:38	$1,195.65	345:15	$24,739.64	371:53	$25,935.29
56	AGNCY DEFINE	45:00	$1,810.76	762:30	$52,736.58	807:30	$54,547.34
57	AGNCY DEFINE	18:00	$851.15	859:43	$57,152.55	877:43	$58,003.70
58	AGNCY DEFINE	0:00	$0.00	112:45	$9,122.52	112:45	$9,122.52
59	AGNCY DEFINE	5:45	$258.11	294:42	$22,491.38	300:27	$22,749.49
60	AGNCY DEFINE	2:30	$142.73	85:10	$6,594.68	87:40	$6,737.41
63	MEDICAL	516:13	$20,593.84	27154:26	$1,808,605.05	27670:39	$1,829,198.89
64	AGNCY DEFINE	97:30	$4,010.74	5270:46	$330,140.24	5368:16	$334,150.98
65	AGNCY DEFINE	0:00	$0.00	95:45	$4,973.54	95:45	$4,973.54
66	AGNCY DEFINE	252:38	$11,051.74	4499:16	$310,656.27	4751:54	$321,708.01
67	AGNCY DEFINE	0:00	$0.00	8:45	$684.12	8:45	$684.12
68	AGNCY DEFINE	0:00	$0.00	25:30	$1,666.94	25:30	$1,666.94
81	AGNCY DEFINE	0:00	$0.00	137:50	$8,555.23	137:50	$8,555.23
82	AGNCY DEFINE	0:00	$0.00	60:50	$3,484.14	60:55	$3,484.14
83	AGNCY DEFINE	0:00	$0.00	0:00	$0.00	0:00	$0.00
84	AGNCY DEFINE	0:00	$0.00	13:30	$738.72	13:30	$738.72
86	AGNCY DEFINE	0:00	$0.00	24:00	$2,303.27	24:00	$2,303.27
87	AGNCY DEFINE	32:45	$1,335.11	262:09	$17,083.79	294:54	$18,418.90
100	AGNCY DEFINE	9492:38	$447,150.97	20376:01	$1,342,468.21	29868:39	$1,789,619.18
			$838,928.13		**$15,235,783.83**		**$16,074,711.96**

Highest 4 Causes of Overtime by Event Code

17 COVER-VACANT	697:45	$ 27,308.55	58741:08	$ 3,815,217.12	59438:53	$	3,842,525.67
34 MUSTER	6684:50	$ 275,510.53	49719:14	$ 3,184,720.66	56402:04	$	3,460,231.19
13 COVER-HOL/WK	541:15	$ 23,879.01	35852:45	$ 2,088,459.12	2983:55	$	2,112,338.13
63 MEDICAL	516:13	$ 20,593.84	27154:26	$ 1,808,605.05	27670:39	$	1,829,198.89
						$	11,244,293.88
							70.0%

Overtime Analysis by Event Date
Overtime Analysis Settings
Agency: 400 DEPT OF HUMAN SERV
DHS 26Q2 Data

Dept	Budget Account	Organization	Base Pay	BA Accrued Comp Time Hours	BA Accrued Comp Time Dollars	BA Paid Overtime Hours	BA Paid Overtime Dollars	BA Total Hours	BA Total Dollars	Reason Code	Overtime Reason	Comp Time Reason Hours	Comp Time Reason Dollars	Paid Overtime Reason Hours	Paid Overtime Reason Dollars	Overtime Reason Total Hours	Overtime Reason Total Dollars
400 - DEPT OF HEALTH AND HUMAN SERV	1499	HR-PUBLIC DEFENDER	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	06	BUDGET PREP	0:00	$0.00	0:00	$0.00	0:00	$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	2600	HR-INDIAN COMMISSION	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	17	COVER-VACANT	0:00	$0.00	0:00	$0.00	0:00	$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3055	HR-PATIENT PROTECTION COMMISIO	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	23	PROGRAM DEAD	0:00	$0.00	0:00	$0.00	0:00	$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3060	HR-FUND FOR RESILIENT NEVADA	$161,664.03	0:00	$0.00	0:00	$0.00	0:00	$0.00	29	TRAVEL	0:00	$0.00	0:00	$0.00	0:00	$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3150	HR-ADMINISTRATION	$391,598.78	0:00	$0.00	0:00	$0.00	0:00	$0.00	30	WORKLOAD	0:00	$0.00	0:00	$0.00	0:00	$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3154	HR-DEVELOPMENTAL DISABILITIES	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3195	HR-GRANTS MANAGEMENT UNIT	$93,314.41	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3203	HR-DATA ANALYTICS	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3204	HR-CONSUMER HEALTH ASSISTANCE	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3261	HR- HEALTHY NV FUND ADMIN	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3266	HR-DISABILITY SERVICES	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV	3276	HR-IDEA PART C COMPLIANCE	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00								
400 - DEPT OF HEALTH AND HUMAN SERV																	
402 - AGING AND DISABILITY SERVICES	2363	HR-SR CITIZEN PROP TAX ASSIST	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	01	ACCIDENTS	11:00	$339.35	4:30	$269.07	15:30	$608.42
402 - AGING AND DISABILITY SERVICES	3140	HR-TOBACCO SETTLEMENT PROGRAM	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	02	ACCT/FISCAL	14:30	$319.29	0:00	$0.00	14:30	$319.29
402 - AGING AND DISABILITY SERVICES	3146	HR-HOME&COMMUNITY BASED PROG	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	03	ADMIN	0:00	$0.00	12:00	$397.62	12:00	$397.62
402 - AGING AND DISABILITY SERVICES	3151	HR-AGING FEDERAL PROG & ADMIN	$1,881,701.64	128:00	$4,341.40	68:15	$6,701.07	196:15	$11,042.47	06	BUDGET PREP	5:00	$346.05	0:00	$0.00	5:00	$346.05
402 - AGING AND DISABILITY SERVICES	3154		$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	09	CONFERENCES	7:00	$411.98	0:00	$0.00	7:30	$411.98
402 - AGING AND DISABILITY SERVICES	3156	HR-SENIOR RX AND DISABILITY RX	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	11	COVER-AL/MIL	33:00	$1,883.97	23:00	$1,969.61	56:00	$3,853.58
402 - AGING AND DISABILITY SERVICES	3167	HR-RURAL REGIONAL CENTER	$924,765.93	0:00	$0.00	0:00	$0.00	0:00	$0.00	12	COVER-24 HR	389:15	$14,546.53	8792:24	$426,219.70	9181:39	$440,766.23
402 - AGING AND DISABILITY SERVICES	3204	HR-HHS DO CONSUMER HEALTH ASSI	$285,360.83	0:00	$0.00	0:00	$0.00	0:00	$0.00	13	COVER-HOL/WK	110:15	$3,978.54	2461:45	$73,699.83	2571:60	$77,678.37
402 - AGING AND DISABILITY SERVICES	3206	HR-COMMUNICATION ACCESS SRVCS	$138,764.16	6:30	$284.83	0:00	$0.00	6:30	$284.83	17	COVER-VACANT	1:30	$75.32	3:45	$309.00	5:15	$385.32
402 - AGING AND DISABILITY SERVICES	3208	HR-EARLY INTERVENTION SVCS	$3,790,319.23	0:00	$0.00	0:00	$0.00	0:00	$0.00	20	MEETINGS	42:20	$1,458.41	0:00	$0.00	42:20	$1,458.41
402 - AGING AND DISABILITY SERVICES	3209	HR-AUTISM TREATMENT PROGRAM	$1,034,360.66	54:40	$1,928.34	0:00	$0.00	52:40	$1,928.34	24	SITE REPAIR	0:00	$0.00	0:15	$8.28	0:15	$8.28
402 - AGING AND DISABILITY SERVICES	3252	HR-HR HOMEMAKER	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	27	TRAINING	1:00	$28.30	1:30	$49.70	2:30	$78.00
402 - AGING AND DISABILITY SERVICES	3266	HR-COMMUNITY BASED SERVICES	$3,401,844.55	0:00	$0.00	0:00	$0.00	0:00	$0.00	29	TRAVEL	11:00	$532.02	0:00	$0.00	11:00	$532.02
402 - AGING AND DISABILITY SERVICES	3271	HR-FOCIS AND MFP	$148,366.08	0:00	$0.00	0:00	$0.00	0:00	$0.00	30	WORKLOAD	123:45	$4,339.82	40:15	$3,980.10	164:00	$8,319.92
402 - AGING AND DISABILITY SERVICES	3276	HR-IDEA PART C COMPLIANCE	$197,109.19	0:00	$0.00	0:00	$0.00	0:00	$0.00	100	AGNCY DEFINE	1108:48:00	$35,491.46	2463:04	$117,811.48	3571:49	$153,302.94
402 - AGING AND DISABILITY SERVICES	3278	HR-PLANNING ADVOCACY AND COMM	$538,229.00	9:30	$435.10	0:00	$0.00	9:30	$435.10								
402 - AGING AND DISABILITY SERVICES	3279	HR-DESERT REGIONAL CENTER	$8,134,643.30	1641:13	$55,809.84	13731:58	$617,867.54	15373:11	$673,677.38								
402 - AGING AND DISABILITY SERVICES	3280	HR-SIERRA REGIONAL CENTER	$1,617,193.94	0:00	$0.00	1:00	$90.35	1:00	$90.35								
402 - AGING AND DISABILITY SERVICES	3282	HR-ADULT PROTECTIVE SERVS & LO	$2,460,595.84	21:00	$952.53	1:15	$55.43	22:15	$1,007.96								
402 - AGING AND DISABILITY SERVICES	3283	HR-STATE INDEPENDENT LIVING CO	$24,915.20	0:00	$0.00	0:00	$0.00	0:00	$0.00								
402 - AGING AND DISABILITY SERVICES									$0.00								
402 - AGING AND DISABILITY SERVICES									$0.00								
402 - AGING AND DISABILITY SERVICES									$0.00								
403 - HEALTH CARE FINANCING & POLICY	3158	HR-HEALTH CARE FIN & POLICY	$0.00	0:00:00	$0.00	0:00:00	$0.00	0:00:00	$0.00	01	ACCIDENTS	0:00	$0.00	0:00	$0.00	0:00	$0.00
403 - HEALTH CARE FINANCING & POLICY	3164	HR-PUBLIC OPTION	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	02	ACCT/FISCAL	0:00	$0.00	0:00	$0.00	0:00	$0.00
403 - HEALTH CARE FINANCING & POLICY	3178	HR-NEVADA CHECK-UP PROGRAM	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	03	ADMIN	0:00	$0.00	0:00	$0.00	0:00	$0.00
403 - HEALTH CARE FINANCING & POLICY	3243	HR-NEVADA MEDICAID	$0.00	0:00:00	$0.00	0:00:00	$0.00	0:00:00	$0.00	04	ADMIN SUPPRT	0:00	$0.00	0:00	$0.00	0:00	$0.00
403 - HEALTH CARE FINANCING & POLICY												0:00	$0.00	0:00	$0.00	0:00	$0.00

Dept	Budget Account	Organization	Base Pay	BA Accrued Comp Time Hours	BA Accrued Comp Time Dollars	BA Paid Overtime Hours	BA Paid Overtime Dollars	BA Total Hours	BA Total Dollars	Reason Code	Overtime Reason	Comp Time Reason Hours	Comp Time Reason Dollars	Paid Overtime Reason Hours	Paid Overtime Reason Dollars	Overtime Reason Total Hours	Overtime Reason Total Dollars
406 -PUBLIC AND BEHAVIORAL HEALTH	3101	HR-RADIATION CONTROL PROGRAM	$463,998.67	0:00	$0.00	0:00	$0.00	0:00	$0.00	1	ACCIDENTS	0:00	$0.00	83:00	$4,223.78	83:30	$4,223.76
406 -PUBLIC AND BEHAVIORAL HEALTH	3149	HR-CHILD CARE SERVICES	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	2	ACCT/FISCAL	0:00	$0.00	15:00	$862.65	15:00	$862.65
406 -PUBLIC AND BEHAVIORAL HEALTH	3153	HR-CANCER CONTROL REGISTRY	$133,595.72	163:00	$7,230.80	90:00	$5,363.13	253:00	$12,593.93	3	ADMIN	0:00	$0.00	43:00	$2,526.72	43:00	$2,526.72
406 -PUBLIC AND BEHAVIORAL HEALTH	3155	HR-HHS-DPBH - FAMILY PLANNING	$17,117.14	0:00	$0.00	0:00	$0.00	0:00	$0.00	4	ADMIN SUPPRT	0:00	$0.00	0:15	$13.17	0:15	$13.17
406 -PUBLIC AND BEHAVIORAL HEALTH	3161	HR-SO NEV ADULT MENTAL HEALTH	$16,152,254.07	6129:30	$282,572.54	30710:32	$1,723,142.98	36840:20	$2,005,715.52	5	BACKLOG REDU	39:00	$1,256.97	0:00	$0.00	39:00	$1,256.97
406 -PUBLIC AND BEHAVIORAL HEALTH	3162	HR-NNV ADULT MENTAL HEALTH SVC	$3,040,753.46	630:15	$27,570.97	1454:23	$59,614.22	2084:38	$87,185.19	6	BUDGET PREP	8:00	$467.76	41:45	$3,338.66	49:45	$3,806.42
406 -PUBLIC AND BEHAVIORAL HEALTH	3164	HR-BEHAVIORIAL HLTH INFO SYSTM	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	7	CLIENT MEET	0:00	$0.00	0:00	$0.00	0:00	$0.00
406 -PUBLIC AND BEHAVIORAL HEALTH	3165	HR-CRISIS RESPONSE	$210,151.61	0:00	$0.00	0:00	$0.00	0:00	$0.00	8	CLIENT SVCS	0:00	$0.00	4:00	$333.06	4:00	$333.06
406 -PUBLIC AND BEHAVIORAL HEALTH	3168	HR-BEHAVIORIAL HEALTH ADMINSTR	$324,141.73	0:00	$0.00	0:00	$0.00	0:00	$0.00	9	CONFERENCES	24:00	$773.52	0:00	$0.00	24:00	$773.52
406 -PUBLIC AND BEHAVIORAL HEALTH	3170	HR-BEHAVIORAL HEALTH PREV & TR	$675,078.23	126:30	$4,803.14	0:00	$0.00	126:30	$4,803.14	11	COVER-AL/MIL	32:15	$1,052.18	248:08	$18,555.51	280:23	$19,607.69
406 -PUBLIC AND BEHAVIORAL HEALTH	3190	HR-HEALTH STATISTICS&PLANNING	$252,278.79	0:00	$0.00	57:30	$2,100.80	57:30	$2,100.80	12	COVER-24 HR	1967:30	$83,142.35	17272:52	$1,013,236.44	19240:22	$1,096,378.79
406 -PUBLIC AND BEHAVIORAL HEALTH	3194	HR-ENVIRONMENTAL HEALTH SRVCS	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	13	COVER-HOL/WK	2041:50	$95,757.12	10603:17	$499,134.65	12645:02	$594,891.77
406 -PUBLIC AND BEHAVIORAL HEALTH	3200	HR-PREVTREAT OF PROBLEM GAMBL	$21,047.36	38:28	$1,488.28	0:00	$0.00	38:28	$1,488.28	14	COVER-INJURY	0:00	$0.00	25:30	$2,000.91	25:30	$2,000.91
406 -PUBLIC AND BEHAVIORAL HEALTH	3203		$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	15	COVER-SICK	5:00	$241.15	134:00	$8,742.27	139:00	$8,983.42
406 -PUBLIC AND BEHAVIORAL HEALTH	3204	HR-OFFICE OF MINORITY HEALTH	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	16	COVER-TRAIN	255:15	$11,225.53	1024:55	$71,778.26	1280:10	$83,003.79
406 -PUBLIC AND BEHAVIORAL HEALTH	3208	HR-EARLY INTERVENTION SVCS	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	17	COVER-VACANT	32:00	$1,370.75	187:45	$10,186.20	219:45	$11,556.96
406 -PUBLIC AND BEHAVIORAL HEALTH	3213	HR-IMMUNIZATION PROGRAM	$259,338.80	0:00	$0.00	0:00	$0.00	0:00	$0.00	18	EMERGENCIES	0:00	$0.00	87:50	$4,447.73	87:50	$4,447.73
406 -PUBLIC AND BEHAVIORAL HEALTH	3214	HR-WIC FOOD SUPPLEMENT	$349,239.23	25:00	$1,169.38	0:00	$0.00	25:00	$1,169.38	19	INVESTIGATE	0:00	$0.00	2:30	$228.11	2:30	$228.11
406 -PUBLIC AND BEHAVIORAL HEALTH	3215	HR-COMMUNICABLE DISEASES	$213,511.14	79:00	$2,856.45	0:00	$0.00	79:50	$2,856.45	20	MEETINGS	8:45	$356.48	24:35	$1,486.05	33:20	$1,842.53
406 -PUBLIC AND BEHAVIORAL HEALTH	3216	HR-HEALTH CARE FACILITY REG	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	23	PROGRAM DEAD	22:00	$932.14	93:20	$4,747.61	115:20	$5,679.75
406 -PUBLIC AND BEHAVIORAL HEALTH	3218	HR-HEALTH ALERT NETWORK	$336,851.44	0:00	$0.00	11:30	$602.29	11:30	$602.29	24	SITE REPAIR	0:00	$0.00	:8:00	$378.44	8:00	$378.44
406 -PUBLIC AND BEHAVIORAL HEALTH	3219	HR-HHS HD BIOSTATS & EPIDMLG	$264,572.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	25	SPECIAL EVNT	36:30	$2,117.60	45:00	$1,883.60	81:30	$4,001.20
406 -PUBLIC AND BEHAVIORAL HEALTH	3220	HR-CHRONIC DISEASE	$439,909.07	0:00	$0.00	0:00	$0.00	0:00	$0.00	26	STAFF MEET	0:00	$0.00	6:15	$426.64	6:15	$426.64
406 -PUBLIC AND BEHAVIORAL HEALTH	3222	HR-MATERNAL CHILD HEALTH SRVC	$360,013.67	18:00	$659.56	0:00	$0.00	18:00	$659.56	27	TRAINING	31:00	$1,385.30	174:35	$10,388.85	205:35	$11,774.15
406 -PUBLIC AND BEHAVIORAL HEALTH	3223	HR-OFF OF STATE HEALTH ADMIN	$2,123,698.73	12:30	$625.76	9:30	$429.61	22:00	$1,055.37	29	TRAVEL	89:53	$3,496.33	74:00	$3,132.74	163:53	$6,629.07
406 -PUBLIC AND BEHAVIORAL HEALTH	3224	HR-COMMUNITY HEALTH SERVICES	$380,166.87	33:30	$2,012.69	0:00	$0.00	33:30	$2,012.69	30	WORKLOAD	229:40	$9,234.30	273:12	$17,349.52	502:52	$26,583.82
406 -PUBLIC AND BEHAVIORAL HEALTH	3234	HR-DPBH-PUBLIC HEALTH IMPROVEM	$79,819.03	0:00	$0.00	0:00	$0.00	0:00	$0.00	53	AGNCY DEFINE	11:00	$650.53	14:00	$862.88	25:00	$1,513.41
406 -PUBLIC AND BEHAVIORAL HEALTH	3235	HR-EMERGENCY MEDICAL SERVICES	$117,950.37	0:00	$0.00	10:00	$687.02	10:10	$687.02	70	AGNCY DEFINE	96:25	$3,539.59	193:05	$12,257.54	289:30	$15,797.13
406 -PUBLIC AND BEHAVIORAL HEALTH	3645	HR-FAC FOR MENTAL OFFENDER	$2,217,578.45	2022:19	$81,977.24	9189:38	$575,853.09	11211:57	$657,830.33	71	AGNCY DEFINE	0:00	$0.00	222:45	$16,983.15	222:45	$16,983.15
406 -PUBLIC AND BEHAVIORAL HEALTH	3648	HR-HHS DPBH RURAL CLINICS	$2,276,790.44	0:00	$0.00	2:30	$204.60	2:30	$204.60	75	AGNCY DEFINE	1022:35	$38,080.09	5236:12	$327,830.94	6258:47	$365,911.03
406 -PUBLIC AND BEHAVIORAL HEALTH	4543	HR- MED MARIJUANA ESTABLISHMEN	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00	76	AGNCY DEFINE	0:00	$0.00	26:30	$1,420.70	26:30	$1,420.70
406 -PUBLIC AND BEHAVIORAL HEALTH	4547	HR- MARIJUANA HEALTH REGISTRY	$43,454.74	0:00	$0.00	0:00	$0.00	0:00	$0.00	88	AGNCY DEFINE	2:00	$77.02	2:00	$149.46	4:00	$226.48
406 -PUBLIC AND BEHAVIORAL HEALTH										100	AGNCY DEFINE	3324:14	$157,810.09	5367:48	$329,091.50	8692:01	$486,901.59
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3149		$459,918.70	0:00	$0.00	0:00	$0.00	0:00	$0.00	01	ACCIDENTS	0:00	$0.00	19:30	$820.59	19:30	$820.59
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3228	HR-WELFARE ADMINISTRATION	$5,397,580.41	18:15	$915.22	1121:57:00	$73,799.36	1140:12:00	$74,714.58	05	BACKLOG REDU	0:00	$0.00	20748:13	$1,052,877.27	20748:13	$1,052,877.27
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3233	HR-WELFARE FIELD SERVICES	$28,893,111.32	0:00	$0.00	25916:08	$1,313,120.44	25916:08	$1,313,120.44	06	BUDGET PREP	0:00	$0.00	3:00	$88.56	3:00	$88.56
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3238	HR-CHILD SPPRT ENFORCEMENT PRG	$1,546,377.60	0:00	$0.00	2522:39:00	$143,563.14	2522:39:00	$143,563.14	10	COURT	0:00	$0.00	10:00	$411.30	10:00	$411.30
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3267	HR-CHILD CARE ASSIST & DEVEL	$440,770.45	0:00	$0.00	42:30:00	$2,738.38	42:30:00	$2,738.38	12	COVER-24 HR	0:00	$0.00	24:00	$987.12	24:00	$987.12
407 - DIV OF WELFARE&SUPPORTIVE SVCS	4862	HR-ENERGY ASSISTANCE - WELFARE	$437,463.52	0:00	$0.00	58:30:00	$2,847.37	58:30:00	$2,847.37	15	COVER-SICK	0:00	$0.00	8:00	$525.84	8:00	$525.84
407 - DIV OF WELFARE&SUPPORTIVE SVCS										18	EMERGENCIES	5:00	$219.10	2726:23	$152,469.90	2731:23	$152,708.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS										19	INVESTIGATE	0:00	$0.00	2:30	$107.49	2:30	$107.49
407 - DIV OF WELFARE&SUPPORTIVE SVCS										23	PROGRAM DEAD	0:00	$0.00	283:18	$19,473.78	283:18	$19,473.78
407 - DIV OF WELFARE&SUPPORTIVE SVCS										24	SITE REPAIR	3:00	$133.08	30:00	$1,891.70	33:00	$2,024.78
407 - DIV OF WELFARE&SUPPORTIVE SVCS										25	SPECIAL EVNT	0:00	$0.00	4:30	$338.56	4:30	$338.56
407 - DIV OF WELFARE&SUPPORTIVE SVCS										29	TRAVEL	0:00	$0.00	5:00	$411.96	5:00	$411.96
407 - DIV OF WELFARE&SUPPORTIVE SVCS										30	WORKLOAD	2:00	$109.86	199:30	$10,809.19	201:30	$10,919.05
407 - DIV OF WELFARE&SUPPORTIVE SVCS										52	AGNCY DEFINE	6:30	$357.05	382:30	$20,415.44	389:00	$20,772.49
407 - DIV OF WELFARE&SUPPORTIVE SVCS										63	AGNCY DEFINE	0:00	$0.00	66:30	$4,005.40	18:30	$4,005.40
407 - DIV OF WELFARE&SUPPORTIVE SVCS										100	AGNCY DEFINE	1:45	$96.13	5148:50	$270,415.59	5150:35	$270,511.72
407 - DIV OF WELFARE&SUPPORTIVE SVCS																	

Dept	Budget Account	Organization	Base Pay	BA Accrued Comp Time Hours	BA Accrued Comp Time Dollars	BA Paid Overtime Hours	BA Paid Overtime Dollars	BA Total Hours	BA Total Dollars
409 - CHILD AND FAMILY DIVISION	1363	HR-COMMUNITY JUV JUSTICE PRG	$100,820.43	30:00	$1,754.10	100:45	$10,204.64	130:45	$11,958.74
409 - CHILD AND FAMILY DIVISION	3143	HR-INFORMATION SERVICES	$841,397.87	21:30	$340.59	19:40	$1,773.73	41:10	$2,714.32
409 - CHILD AND FAMILY DIVISION	3145	HR-CHILDREN/YOUTH/FAMILY ADMIN	$1,104,828.22	7:00	$188.50	291:35	$18,560.67	298:35	$18,749.17
409 - CHILD AND FAMILY DIVISION	3146		$824,927.92	7:30	$350.33	53:00	$3,496.02	60:30	$3,846.35
409 - CHILD AND FAMILY DIVISION	3148	HR-SUMMIT VIEW YOUTH CENTER	$1,264,437.78	1332:04	$38,853.16	4711:50	$232,183.34	6043:54	$271,036.50
409 - CHILD AND FAMILY DIVISION	3149	HR-CHILD CARE SERVICES	$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00
409 - CHILD AND FAMILY DIVISION	3179	HR-CALIENTE YOUTH CENTER	$1,143,709.84	499:36	$18,838.13	3015:11	$144,077.16	3514:47	$162,915.29
409 - CHILD AND FAMILY DIVISION	3229	HR-RURAL CHILD WELFARE	$2,490,993.11	2155:17	$83,346.73	1606:57	$101,512.63	3762:14	$184,859.36
409 - CHILD AND FAMILY DIVISION	3259	HR-NEVADA YOUTH TRAINING CTR	$1,098,184.73	513:02	$26,759.68	5330:45	$247,898.59	5843:47	$274,658.27
409 - CHILD AND FAMILY DIVISION	3262		$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00
409 - CHILD AND FAMILY DIVISION	3263	HR-YOUTH PAROLE SERVICES	$892,661.77	46:30	$1,211.17	482:05	$29,032.98	528:35	$30,244.15
409 - CHILD AND FAMILY DIVISION	3271		$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00
409 - CHILD AND FAMILY DIVISION	3278		$0.00	0:00	$0.00	0:00	$0.00	0:00	$0.00
409 - CHILD AND FAMILY DIVISION	3281	HR-NO NEV CHILD & ADLSCNT SVCS	$1,436,033.27	219:50	$7,332.97	1530:44	$80,706.73	1750:34	$88,039.70
409 - CHILD AND FAMILY DIVISION	3646	HR-SO NEV CHILD & ADLSCNT SVCS	$5,628,514.75	1669:40	$70,812.50	14059:40	$659,714.77	15729:20	$730,527.27
409 - CHILD AND FAMILY DIVISION	4895	HR-VICTIMS OF CRIME	$139,422.54	0:00	$0.00	0:00	$0.00	0:00	$0.00
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Reason Code	Overtime Reason	Comp Time Reason Hours	Comp Time Reason Dollars	Paid Overtime Reason Hours	Paid Overtime Reason Dollars	Overtime Reason Total Hours	Overtime Reason Total Dollars
01	ACCIDENTS	0:00	$0.00	16:00	$536.00	16:00	$536.00
02	ACCT/FISCAL	0:00	$0.00	7:00	$342.30	7:00	$342.30
03	ADMIN	0:00	$0.00	200:00	$11,599.90	200:00	$11,599.90
04	ADMIN SUPPRT	0:00	$0.00	11:40	$665.24	11:40	$665.24
05	BACKLOG REDU	2:00	$105.02	2:00	$130.74	4:00	$235.76
07	CLIENT MEET	3:30	$145.74	14:15	$1,000.36	17:45	$1,146.10
08	CLIENT SVCS	78:05	$2,515.51	849:45	$46,277.73	927:50	$48,793.24
10	COURT	0:00	$0.00	13:30	$824.93	13:30	$824.93
11	COVER-AL/MIL	41:31	$1,291.59	539:15	$31,416.61	580:46	$32,708.20
12	COVER-24 HR	450:34	$15,124.01	10016:57	$479,167.55	10467:31	$494,291.56
13	COVER-HOL/WK	439:35	$14,688.18	5581:00	$199,508.47	6020:35	$214,196.65
14	COVER-INJURY	35:00	$997.22	6:00	$519.07	41:00	$1,516.29
15	COVER-SICK	47:45	$2,292.40	973:50	$57,603.91	1021:35	$59,896.31
16	COVER-TRAIN	0:00	$0.00	21:30	$1,063.66	21:30	$1,063.66
17	COVER-VACANT	51:45	$1,568.88	4555:15	$235,112.63	4607:00	$236,681.51
18	EMERGENCIES	66:00	$2,582.90	167:15	$10,720.93	233:15	$13,303.83
19	INVESTIGATE	42:40	$1,869.77	428:12	$26,363.50	470:52	$28,233.27
20	MEETINGS	0:00	$0.00	79:15	$4,038.46	79:15	$4,038.46
21	OFFICE SPPRT	36:00	$894.38	52:00	$3,273.96	88:00	$4,168.34
22	PERSONNEL	0:00	$0.00	33:00	$1,877.00	33:00	$1,877.00
23	PROGRAM DEAD	0:00	$0.00	6:45	$377.64	6:45	$377.64
24	SITE REPAIR	16:30	$560.03	30:30	$1,641.07	47:00	$2,201.10
25	SPECIAL EVNT	23:30	$722.75	175:55	$8,154.28	199:25:00	$8,877.03
26	STAFF MEET	4:30	$156.33	84:33	$5,288.67	89:03	$5,445.00
27	TRAINING	55:30	$1,790.83	722:35	$39,116.55	778:05	$40,907.38
28	TRAIN-PERSON	0:00	$0.00	19:45	$1,757.35	19:45	$1,757.35
29	TRAVEL	47:15	$2,352.55	525:30	$28,550.94	572:45	$30,903.49
30	WORKLOAD	46:31	$1,818.62	1157:28	$77,856.81	1203:59	$79,675.43
31	WORKSHOPS	0:00	$0.00	17:40	$902.06	17:40	$902.06
32	SHIFT TRADE	8:00	$245.68	0:00	$0.00	8:00	$245.68
51	AGNCY DEFINE	27:40	$845.01	139:15	$7,071.60	166:55	$7,916.61
53	AGNCY DEFINE	0:00	$0.00	21:00	$1,233.68	21:00	$1,233.68
59	AGNCY DEFINE	0:30	$19.17	700:10	$32,075.15	700:40	$32,094.32
99	CI - OT	0:00	$0.00	12:00	$1,248.73	12:00	$1,248.73
		4977:38	$197,801.29	4021:27	$211,843.78	8999:05	$409,645.07

SUMMARY - BA AND RSN TOTALS SHOULD MATCH

	Base	BA Accrued Comp Time Dollars	BA Paid Overtime Dollars	BA Total Dollars	Comp Time Reason Dollars	Paid Overtime Reason Dollars	ertime Reason Total Dollars
400	$846,577.22	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
402	$24,578,169.55	$63,752.04	$624,714.39	$688,466.43	$63,752.04	$624,714.39	$688,466.43
403	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
406	$30,753,310.76	$412,966.81	$2,367,997.74	$2,780,964.55	$412,966.81	$2,367,997.74	$2,780,964.55
407	$37,175,222.00	$915.22	$1,536,068.69	$1,536,983.91	$915.22	$1,536,068.69	$1,536,983.91
409	$16,965,932.23	$250,387.86	$1,529,161.26	$1,779,549.12	$250,387.86	$1,529,161.26	$1,779,549.12

Overtime Analysis by Event Date
Overtime Analysis Settings
Agency: ALL
DHS Pivot 26Q2

Row Labels	Sum of Overtime Reason Total Dollars
AGNCY DEFINE	1,378,590.65
BACKLOG REDU	1,054,370.00
(blank)	409,645.07
COVER-SICK	69,405.57
COVER-AL/MIL	56,169.47
CLIENT SVCS	49,126.30
TRAINING	40,985.38
TRAVEL	38,476.54
INVESTIGATE	28,568.87
PROGRAM DEAD	25,531.17
SPECIAL EVNT	13,216.79
TRAINING	11,774.15
MEETINGS	7,339.40
SITE REPAIR	4,612.60
BUDGET PREP	4,241.03
ACCIDENTS	4,223.78
OFFICE SPPRT	4,168.34
COVER-INJURY	3,517.20
ADMIN	2,526.72
ACCIDENTS	1,965.01
PERSONNEL	1,877.00
TRAIN-PERSON	1,757.35
CI - OT	1,248.73
COURT	1,236.23
CLIENT MEET	1,146.10
ACCT/FISCAL	862.65
ADMIN SUPPRT	678.41
ACCT/FISCAL	661.59
SHIFT TRADE	245.68
Grand Total	**6,785,964.01**

Row Labels	Sum of BA Total Dollars
HR-SO NEV ADULT MENTAL HEALTH	2,005,715.52
HR-FAC FOR MENTAL OFFENDER	657,830.33
HR-CANCER CONTROL REGISTRY	12,593.93
HR-PREVTREAT OF PROBLEM GAMBL	1,488.28
HR-WIC FOOD SUPPLEMENT	1,169.38
HR-OFF OF STATE HEALTH ADMIN	1,055.37
HR-EMERGENCY MEDICAL SERVICES	687.02
HR-MATERNAL CHILD HEALTH SRVC	659.56
HR-HEALTH ALERT NETWORK	602.29
HR-HHS DPBH RURAL CLINICS	204.60
(blank)	-
HR-CRISIS RESPONSE	-
HR-CHRONIC DISEASE	-
HR-HEALTH CARE FACILITY REG	-
HR-BEHAVIORIAL HEALTH ADMINSTR	-
HR-BEHAVIORIAL HLTH INFO SYSTM	-
HR-DPBH-PUBLIC HEALTH IMPROVEM	-
HR-OFFICE OF MINORITY HEALTH	-
HR-EARLY INTERVENTION SVCS	-
HR-RADIATION CONTROL PROGRAM	-
HR-HHS HD BIOSTATS & EPIDMLG	-
HR-CHILD CARE SERVICES	-
HR-HHS-DPBH - FAMILY PLANNING	-
HR-ENVIRONMENTAL HEALTH SRVCS	-
409 - CHILD AND FAMILY DIVISION	**1,779,549.12**
HR-NEVADA YOUTH TRAINING CTR	274,658.27
HR-SUMMIT VIEW YOUTH CENTER	271,036.50
HR-RURAL CHILD WELFARE	184,859.36
HR-CALIENTE YOUTH CENTER	162,915.29
HR-NO NEV CHILD & ADLSCNT SVCS	88,039.70
HR-YOUTH PAROLE SERVICES	30,244.15
HR-CHILDREN/YOUTH/FAMILY ADMIN	18,749.17
HR-COMMUNITY JUV JUSTICE PRG	11,958.74
(blank)	3,846.35
HR-INFORMATION SERVICES	2,714.32
HR-VICTIMS OF CRIME	-
HR-WELFARE FIELD SERVICES	1,313,120.44
HR-CHILD SPPRT ENFORCEMENT PRG	143,563.14
HR-WELFARE ADMINISTRATION	74,714.58
HR-ENERGY ASSISTANCE - WELFARE	2,847.37
HR-CHILD CARE ASSIST & DEVEL	2,738.38
(blank)	-
HR-COMMUNITY BASED SERVICES	-
HR-FOCIS AND MFP	-
HR-SENIOR RX AND DISABILITY RX	-
HR-HHS DO CONSUMER HEALTH ASSI	-
(blank)	-
HR-TOBACCO SETTLEMENT PROGRAM	-
HR-PUBLIC DEFENDER	-
HR-INDIAN COMMISSION	-
HR-ADMINISTRATION	-
HR- HEALTHY NV FUND ADMIN	-
HR-CONSUMER HEALTH ASSISTANCE	-
HR-IDEA PART C COMPLIANCE	-
HR-DATA ANALYTICS	-
HR-PATIENT PROTECTION COMMISIO	-
HR-DEVELOPMENTAL DISABILITIES	-
(blank)	
HR-DISABILITY SERVICES	-
HR-FUND FOR RESILIENT NEVADA	-
Grand Total	**6,785,964.01**